



lifewell

Client Handbook

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ABOUT US

Lifewell is a non-profit behavioral healthcare agency providing treatment, services and support for low-income members diagnosed with serious mental illness (SMI), general mental health issues, and substance abuse disorders. Lifewell offers residential, outpatient and community living programs, which are member centered and adapted to address a broad range of needs. Lifewell also provides physical health services available to eligible enrolled integrated members at the Direct Care Clinics.

Lifewell programs provide safe and supportive environments fostering recovery, healthy living and personal growth for members as they build on existing strengths, focus on addressing deficiencies, and learn new social and vocational skills.

Our continuum of care includes:

- Residential Programs
- Outpatient Programs
- Rehabilitation Programs
- Community Living Programs
- Direct Care Clinics
- Physical Health Services
- Substance Abuse Recovery
- Behavioral Health Counseling
- Individual and Group Counseling
- Medication Services
- Case Management
- Day Programs
- Supported Education
- Physical Health and Nutrition
- Psychosocial Rehabilitation
- Parenting Classes
- Supported Employment

Learn more about Lifewell at www.lifewell.us

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CONFIDENTIALITY

Lifewell makes every effort to protect your confidentiality and safety. All services and records are confidential as mandated by federal and state laws, rules and regulations.

NOTICE OF PRIVACY PRACTICES

This notice describes how medical and/or behavioral health information about you may be used and disclosed and how you can get access to this information.

If you have questions about this notice, please contact your therapist or the medical records department. At your request, you may have a copy of the full-length notice which describes in greater detail how your personal medical and/or behavioral health information will be used and disclosed.

WHO will follow this notice

This notice describes Lifewell practices, and that of:

- Any health care professional authorized to enter review or disclose information within your medical chart.
- All Lifewell sites and employees

WE are required by law to

- Make sure medical or behavioral health information identifying you is kept private and to provide you with this notice of our legal duties and privacy practices.

HOW we may use and disclose Medical or behavioral health information about you

- For treatment: We may use medical or behavioral health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other clinic personnel who are involved in taking care of you. We may also

disclose medical or behavioral health information about you to people outside the agency who may be involved in your care after you leave the agency; such as family members, clergy or others we use to provide services that are a part of your care. Our use and disclosure of protected health information must comply not only with federal privacy regulations but also with applicable state law. Arizona law provides different and sometimes more stringent protections to medical or behavioral health information than federal regulations. Examples of these protections include: special protections for sensitive information, such as information about HIV/AIDS, treatment for psychiatric conditions or substance abuse problems and certain genetic information.

- For payment. We may use and disclose medical or behavioral health information about you so that the treatment and services you receive at Lifewell may be billed and payment may be collected from you, an insurance company or third party payer.
- For health care operations. We may use and disclose medical information about you for clinic operations. These uses and disclosures are necessary to operate the agency and make sure that all of our members receive quality care. For example, we may use medical or behavioral health information to review our treatment and services to evaluate the performance of our staff caring for you.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you.

- **Right to inspect and copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. To do this, you must submit your request in writing to the Medical Records Manager. We may deny your request to inspect or copy in certain very limited circumstances, for instance, if your treating psychiatrist /physician determines that your review is medically contraindicated (12-2293, 36-501). You may request an Administrative Review in writing. Lifewell's CEO or designee will conduct a review, which must include an

interview with the member, and issue a decision in writing within five working days. A copy of this decision must be placed in your chart. If you are denied access to medical or behavioral health information, you may request that the denial be reviewed.

- **Right to amend.** If you feel that medical or behavioral health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the agency. To request an amendment your request must be made in writing and submitted to the Medical Records Manager.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical or behavioral health information about you *unrelated to treatment, payment, or healthcare operations*. To request this list or accounting of disclosures, you must submit your request in writing to the Medical Records Manager.
- **Right to request Restrictions.** You have the right to request a restriction or limitation on the medical or behavioral health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical or behavioral health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. To request such additional restrictions you must submit your request in writing to the Medical Records Manager. We are not required to agree to your request to amend your medical information or provide additional restrictions. However, if we agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- **Right to request confidential communications.** You have the right to request that we communicate with you about medical or behavioral health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Medical Records Manager.

CLIENT RIGHTS

R9-10-1008. Patient Rights

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. There are policies and procedures that include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
 - b. Where patient rights are posted as required in subsection (A)(1).

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. Humiliation
 - j. Restraint, if not necessary to prevent imminent harm to self or others;

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k. Retaliation for submitting a complaint to the Department or another entity; or

l. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and

3. A patient or the patient's representative:

- a. Except in an emergency, either consents to or refuses treatment;
- b. May refuse or withdraw consent to treatment before treatment 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 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 medical 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 about treatment;

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.

9. To knowledge of the composition of the service delivery team

10. To access to referrals to self-help and advocacy support services

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the agency or the Secretary of the Department of Health and Human Services. To file a complaint with the agency, contact either your counselor or medical records manager. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL or BEHAVIORAL HEALTH INFORMATION

Other uses and disclosures of medical or behavioral health information not covered by this notice or laws that apply to use will be made only with your written permission.

DISCRIMINATION PROHIBITED

Pursuant to A.R.S. 36-506 and R9-21-101 (B)

Persons undergoing evaluation or treatment pursuant to this chapter shall not be denied any civil right including, but not limited to the right to dispose of property, sue and be sued, enter into contractual relationships and vote. Court-ordered treatment or evaluation pursuant to the Chapter is not a determination of legal competency, except to the extent provided in A.R.S. 36-512.

A person who is or has been evaluated or treated in an agency for a mental disorder shall not be discriminated against in any manner, including but not limited to:

1. Seeking employment
2. Resuming or continuing professional practice or previous occupation
3. Obtaining or retaining housing
4. Obtaining or retaining licenses or permits, including but not limited to motor vehicle operators and chauffer's licenses and professional or occupational licenses.

“Discrimination” for purposes of this section means any denial of civil rights on the grounds of hospitalization or outpatient care and treatment unrelated to a person’s present capacity to meet the standards applicable to all persons. Applications for positions, licenses and housing shall contain no requests for information which encourage such discrimination. Upon discharge from any treatment or evaluation agency, the member shall be given written notice of the provision of this section.

Providers of substance abuse and/or behavioral health services receiving Federal funds from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administrations, including this organization, may not discriminate against you on the basis of religion, religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

DUTY TO WARN

Although confidentiality and privileged communication remains the right of all members of mental health and substance abuse practitioners according to the law, some courts have held that if an individual intends to take harmful acts or dangerous action against another human being, or against themselves, it is the practitioner's duty to warn the other person of the family of the person or the family of the person who is likely to suffer the results of the behavior, of the family of the member who intends to harm himself of such an intention.

The practitioner is also required to report suspected child abuse and neglect per the national Child Abuse Prevention and Treatment Act (PL93-247) which defines child abuse and neglect as follows:

Physical or mental injury, sexual abuse or exploitation, negligent treatment or malnutrition of a child under the age of 18 or the age specified by the child protection law of the state in question, by a person who is responsible for the child's welfare, under circumstances which indicate the child's health or welfare is harmed or threatened thereby.

I understand the Lifewell substance abuse/mental health practitioners will make every effort to resolve such issues before such a breach of confidentiality takes place, and have read the above statements and understand the Lifewell practitioners' social and ethical responsibility to make such decision when necessary.

HARASSMENT UNDERSTANDING AND AGREEMENT

Harassment including sexual harassment is conduct between individual and is prohibited by State and Federal regulations. It will therefore constitute a violation of Lifewell policy for any member to engage in any

of the acts or behaviors defined below, and such misconduct will subject a member to serve review up to and including immediate discharge.

Members, who believe they have been discriminated against on the basis of sex, or harassed in any other manner, should immediately report such incidents to their BHP/BHT's or other Lifewell staff without fear of reprisal. Confidentiality will be maintained to the extent permitted by the circumstances.

Definitions

Harassment: Verbal, physical or visual conduct of racial, ethnic, or other type. It is illegal and against Lifewell policy to harass members or employees or create an intimidating, hostile environment by use of any of the above listed conduct.

Sexual Harassment: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature where tolerance of such actions interferes with member's performance or simply creates an intimidating environment by use of any of the above listed conduct.

It is illegal and against Lifewell policy for any member, male or female to harass another member or to create a hostile environment by either committing or encouraging (1) physical assaults on another, including but not limited to rape, sexual battery, molestation or attempts to commit these assaults; or (2) intentional physical conduct that is sexual in nature, including but not limited to touching, pinching, patting, or brushing up against another's body; and (3) unwanted sexual advances, propositions or sexual comments including making sexual gestures jokes or comments made in the presence of anyone who has indicated that such conduct in his or her presence is unwelcome; and (4) posting or displaying pictures, posters, calendars, graffiti, objects or other materials that are sexually pornographic in nature.

The creation of an intimidating, hostile, or offensive environment may include such actions as persistent sexual comments or the display of the obscene or sexually oriented photographs or drawings. Lifewell will determine whether such conduct constitutes sexual harassment, based on a review of the facts and circumstances of each situation.

Lifewell will not condone any sexual harassment of its members or employees. All members will be subject to review, up to and including discharge for any act of sexual harassment they commit.

Members who feel victimized by sexual harassment are encouraged to report the harassment to a Lifewell staff member immediately.

Lifewell staff receiving a sexual harassment complaint should carefully investigate the matter, questioning all who may have knowledge of either the incident in question or similar problems. Both the complaint and the investigative steps and findings will be documented as thoroughly as possible. As much as possible confidentiality will be maintained with respect to a sexual harassment complaint and only those who need to know about such complaint will be advised of its existence.

NOTICE OF CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE INFORMATION

Federal laws and regulations protect the confidentiality of alcohol and drug abuse member records maintained by Lifewell. Except under specific circumstances, Lifewell may not say to any person outside of the agency that a member attends an alcohol or drug treatment program. Lifewell also may not disclose any information identifying the member as an alcohol and drug abuser unless:

1. The member 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 purpose.

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

Federal laws 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)

NOTICE TO INDIVIDUALS RECEIVING SUBSTANCE ABUSE AND/OR BEHAVIORAL HEALTH SERVICES

Providers of substance abuse and/or behavioral health service receiving Federal funds from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, including this organization, may not discriminate against you on the basis of religion, a religious belief, a refusal to hold religious belief, or a refusal to actively participate in a religious practice.

If you object to the religious character of this organization, Federal law gives you the right to a referral to another provider for substance abuse and/or behavioral health services. The referral and your receipt of alternative services must occur within 7 days after you request them, or earlier if your condition requires. The alternative provider must be accessible to you and have the capacity to provide substance abuse and/or behavioral health services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from this organization.

FAMILY INVOLVEMENT

Lifewell will communicate with and involve family members (and others you authorize) in your services according to your wishes, except as prohibited or mandated by law or professional ethics. We will also make an effort to accommodate your family member's wishes for communication about your care. However, we will not release routine information when you have specifically requested us not to.

SUMMARY OF ETHICAL STANDARDS

Lifewell complies with all applicable Federal, State, and local laws regulations and ordinances. In addition, we have adopted our own set of professional ethics:

1. Our primary responsibility is to provide you a service,
2. Our primary relationship with you is as professionals,
3. It is unethical for any Lifewell staff member to:
 - a. Give you gifts or receive gifts from you,
 - b. Engage in any kind of relationship other than a professional one.

If you feel an ethical violation has occurred, ask a staff member for assistance in identifying and following the applicable process for resolution.

GRIEVANCE AND APPEALS POLICY

It is the policy of Lifewell to ensure all member grievances are thoroughly investigated and to ensure all disputes regarding a member's behavioral health services are processed in a prompt and impartial manner in accordance with regulatory standards.

1. All individuals determined to have a serious mental illness who receives behavioral health services from Lifewell will be notified of their right to file a grievance and will be provided a written copy of the grievance policy and procedure at the time of intake for services.
2. A grievance may be filed if a member feels:
 - a. Their rights have been violated
 - b. They have been abused or mistreated by staff or a provider;
or
 - c. If a member has been subjected to a dangerous, illegal or inhumane treatment environment
3. Any grievance filed by a person receiving services will not result in retaliation or barriers to the receipt of continued services.
4. Lifewell will take immediate action to protect the safety, security, health, and welfare of any client, witness, or party indicated in a grievance or request for an investigation.
5. Timelines for Grievance Process
 - a. Clients or their personal representatives/legal guardians have 12 months from the date of the alleged violation/situation to file an

oral or written grievance. The grievance is submitted to the T/RBHA Office of Grievance and Appeals.

FEES

You will be asked to provide financial information to determine your eligibility to pay for services or assess co-pay or sliding fees arrangements. Lifewell staff will review your fees and eligibility with you at least annually, or whenever there is a change in your income. No one can be denied services due solely to an inability to pay.

REFUND POLICY AND PROCEDURE

It is the policy of Lifewell Inc. to provide refunds to members, when due, in a timely manner.

1. If applicable, members will be informed of their responsibility for fees at the time of intake by clinical staff.
 - a. For the Residential Level II programs, monthly fees are assessed based on the members ability to pay and are calculated utilizing the member Residential Fees Form.
 - b. If a member has an individual account with Lifewell, upon discharge from the program, the balance of the funds in the account, along with the personal fund account record will be provided to the member, guardian or custodian.
2. Lifewell will ensure refunds to members will be paid in full within three business days.

SAFETY

Everyone is responsible for safety and Lifewell has established some basic rules to assure the safety of everyone.

1. No smoking in non-smoking areas
2. Please report any injuries to staff immediately
3. Keep hallways and floors clear of obstacles
4. Keep areas clean and free of insects

Lifewell provides group and individual instruction on health, safety, and wellness. Some of the topics include:

1. Preventing and controlling infectious or communicable diseases
2. Fire safety
3. Recognizing and preventing environmental dangers
4. Personal safety
5. Review the activity calendar at your program to see when these groups are offered.

REFERRALS

If a need is recognized that we cannot meet, we will take steps to either develop new agency resources or to identify and access community resources for your benefit. Our staff has access to current community resource directories and can assist you to find the additional or alternative services you need. However, your case manager must authorize some services. We will inform you if this applies and you will be referred to your case manager for follow up.

HIV and TB REFERRAL AND TESTING INFORMATION

HIV and TB Referral Information

HIV Referrals - Department of Public Health: 602.506.1678

TB Referrals - Department of Public Health: 602.506.TBTB (8282)

For additional facts or testing on HIV and TB: www.mayoclinic.org,
<https://www.testing.com/std-testing/phoenix-az/>, <https://www.maricopa.gov/2269/TB-Control-Prevention>

DISCHARGE

Decisions about the suitability of discharge are made in collaboration with you, your clinical team, family members and other service providers. Discharge is recommended if the parties agree that:

1. Your treatment plan goals have been substantially met,
2. You no longer meet the admission criteria,
3. You withdraw consent for treatment,
4. You exhibit dangerous behaviors that are unresponsive to interventions,

5. You engage in illegal activity that can reasonably be confirmed and attributed to you.

IMPORTANT PHONE NUMBERS

Office of Behavioral Health Licensure (OHL)

150 N. 18th Avenue, #410, Phoenix, AZ 85007

Phone: 602-364-2595

Website: <http://www.azdhs.gov/als/behavior/index.htm>

Adult Protective Services (APS), Department of Economic Security, Aging and Adult Administration

1789 W. Jefferson Street, Site Code 950A Phoenix, AZ 85007

Phone: 602-542-4446

Website: <https://www.azdes.gov/aaa/programs/aps>

Department of Child Safety (DCS)

P.O. Box 44240, Phoenix, AZ 85064-4240

Hotline: 1-888-SOS-CHILD (1-888-767-2445)

Human Rights Advocates

150 N. 18th Avenue, 2nd Floor, Phoenix, AZ 85007

(602)364-4585

Maricopa/Pinal

1-800-421-2124

RBHA

(800) 564-5465, TTY (800) 424-9831. If you are in crisis, call the Maricopa Crisis Line at (800) 631-1314, TTY (800) 327-9254. For emergencies, please always dial 911.

AHCCCS

<https://www.azahcccs.gov/>

PARTICIPATION GUIDELINES

ATTENDANCE – Expectations for Outpatient/Rehabilitation

1. I will arrive on time and fully participate in all scheduled sessions according to my service plan.
2. If I am unable to attend a session I will call Lifewell staff at 602-808-2800 x 0 to explain.
3. For counseling and rehabilitation services, two or more unexcused absences will require a meeting to determine if I am eligible to continue in the treatment program. I may be referred to a different level of care or discharged if I am unable to complete services (Excludes Permanent Supported Housing).
4. If I have a case manager, probation officer, or parole officer they will be notified of any attendance concerns or new treatment recommendations.

GUIDELINES

1. Confidentiality: I am expected to keep information learned in group confidential. This includes names and any other information. Privacy is essential. "Whatever happens in group stays in group."
2. Alcohol/Drug Use: I am expected to come to group sober and drug free. If I am under the influence and disruptive to others, I may be asked to leave and Lifewell will assist me in arranging safe transportation. I may be referred to more intensive treatment.
3. Rights: Everyone's rights and opinions will be respected.
4. Violence: No inappropriate verbal or physical behavior is allowed. No weapons of any kind are allowed.
5. Manners: I am expected to be polite and considerate of others at all times. During group services, only one person speaks at a time. Respect is practiced by listening to each other. Cell phones must be turned off. I am expected to remain awake, pay attention, and actively participate during sessions.

CONTRABAND

All Behavioral Health Recipients are prohibited from bringing contraband into facilities or onto property either leased or owned by Lifewell. This includes but is not limited the following;

- a. Firearms, explosives, ammunition, or other weapons of any kind
- b. Mind altering substances

- c. Narcotics
- d. Illegal drugs
- e. Drug paraphernalia

These items will be discarded/removed from the property following Lifewell policy. Possession of these items may result in the discontinuation of Lifewell placement and/or services. Permanent Supported Housing members must comply with the Lease/Occupancy agreement that they signed.

PERSONAL PROPERTY DISCLAIMER

I understand and acknowledge:

1. Lifewell is not responsible for lost, damaged, loaned, stolen, or misplaced property.
2. I am responsible for all personal belongings

FLEXCARE/TLP PROGRAMS ONLY

TLP

TLP is short-term transitional housing opportunity for up to thirty(30) days to assist members' transition into their permanent housing, supportive living treatment program.

PLANNED OFF-SITE VISITS

It is expected that Behavioral Health Recipients residing in FlexCare programs discuss off site activities with the staff and inform them of the time they are leaving the site, the activity and projected return time.

If the visit is for more than 24 hours the request will be staffed with the Program Manager of the site and the member's Clinical Team and daily contact will be maintained.

In the case that member does not return at the time agreed upon the staff at the site will call the member and if there is no response will follow up immediately with the emergency contact and clinical team.

In the case that staff is not able to get a response within one hour, staff will contact the local police department to do a welfare check.

NOTICE OF LEGAL RIGHTS FOR PERSONS WITH SERIOUS MENTAL ILLNESS

If you have a serious or chronic mental illness, you have legal rights under federal and state law. Some of these rights include:

- The right to appropriate mental health services based on your individual needs;
- The right to participate in all phases of your mental health treatment, including individual service plan (ISP) meetings;
- The right to a discharge plan upon discharge from a hospital;
- The right to consent to or refuse treatment (except in an emergency or by court order);
- The right to treatment in the least restrictive setting;
- The right to freedom from unnecessary seclusion or restraint;
- The right to not be physically, sexually, verbally abused;
- The right to privacy (mail, visits, telephone conversations);
- The right to file an appeal or grievance when you disagree with the services you receive or your rights are violated;
- The right to choose a designated representative(s) to assist you in ISP meetings and in filing grievances;
- The right to a case manager to work with you in obtaining the services you need;
- The right to a written ISP that sets forth the services you will receive;
- The right to associate with others;
- The right to confidentiality of your psychiatric records;
- The right to obtain copies of your own psychiatric records (unless it would not be in your best interest to have them);
- The right to appeal a court-ordered involuntary commitment and to consult with an attorney and to request judicial review of court-ordered commitment every 60 days;
- The right not to be discriminated against in employment or housing.

If you would like information about your rights, you may request a copy of the “Your Rights in Arizona as an Individual with Serious Mental Illness” brochure or you may also call the Arizona Department of Health Services, Office of Human Rights at 1-800-421-2124 or at (602) 364-4574.

R9-10-711. RESIDENT RIGHTS

A. An administrator shall ensure that:

1. The requirements in subsection (B) and the resident rights in subsection (E) are conspicuously posted on the premises;
2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (E); and
3. Policies and procedures include:
 - a. How and when a resident or the resident's representative is informed of the resident rights in subsection (E), and
 - b. Where resident rights are posted as required in subsection (A)(1).

B. An administrator shall ensure that:

1. A resident is treated with dignity, respect, and consideration;
2. A resident 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;
 - k. Misappropriation of personal and private property by a behavioral health residential facility's personnel members, employees, volunteers, or students;
 - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs, except as established in a fee agreement signed by the resident or the resident's representative; or **The official version of the Article 7 rules is published on page 2155 in the Arizona Administrative Register**

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m. Treatment that involves the denial of:

- i. Food,
 - ii. The opportunity to sleep, or;
 - iii. The opportunity to use the toilet;
3. Except as provided in subsection (C) or (D), and unless restricted by the resident's representative, is allowed to:
 - a. Associate with individuals of the resident's choice, receive visitors, and make telephone calls during the hours established by the behavioral health residential facility;
 - b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
 - c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
 4. A resident or the resident's representative:
 - a. Except in an emergency, either consents to or refuses treatment;

b. May refuse or withdraw consent to treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5, is necessary to save the resident's life or physical health, or is provided according to A.R.S. § 36-512;

c. Except in an emergency, is informed of proposed treatment alternatives to the treatment, associated risks, and possible complications;

d. Is informed of the following:

i. The behavioral health residential facility's policy on health care directives, and

ii. The resident complaint process; and

e. Except as otherwise permitted by law, provides written consent to the release of the resident's:

i. Medical records, and

ii. Financial records.

C. For a behavioral health residential facility with licensed capacity of less than 10 residents, if a behavioral health professional determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the behavioral health professional shall:

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1. Document a specific treatment purpose in the resident's medical record that justifies restricting the resident from the activity,

2. Inform the resident or resident's representative of the reason why the activity is being restricted, and

3. Inform the resident or resident's representative of the resident's right to file a complaint and the procedure for filing a complaint.

D. For a behavioral health residential facility with a licensed capacity of 10 or more residents, if a clinical director determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the clinical director shall comply with the requirements in subsection (C)(1) through (3).

E. A resident 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:

a. Supports and respects the resident's individuality, choices, strengths, and abilities;

b. Supports the resident's personal liberty and only restricts the resident's personal liberty according to a court order, by the resident's or resident's representative's general consent, or as permitted in this Chapter; and

c. Is provided in the least restrictive environment that meets the resident's treatment needs;

3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:

a. A resident may be photographed when admitted to a behavioral health residential facility for identification and administrative purposes;

- b. For a resident receiving treatment according to A.R.S. Title 36, Chapter 37; or
- c. For video recordings used for security purposes that are maintained only on a temporary basis;
- 4. Not to be prevented or impeded from exercising the resident's civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is unable to exercise a specific right or category of rights;
- 5. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01; **The official version of the Article 7 rules is published on page 2155 in the Arizona Administrative Register**
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- 6. To be provided locked storage space for the resident's belongings while the resident receives treatment;
- 7. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
- 8. To be informed of the requirements necessary for the resident's discharge or transfer to a less restrictive physical environment;
- 9. To receive a referral to another health care institution if the behavioral health residential facility is unable to provide physical health services or behavioral health services for the resident;
- 10. To participate or have the resident's representative participate in the development of or decisions concerning treatment;
- 11. To participate or refuse to participate in research or experimental treatment; and
- 12. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the resident's rights.

WE VALUE YOUR INPUT

Regular community and program meetings provide an opportunity for you to be actively involved in program planning and evaluation. Feedback from you, your family members and others helps us to identify additional needs and areas of interest.

We actively evaluate our programs for quality and effectiveness. With your permission, staff will contact you periodically during your service and after your discharge to request information about your experiences. We use this information for program planning, monitoring and evaluation.

WELCOME TO THE LIFEWELL COMMUNITY-

We Hope Your Experience with Lifewell is a Positive One!



Notice of Health Information Practices

You are receiving this notice because your healthcare provider participates in a non-profit, non-governmental health information exchange (HIE) called Health Current. It will not cost you anything and can help your doctor, healthcare providers, and health plans better coordinate your care by securely sharing your health information. This Notice explains how the HIE works and will help you understand your rights regarding the HIE under state and federal law.

For information on Patient Rights please visit:

<https://contexture.org/patient-rights/>

For permitted Use Policy please visit:

<https://contexture.org/use-of-arizona-hie-data/>

ACC Plan Member Information

Arizona Complete Health	www.azcompletehealth.com
Banner University Family Care	www.bannerufc.com/acc
Health Choice Arizona	www.healthchoiceaz.com
Molina Healthcare	www.molinahealthcare.com
Mercy Care	www.mercycareaz.org
United Healthcare Community Plan	www.uhccommunityplan.com

Member Handbook can be accessed through your health plan website or provided upon request.

IMPORTANT INFORMATION

Lifewell Staff Contact Name:

Phone:

Lifewell Location Address:

City:

State:

Zip

Lifewell Location Hours:

Next Appointment(s):

Notes: