



GENERAL HANDBOOK
And
PROGRAM ORIENTATION
For
PERSONS IN SERVICES

**Southwest Behavioral & Health
Services Administration Offices
3450 N. 3rd St., Phoenix, Arizona
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WELCOME TO
SOUTHWEST BEHAVIORAL & HEALTH SERVICES!

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INTRODUCTION

Welcome to Southwest Behavioral & Health Services. We are pleased that you have chosen to receive services from our organization. Southwest Behavioral & Health Services (SBH) has been providing behavioral health services in Arizona for over 50 years and we look forward to working with you to achieve your treatment goals.

The following information is being provided to you to help you achieve your goals while at SBH. If you have any questions about the information contained in this handbook, please feel free to ask a staff member for assistance. You have the right to receive services in your preferred language. If you are in need of language assistance services at any time during your treatment please notify a staff member.

SBH PROGRAM RESPONSIBILITIES

- To respond to all persons in a manner that is prompt and respectful.
- To provide quality health and substance abuse treatment services that will meet your needs and to work with you to transition from treatment when you have completed your goals.
- To build an open and honest working relationship with you to help you develop your service plan, achieve maximum benefit from the services you receive, and to assist you in using your strengths and assets to achieve your goals.
- To clearly identify who will coordinate your services.
- To provide accessible and affordable health services in a comfortable, safe environment.
- To inform you of your rights and to assist you in maintaining your rights as a recipient of services, to inform you of any possible restrictions of privileges and how to regain lost privileges.
- To provide linkage to other services to meet those needs that cannot be addressed by SBH including access to after hour or crisis services.
- To maintain an open and collaborative approach to problem resolution.
- To provide language assistance services, including bilingual staff members, interpretation and translation services, at no cost to each health service recipient with Limited English Proficiency during all hours of operation.

CONSENT FOR EVALUATION AND/OR TREATMENT

I (person enrolling in services), voluntarily apply for evaluation/treatment at Southwest Behavioral & Health Services (SBH) and understand, consent, and agree to the following, as indicated by my signature on the Intake/Annual Consent Packet Acknowledgement Form (to be executed by legally authorized person if person is incapable of giving informed consent):

- I have been provided with the intended outcome, nature and procedures involved in the proposed treatment, the risks, including side effects (if any) as well as the risks of not proceeding and alternatives to the proposed treatment (particularly those offering less risk or other adverse effects).
- I understand that my consent may be withheld or withdrawn at any time with no punitive action taken.
- Information developed as part of my evaluation/treatment and my psychiatric record are confidential but may be released to those parties as required by law (information may be released without my consent) such as in cases of medical emergency, abuse or neglect, court order, insurance billing claims requirements, audit and program evaluation, and where otherwise legally required. In all other situations a properly executed authorization form (which may be withdrawn except to the extent to which it has been acted upon) is required. Persons referred by their school

or probation/parole officer may be deemed to have waived the confidentiality privilege with the referral source; persons who are covered under TXIX/TXXI healthcare benefits (Medicaid) have waived the right to confidential disclosure with their Primary Care Physician.

- I consent to the use and disclosure of my protected health information (PHI) by SBH, its staff members and its business associates for the purpose of treatment, payment and health care operations. This is a joint consent form between SBH and its staff members. This Consent applies to all SBH service locations, facilities and services and associated direct care and non-direct care staff members.
- I understand the following: my signature on the Intake/Annual Consent Packet Acknowledgement Form is required in order for me to receive care from SBH; I have the right to revoke this Consent, in writing, at any time, except to the extent that SBH has taken action in reliance upon this Consent; I have the right to request a restriction as to how my PHI is used or disclosed to carry out treatment, payment or health care operations of SBH. I realize that SBH is not required to agree to a restriction that I request. If, however, SBH does agree, the restriction must be honored by SBH; I have the right to review the Notice of Privacy Practices prior to signing the Intake/Annual Consent Packet Acknowledgement Form; The SBH Notice of Privacy Practices is also posted at all SBH Offices and at the SBH website: www.sbhservices.org. The Notice may be changed at any time and I can receive a copy of the revised Notice through my SBH professional staff. SBH agrees to maintain my PHI in accordance with the practices in its Notice of Privacy Practices. This notice also describes my rights with respect to the use and disclosure of my PHI.
- My evaluation/treatment will be reviewed by our professional staff members. At times, professionals in training/interns, residents and doctoral students may participate in care and/or reviewing; (supervisor's name will be listed on the Intake/Annual Consent Packet Acknowledgement form).
- My treatment is individualized to my specific needs and may result in emotional discomfort through the healing and recovery process.
- I agree to participate in my treatment planning process to the best of my ability.
- I understand that there is no guarantee that treatment services will prove beneficial to me.

I understand that I may receive text messaging, voice messaging and email services through SBH; in order, to assist in providing easier access to various SBH functions. If I do not agree to receiving text messaging, voice messaging or email services, the applicable box(es) will be unchecked on the Intake/Annual Consent Packet Acknowledgement Form.

INFORMED CONSENT TO PARTICIPATE IN TELEHEALTH SERVICES

I (person enrolling in services), agree to participate in health services via telehealth at Southwest Behavioral & Health Services (SBH) and understand, consent, and agree to the following, as indicated by my signature on the Intake/Annual Consent Packet Acknowledgement Form (to be executed by legally authorized person if person is incapable of giving informed consent):

- I have been informed of my diagnosis and proposed telehealth services and treatment plan. I understand that I will be receiving health care services through interactive videoconferencing equipment. I understand that, at this time, there are no known risks involved with receiving my care in this way.
- I understand that the equipment will be shown to me and I will see how it works before I receive any

services. I understand that my participation in telehealth is voluntary and I may refuse to participate or decide to rescind the use of the recording at any time. I understand that my refusal to participate or decision to stop participation will be documented in my clinical record. I have been informed of the potential consequences of my revocation of informed consent to treatment.

- I understand that my privacy and confidentiality will be protected; however, there is still a potential inherent risk of loss of confidentiality through any electronic communication format. I also understand that the likelihood of a videoconference being intercepted by an outsider is similar to the potential interception of a phone call. When I am receiving services via telehealth, I will be notified as to who is in the room at the remote site. I understand that I will need to identify myself, with identifiable information, when using electronic communication that does not involve video.
- I understand that the health care providers at both my location and the remote video site will have access to any relevant medical information about me including any psychiatric and/or psychological information alcohol and/or drug abuse, and mental health records. A recording of information and images from interactive video service will be made and possibly viewed by others for a specific clinical or education purpose. When this circumstance occurs, I will be asked to sign a consent form along with witnesses. This consent will be made part of my clinical record.
- I understand that with any electronic communication, there is a potential for technology failure. When this occurs, SBH professional staff will make every attempt to contact me to complete my appointment and to determine next steps. If I am in crisis, emergency services should be contacted. SBH professional staff will provide me a list of local emergency services contact information when SBH professional staff is not available to be reached.

I have read this document and I understand this document will become a part of my clinical record. I hereby consent to participate in receiving health services via telehealth under the terms described above, as indicated by my signature on the Intake/Annual Consent Packet Acknowledgement Form (to be executed by legally authorized person if person is incapable of giving informed consent).

If I do not agree to participate in receiving health services via telehealth under the terms described above, the applicable box(es) will be unchecked on the Intake/Annual Consent Packet Acknowledgement Form.

YOUR RESPONSIBILITIES AS A RECIPIENT OF SERVICES AT SBH

To collaborate with the treatment team members in building a service plan that will adequately and accurately reflect your needs and how to address your needs.

- To assist the treatment team in building a trusting and honest working relationship with you.
- To follow program rules as identified by the treatment team so as to maximize your opportunity to successfully complete your treatment.
- To report any behaviors that you observe that will undermine the ability of the program or your treatment team to successfully work with you.
- To take responsibility for your own behavior.
- To work on goals as identified in your service plan, including follow through on referrals and community networking efforts to address all of your identified needs.
- To refrain from bringing any kind of weapon to any SBH facility and to smoke only in designated smoking areas.

ATTENDANCE GUIDELINES

The following attendance guidelines are applicable any appointments that require you to schedule ahead

of time. These guidelines may not apply to programs that are provided in Community Living, Residential, or Inpatient settings; if they do not apply, a SBH staff member will clearly explain the appropriate attendance guidelines during your intake.

- After **one** no-show **OR** cancellation from any psychiatric evaluation, you will be required to meet with a SBH staff member to review and acknowledge understanding of the SBH Attendance Guidelines prior to being able to reschedule. Your treatment plan goals, frequency of services, and reason for the no-showed appointment will be discussed during this meeting to help us ensure we are providing you with individualized treatment that will best help you achieve your treatment goals.
- After **two** no-shows **OR** cancellations to all other appointments, you will be required to meet with a SBH staff member to review and acknowledge understanding of the SBH Attendance Guidelines prior to being able to reschedule. Your treatment plan goals, frequency of services, and reason for the no-showed appointment will be discussed during this meeting to help us ensure we are providing you with individualized treatment that will best help you achieve your treatment goals.
- If your attendance continues to be inconsistent even after meeting with a SBH staff member, your case may be closed.
- Any appointments cancelled with less than a 24-hour notice will be considered a no-show.

SERVICE PLANNING

In order to receive services from SBH you will be expected to participate in developing your service plan with your treatment team. It is very important that **you are fully committed** to developing and implementing this plan, as it is a document that describes what, where, when and how you will successfully complete your treatment. Your treatment team is your partner in this process, but it is **YOUR PLAN**. You can change your plan at any time. The plan will include actions and goals that you and your treatment team will undertake to help you function more effectively in your home and community. The plan is an agreement between you and your treatment team and must be reviewed and updated on a regular basis. There are some services that SBH does not provide such as expert witness for court testimony and child custody evaluations. If you have questions about whether SBH provides the services you're seeking, be sure to talk with a member of your treatment team.

TRANSITION/DISCHARGE PLANNING

Your discharge plan hinges directly upon your service plan and your desire to continue services at SBH. We encourage you to work on your discharge plan as early in treatment as possible. Please discuss your discharge from treatment as early and as often as you want. The criteria for discharge are:

- Successful completion of your treatment goals
- Transfer to another provider agency
- Noncompliance with attendance requirements or treatment recommendations
- Violent or threatening behavior toward another person
- Criminal activity

FEES

You and your intake clinician will review your financial status and eligibility for funded services, as applicable, at the time of intake. You will be provided information regarding the SBH fee schedule and what your fee will be, if any.

Fees may be refunded under special circumstances. Please discuss this matter with a member of your treatment team if you feel that you may need to have your fee adjusted or refunded. Requests for fee

adjustments or refunds must be submitted in writing. In general, fees are paid at the time of service delivery and are not refundable except in extenuating circumstances as reviewed and approved by the SBH Chief Operating Officer and/or Chief Administrative Officer.

SBH staff members are not to receive gifts from persons in services.

SAFETY

SBH strives to maintain a safe and healthy environment for all concerned. We encourage you to report any safety concerns to staff members at any time. We are required to inspect the facility and conduct emergency drills on a regular basis. Emergency routes are posted throughout the building. We ask that you participate in all drills and follow the instructions of staff members to ensure your safety and the safety of all individuals on the premises when, and if, an emergency occurs.

Please call 911 for life-threatening emergencies. SBH programs do not provide emergency medical care.

SBH CODE OF ETHICS

SBH adheres to the American Counseling Association “Code of Ethics and Standards of Practice” (revised 2014). By doing so SBH is dedicated to providing the highest quality of care to its members by supporting the dignity, worth, potential and uniqueness of each individual. In addition, SBH operates the organization in an ethical and responsible manner to ensure that all facets of the organization, its staff members and leadership adhere to these ethical standards at all times. The Code of Ethics serves as the basis for processing ethical complaints against any staff member, the organization and leadership of Southwest Behavioral & Health Services. This summary of the Code of Ethics is provided to you as part of the SBH commitment to inform and educate the persons we serve throughout the course of treatment. Please address concerns regarding this document to your assigned clinician.

- SBH believes that the primary responsibility of the direct service staff members is to ensure the dignity and to promote the welfare of the persons we serve. We will do this by involvement of the person served throughout the course of assessment, treatment and transition from SBH services. Each person served is provided with informed consent in a manner/language that the person can understand.
- SBH does not discriminate against any person served based on ethnic group, gender, age, race, religion, sexual orientation, socioeconomic status, or any other reason. SBH strives to meet the privacy, personal preferences and cultural diversity needs of each person served.
- SBH strives to maintain the confidentiality of the information shared by the person served with staff members and by eliminating situations where there is potential violation of the rights of the person served and/or the confidentiality of his/her protected health care information. This includes policies and procedures to develop, maintain and provide access to and storage of clinical records and to limit the sharing of confidential information to essential clinical and operational activities. SBH provides each person served with a copy of the SBH Notice of Privacy Practice (located in this handbook).
- SBH believes that each person served has a right to quality treatment in all program areas. We accomplish this by employing, training, supervising and continually assessing the performance of all direct care staff members. SBH reviews the qualifications and credentials of each direct care staff member throughout his/her tenure at SBH. In keeping with regulatory guidelines, qualified staff members conduct training and supervision.

- SBH strives to provide quality services that meet current “best practices” in all service areas. Direct care practitioners are continually updated and the quality of services provided is reviewed based on “best practices” through various quality management procedures.
- All SBH staff members are required to complete training in “professional boundaries” and the Code of Ethics. All staff members must adhere to the Code at all times.
- SBH employs, trains and supervises administrative and non-direct care staff members to maintain corporate responsibility at all times in all facets of daily operations.
- SBH business practices include policies and procedures to ensure that the organization adheres to all applicable federal, state and contractual guidelines and generally accepted business practices. SBH has in place “checks and balances” at all levels of the organization to assist in the monitoring, reporting and resolving any concerns that may arise regarding business practices.
- SBH strives to implement procedures that address how fees for services are set, collected and reviewed on a continuing basis for each person served.
- SBH has in place procedures to identify, resolve and regularly review any potential conflicts of interest that may occur among staff members, managers and governing Board of Directors.
- SBH strives to address the development and marketing of new services so as to eliminate violations of the Code of Ethics and not compromise the dignity of the persons we serve or violate the Corporate Responsibility policies.

SBH has established mechanisms to report any allegations of the violation of the SBH Code of Ethics. Any person served, staff member or Board member may report possible violations of the Code of Ethics verbally (602-265-8338 ext. 4433) or in writing to the SBH Corporate Compliance Officer. Any such allegations are considered confidential and SBH is prohibited from undertaking any form of reprisal on any person who alleges a violation of the Code of Ethics.

SBH NOTICE OF PRIVACY PRACTICES

Revised 10/27/2021

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

If you have any questions about this Notice, please contact the SBH Privacy Officer (602-265-8338 x4281). The Privacy Officer may also be contacted in writing at: Privacy Officer, Southwest Behavioral Health, 3450 N. 3rd Street, Phoenix, Arizona 85012.

This Notice of Privacy Practices describes how we may use and disclose health information we have about you. It also describes your rights to access this health information. "Protected Health Information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. This Notice of Privacy Practices will be followed by all SBH personnel and is applied to all sites and facilities operated by SBH Services.

Many of our SBH locations are equipped with surveillance cameras for your safety, to deter criminal activity and increase public safety. The video footage from the surveillance cameras could be used when illegal, criminal and safety concerns are indicated. The footage will not be used to exploit or disclose PHI about you and/or your services with SBH. Postings will be located at the SBH locations that are utilizing

surveillance camera equipment.

We are required by law to protect your PHI, to abide by the terms of this Notice of Privacy Practices and to provide you with information regarding SBH privacy policies and practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. We will post the new notice at our Administrative Offices, each program site and on the SBH website (www.sbhservices.org). We will provide you with any revised Notice of Privacy Practices if you request a revised copy.

Uses and Disclosures of Protected Health Information (PHI)

A. Uses and disclosures for treatment, payment, and health care operations

SBH will use and disclose your protected health information for treatment, payment and health care operations. The following are examples of the types of uses and disclosures of your PHI that SBH is permitted to make. These examples are not meant to include all possible uses of your PHI, but to describe the types of uses and disclosures that may be made by our offices.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. Your PHI may be used and disclosed by your psychiatrist, our office staff, your clinician, and others outside of this office that are involved in your care and treatment for the purpose of providing health care services to you. For example, your PHI may be sent to a physician to whom you have been referred to ensure that he/she has necessary information to diagnose or treat you for a medical condition.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we request or recommend for you such as making a determination of eligibility or coverage for benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the insurance plan or we may need to tell your health plan about recommended services or medications to get prior approval for those services or medications.

Healthcare Operations: We may use or disclose your PHI in order to support the business activities of SBH. These activities include, but are not limited to, auditing of services and billing records, quality assessment, employee review, risk management activities, staff member training, licensing and accreditation. For example, SBH regularly reviews the quality and content of the clinical charts. This requires that actual clinical records be reviewed on a random basis to ensure that clinical documentation meets the regulatory requirements under which we operate. In addition, we may call you by name in the waiting room when your clinician is ready to see you. We will share your PHI with others who perform various activities for SBH. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

B. Other Permitted and Required Uses and Disclosures that may be made without your Consent, Authorization, or Opportunity to Object.

We may use or disclose your PHI in the following situations without your consent or authorization:

- Required by Law—in keeping with the law and only that information relevant to the requirements of the law
- Public Health—for the purposes of controlling disease, injury or disability including to notify a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition
- Abuse or Neglect—to report child abuse/neglect or if you have been the victim of abuse or neglect
- Health Oversight—to government agencies that oversee health care systems, benefit programs and/or civil rights laws
- Food and Drug Administration—to a person or company required by the FDA to report adverse events, product defects or problems

- Legal Proceedings and/or Response to a Court Order—in response to a judicial or administrative proceeding or in response to a legal order of the court
- Law Enforcement—as required to comply with legal processes, limited information for identification and location purposes, pertaining to victims of crime occurring on SBH premises
- Coroners, Funeral Directors and Organ Donation—for identification purposes, determination of cause of death
- Research—to comply with SBH approved and reviewed research
- Criminal Activity—to prevent or lessen a serious and imminent threat to the health or safety of a person or the public
- Military Activity and National Security—to Armed Forces personnel for activities deemed necessary for military command authority, to determine eligibility for veteran's benefits, for national security or intelligence activities
- Worker's Compensation—to comply with worker's compensation laws
- Inmates receiving Services from SBH Practitioners—if your SBH clinician is providing services to you while you are incarcerated
- Required Uses and Disclosures—to comply with Section 164.502 for investigative purposes as requested by the Secretary of the Department of Health and Human Services

C. Other Permitted and Required Uses and Disclosures that may be made.

We may use and disclose your PHI in the following instances. You have the opportunity to object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your clinician, using professional judgment, will determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare or Payment for Your Healthcare: In compliance with A.R.S. 36-509.A.7, we may disclose PHI to other persons, such as family members, other relatives, close personal friends or any other persons you identify when we receive your verbal or written consent, if you have been given the opportunity to object and did not tell us an objection or if we reasonably infer, based on the circumstances, that you do not object. If you are unable to agree or object to a disclosure of information, we may disclose information if we determine it is in your best interest. We may also disclose PHI without your agreement in circumstances in which we believe you present as a serious and imminent threat to the health or safety to yourself or others and believe your family members or others may be able to help prevent the threat. In addition, we may notify your family or others identified without your permission your location, general condition or of your death. Finally, we may disclose PHI to public or private entity to assist in disaster relief effort and to coordinate uses and disclosures to family or other individuals involved in your health care.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all consumers who received one medication to those who received another, for the same condition.

All research projects are subject to a special SBH approved process that balances a proposed research project and its use of medical information with the consumer's need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this evaluation process. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your treatment at SBH.

To Avert a Serious Threat to Health or Safety: We may use or disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

Communication Barriers: We may use and disclose your PHI if your clinician attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the clinician, using professional judgment, determines that you intend to consent to use or disclose under the circumstances.

As Required by Law: We will disclose medical information about you when required to do so by federal, state, or local law.

Uses and Disclosure of your PHI with your Permission

Uses and disclosures not described above will generally be made only with your written permission, called an "authorization". You have the right to revoke an authorization at any time. If you revoke your authorization, we will not make any further uses or disclosures of your PHI under that authorization, but we cannot undo any use or disclosure we have already made on your previous authorization.

Your Rights

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

- You have the right to inspect and copy your PHI. You must submit your request in writing to your assigned clinician. We may charge a fee for the costs of copying the material you requested and will provide you with access and/or copies within 30 days (for those individuals who have been identified as having a Serious Mental Illness, we will provide you with access and/or copies of your requested records within 10 working days, or provide you with a written explanation of why SBH is not able to comply with the request). We may deny your request to inspect and copy in certain very limited circumstances. You may request that the denial be reviewed. The person who reviews the denial will not be the person who denied your request. We will comply with the outcome of the review.
- You have the right to request a restriction of your PHI. You must submit your request in writing to your assigned clinician. In your request you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply. We are not required to agree to your request unless you are asking us not to send PHI to a health plan for payment or healthcare operations if the PHI is specific to a service that you (or another person other than the health plan) has paid SBH for in full. If we do agree with your request we will abide by it except if the information is needed to provide you emergency treatment.
- You have the right to request to receive confidential communications from SBH by alternative means or at an alternative location. You must make your request in writing to your assigned clinician. Your request must specify how or where you wish to be contacted and must contain a statement that disclosure of all or part of your medical information that you are requesting to be communicated in a certain way or at a certain location could endanger you.
- You have the right to request to have your clinician amend your PHI. To request an amendment, you must submit your request in writing to your assigned clinician. In addition, you must provide a reason that supports your request. We may deny your request for amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by SBH; is not part of the information which you would be permitted to inspect or copy; or is accurate and complete. SBH will respond to your request in a timely manner, no later than 60 days after receipt of the request.
- You have the right to receive an accounting of certain disclosures SBH has made, if any, of your PHI. You must submit this request for a list or accounting of disclosures in writing to your assigned clinician. Your request must state a time period that may not be longer than 6 years and may not include dates prior to April 14, 2003. Your request should include in what form you want the list. The first list you request within a 12-month period will be free. We may charge a fee for any additional lists you request. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.
- You have the right to be notified in the event of a breach of unsecured protected health information involving your PHI.
- You have the right to obtain a paper copy of this notice from us. You may ask us to give you a

paper copy of the notice at any time. Even if you have received this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at www.SBHservices.org.

Notice of Health Information Practices

SBH participates in a non-profit, non-governmental health information exchange (HIE) called Health Current. This is a free service that can help you and your health care providers better coordinate care by securely sharing your health information. This program allows your doctors and health care providers to share your health information, such as hospital admissions and discharges, medical history, labs and other health information. **If you would like your doctor and health care providers to electronically and securely share your health information to better coordinate your care, you do not need to do anything. However, if you do not want to participate in this sharing of your health care information you will need to “Opt-Out”.**

You have the right to:

- Ask for a copy of your health information that is available through Health Current. Contact your healthcare provider and you can get a copy within 30 days.
- Request to have any information in the HIE corrected. If any information in the HIE is incorrect, you can ask your healthcare provider to correct the information.
- Ask for a list of people who have viewed your information through Health Current. Contact your healthcare provider and you can get a copy within 30 days. Please let your healthcare provider know if you think someone has viewed your information who should not have.

Below are your rights under article 27, section 2 of the Arizona Constitution to keep your medical information from being shared electronically through the Network. Specifically, you may

- You may “opt out” of having your information available for sharing through Health Current. To opt out, ask SBH for the Opt Out Form. After you submit the form, your information will not be available for sharing through Health Current. **Caution:** If you opt out, your health information will NOT be available to your healthcare providers even in an emergency.
- You may exclude some information from being shared. For example, if you see a doctor and you do not want that information shared with others, you can prevent it. On the Opt Out Form, fill in the name of the healthcare provider for the information that you do not want shared with others. **Caution:** If that healthcare provider works for an organization (like a hospital or a group of physicians), all your information from that hospital or group of physicians may be blocked from view.
- If you opt out today, you can change your mind at any time by completing an Opt Back In Form that you can obtain from SBH.
- If you do nothing today and allow your health information to be shared through Health Current, you may opt out in the future.

Complaints

You may file a complaint with SBH by notifying our Privacy Officer of your concern regarding handling of your PHI. We will not retaliate against you for filing a complaint. You may contact our Privacy Officer, 602-265-8338 x4281 or privacyofficer@sbhservices.org for further information about this process.

Complaints must be submitted in writing. You may also file your complaint with the US Secretary of Health and Human Services if you believe we have violated your privacy rights.

AHCCCS NOTICE OF PRIVACY PRACTICES

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. Effective Date: September 23, 2013

Confidentiality Practices:

The Arizona Health Care Cost Containment System (AHCCCS), and the Health Care Group Administration (HCGA), will work hard to keep your health information private. This notice tells you how and when AHCCCS will use, share and protect your health information. It also tells you about your rights to keep your health information private. If we change how we use, share and protect your information, we will send you a new notice sixty (60) days before any change.

You should also get a notice like this from your Health Plan and each of your doctors and other health care providers telling you how they use, share and protect your information. Those notices should also tell you how to complain to the Health Plan or health care provider about any problems you may have with them regarding the privacy of your information.

Using, Sharing and Protecting Your Health Information:

AHCCCS can only use or share your health information when we need to use it to do our job, when we have to share your information to run the AHCCCS program and get you the care you need, and to make sure your health care providers are paid. When we share your health information with your Health Plan and health care providers, they must keep it private.

When we share health information about you with anyone else that helps us run AHCCCS, we make them promise in writing to keep your health information private.

We will ask for, use and share your health information to decide whether we will pay for your care and to see if you are getting the right care. For example, doctors and nurses employed by us might look at your doctor's treatment plan for you to make sure the care you receive is needed.

AHCCCS and the Health Care Group Administration Will Use and Share Your Health Information to:

- Decide what to pay your health plan.
- Pay your health plan and your health care providers.
- Coordinate payment for your care. We use and share your information to make sure we pay for the care we should, that we don't pay for care that another health insurance company should pay for, and to make sure your health care provider isn't paid more than once.
- Coordinate your care. We share information with your AHCCCS health plan, other health plans, your doctors and other health care providers to so they can work together to help you get better health care.
- Evaluate performance of health care providers and health plans. We may use some of your information to see how well your health plan, doctors, and other health care providers are doing. For example, we review hospital medical records to check on the quality of care you get from the hospital.
- We sometimes give information to our lawyers, accountants, and consultants to help us run the program correctly and efficiently and to identify and prosecute fraud and abuse of the program.
- We may use your information to mail you helpful information about how to choose a health plan, about changes to the health care you can get, free medical exams, and consumer protection information.
- If we find that AHCCCS cannot continue to pay for your care, we may share some of your information with the federal government so that they can help you find other health insurance. They may even help pay for other health insurance.
- We sometimes share information with government agencies or organizations that provide benefits or services other than health insurance when you have told us you are interested in those benefits or services.

The Program May Disclose Your Health Information:

- To public health agencies for activities such as stopping the spread of diseases and reporting problems with drugs or medical items.
- To law enforcement or other government agencies, if you are the victim of abuse, neglect or domestic violence.
- To other government agencies responsible for running the Medicaid Program such as the U.S. Department of Health and Human Services and its Office of Civil Rights.
- In court cases and administrative hearings when we are required by the law to do so.
- To coroners, medical examiners, and funeral directors so that they can carry out their jobs.
- To organizations involved with organ donation and transplants, and organizations that track contagious diseases and cancer.
- To groups, like universities, that the law allows to do research using your information.
- To prevent a serious threat to a person's or the public's health and safety.
- To the military if you are or have been in the armed services.
- To correctional facility or law enforcement, if you are held in jail or prison, to help keep jails and prisons healthy and safe.
- To workers' compensation programs that pay for work-related injuries or illness.
- For law enforcement or *national security* and intelligence and to protect the President and others as required by law.

AHCCCS NOTICE OF PRIVACY PRACTICES

Your Rights to Privacy:

Your health information will not be shared without your written permission except as listed here or when required by law. You may give permission for other people to have your information by filling out the "AHCCCS Authorization to Disclose" Form, and you may take back your permission in writing at any time. For example, we need your written permission to:

- Use or share your health information for marketing purposes;
- Share your psychotherapy notes;
- Sell your health information;

You can take back your permission at any time by writing to AHCCCS at the address listed below. We cannot use or share your genetic information to make a decision about your health insurance.

ANY REQUEST YOU MAKE TO AHCCCS MUST BE IN WRITING

Your Other Rights Concerning Your Health Information Include the Right to:

- See and Get Copies of Your Records. We may charge you a fee for making a copy of your records for you.
- Ask to Change or Correct Your Records if you think there is a mistake in your records. You must give us a reason for asking us to change your records.
- Get a List of when we have shared your information. This list will only include any time that we have shared your information for a reason other than to help with your treatment, to pay your doctors and other health care providers, or to help companies like your health plan with running their business. The list will not include information provided to you or your family directly, or information that was shared because you gave us your permission in writing.
- Breach Notification: If your health information is used or shared by AHCCCS incorrectly, we will let you know promptly.
- Further Restrict Uses and Disclosures of Your Health Information. You must tell AHCCCS what information you do not want to share and who you don't want us to share your information with.

AHCCCS is not required to agree with your request.

- Take back permission that you gave AHCCCS to share your information. If you take back your permission that won't change any information that has already been shared.
- Choose How We Communicates with You: In a certain way or at a certain place.
- File a Complaint if you do not agree with how AHCCCS has used or shared your information.
- Get a Paper Copy of this Notice at any time.

ANY REQUEST YOU MAKE TO AHCCCS MUST BE IN WRITING

How to Contact AHCCCS About Your Privacy Rights: Mail all written forms, requests and correspondence to:

AHCCCS Administration
ATTN: Privacy Officer
701 East Jefferson, MD 6200
Phoenix, AZ 85034

The Privacy Officer may not let you to look at, copy or change your records. If we don't, we will send you a letter that tells you why and we will let you know if you can ask for a review of that decision. You will learn how to file a complaint with AHCCCS or with the U.S. Department of Health and Human Services-Office of Civil Rights.

How to File a Complaint: You may file a complaint with AHCCCS or the U.S. Department of Health and Human Services-Office of Civil Rights: Send correspondence to: Or to:

AHCCCS Administration
ATTN: Privacy Officer
701 East Jefferson, MD 6200
85034
San Francisco, CA 94103

Region IX, Office for Civil Rights
Medical Privacy, Complaint Division
U.S. Depart. Of Health and Human Services Phoenix, AZ
90 7th Street, Suite 4-100

For More Information:

If you have any questions about this, please contact the AHCCCS Privacy Officer. AHCCCS may change its Privacy Practices. Any changes will apply to information we already has and any information about you that we may get later. You will be able to see a copy of any new notice at the AHCCCS Administration Office or on our web site. You may ask for a copy of the current notice at any time, or get it on-line at www.azahcccs.gov.

To Contact AHCCCS Call: 602-417-4000 from area codes 480, 602, and 623, from the rest of Arizona call 1-800-654-8713.

CONFIDENTIALITY OF SUBSTANCE USE RECORDS

For, individuals who have received treatment, diagnosis or referral for treatment from our drug or alcohol abuse programs; federal law and regulations protect the confidentiality of drug or alcohol abuse records. In general, we may not tell a person outside the programs that you attend any of these programs, or disclose any information identifying you as an alcohol drug abuser, unless:

- You authorize in writing, or
- The disclosure is permitted by court order, or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes, or
- You threaten to commit a crime either at the program site or against any person who work for SBH.

Federal law and regulations governing confidentiality permit us to report suspected child abuse or neglect under state law to appropriate state authorities. Please see 42 CFR, Part 2 for federal regulations governing confidentiality of alcohol and drug abuse clinical records.

RIGHTS OF PERSONS SERVED

- A. SBH shall ensure that:
1. Each person in services is treated with dignity, respect, and consideration;
 2. A person in services is not subjected to:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Restraint or seclusion, except as allowed under R9-10-316
 - i. Retaliation for submitting a complaint to ADHS or another entity; or
 - j. Misappropriation of personal and private property by an SBH personnel member, employee, volunteer, or student; and
 3. A person or the person'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 person's life or physical health, or is provided according to A.R.S. § 36-512;
 - 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 policy on health care directives, and
 - ii. The complaint process;
 - e. Consents to photographs of the person before a person is photographed except that a person may be photographed when admitted for identification and administrative purposes; and
 - f. Except as otherwise permitted by law, provides written consent to the release of the person's:
 - i. Medical records, and
 - ii. Financial records.
- B. Each person in services 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 person's individuality, choices, strengths, and abilities;
 3. To receive privacy in treatment and care for personal needs;
 4. To review, upon written request, the person'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 SBH is unable to provide physical health services or behavioral health services for the person;
 6. To participate or have the person's representative participate in the development of, or decisions concerning 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 person's rights.

ADDITIONAL RIGHTS FOR INPATIENT OR RESIDENTIAL TREATMENT FACILITIES

- A. SBH shall ensure that:
1. A person in services is not subjected to:
 - a. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the person's treatment needs, except as established in a fee agreement signed by the person or the person's representative; or
 - b. Treatment that involves the denial of:
 - i. Food,
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet; and
 2. Except as provided in subsection (B) a person in services is allowed to:
 - a. Associate with individuals of the person's choice, receive visitors, and make telephone calls during the hours established by the 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.
- B. If an SBH medical director or clinical director determines that a person's treatment requires the facility to restrict the person's ability to participate in the activities in subsection (A)(2), the medical director or clinical director shall:
1. Document a specific treatment purpose in the person's medical record that justifies restricting the person from the activity,
 2. Inform the person of the reason why the activity is being restricted, and
 3. Inform the person of the person's right to file a complaint and the procedure for filing a complaint.
- C. In addition to the rights afforded to all persons served, each person in inpatient or residential treatment services has the following rights:
1. To receive treatment that:
 - a. Supports the person's personal liberty and only restricts the person's personal liberty according to a court order, by the person's general consent, or as permitted in R9 Chapter 10; and
 - b. Is provided in the least restrictive environment that meets the person's treatment needs;
 2. 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 person may be photographed when admitted for identification and administrative purposes;
 - b. For a person receiving treatment according to A.R.S. Title 36, Chapter 37;
 - c. For video recordings used for security purposes that are maintained only on a temporary basis; or
 - d. As provided in R9-10-316(7);
 3. Not to be prevented or impeded from exercising the person's civil rights unless the person has been adjudicated incompetent or a court of competent jurisdiction has found that the person is unable to exercise a specific right or category of rights;
 4. For persons in residential treatment – to be provided locked storage space for the resident's belongings while the resident receives treatment;
 5. For persons in residential treatment – To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
 6. To be informed of the requirements necessary for discharge or transfer to a less restrictive physical environment.

NOTICE OF LEGAL RIGHTS FOR PERSONS WITH SERIOUS MENTAL ILLNESS

If you have a serious mental illness, you have legal rights under the 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 not to be physically, sexually or 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 psychiatric records (unless it would not be in your best interests 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 call the Arizona Department of Health Services, Office of Human Rights at 1-800-421-2124.

NOTICE TO PERSONS WITH SERIOUS MENTAL ILLNESS

Notice of Discrimination Prohibited

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

- A. 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 this Chapter is not a determination of legal incompetency, except to the extent provided in A.R.S. § 36-512.
- B. 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 licenses, motor vehicle operator's and chauffeur's licenses and professional or occupational licenses.
- C. "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.

D. Upon discharge from any treatment or evaluation agency, the patient shall be given written notice of the provisions of this Section.

NOTICE TO PERSONS RECEIVING SUBSTANCE USE SERVICES

AHCCCS Medical Policy Manual Policy 320-T

Providers of substance use services 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 a 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 of substance use services. The referral and your receipt of alternative services must occur within seven 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 use 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.

SBH GRIEVANCE, APPEAL, AND COMPLAINT POLICY

At the time of admission for services, all persons served or their representatives will receive a copy of the SBH Grievance and Appeals Policy and Procedure in keeping with SBH policy, licensing and accrediting standards. This document outlines rights and procedures related to the filing of a complaint, grievance, or appeal. In addition, a copy of the SBH Grievance and Appeals Policy and Procedure shall be posted in a prominent place in all service facilities.

SBH staff members are expected to facilitate the process by which each person served may execute his/her rights associated with these procedures. Complaint forms shall be accessible at all times and understandable to the persons served. SBH staff will provide assistance to complete and submit complaints, grievances or appeals, upon request. Staff members are prohibited from taking any retaliatory action against any person who files a complaint, grievance or appeal or retaliating against a staff member who assists in that process.

Staff members shall be trained in the grievance, appeals and complaint processes as part of ongoing training in maintaining the rights of all persons served. When changes in statutes, guidelines and/or agency policies and procedures occur, training updates will be provided to personnel promptly in order to assure that the rights of individuals in treatment are maintained at all times.

SBH GRIEVANCE, APPEAL, AND COMPLAINT PROCEDURE

Purpose:

To ensure that persons served by SBH have appropriate information and guidance to file a complaint, a grievance or appeal a treatment decision.

Reference:

42 CFR 431.200, 45 CFR (HIPAA)

AHCCCS Contractor Operations Manual Chapter 446

Definitions:

Complaint: An expression of dissatisfaction about any matter other than an Action or an allegation of a violation of the rights of a person with a Serious Mental Illness.

Grievance or Request for Investigation: A complaint that is filed by a person with a Serious Mental Illness (SMI) or other concerned person alleging a violation of an SMI member's rights or a condition requiring an investigation.

Appeal: The process by which an individual requests review of an Action or other adverse decisions.

Action: A denial, suspension, reduction, termination or limited authorizations of a requested service.

Notice of Action: A document provided to a person in services when Action has been taken affecting a requested service.

Procedure:

A. Complaints – Complaints may be filed informally with SBH (internal complaint) or formally with an outside entity.

B. Filing Informal Complaints Within SBH

1. SBH encourages anyone wishing to register a complaint to discuss concerns directly with a staff member or supervisor within the applicable SBH program. The SBH Complaint Form is available for written informal complaints. At any time, an individual may exercise the option to file a complaint directly with the RBHA, Health Plan or AHCCCS as described in Section C below.
2. If the problem is not satisfactorily resolved at the program level, the person will be directed to file a written complaint with the Program Coordinator/Director as soon as possible. In most cases, the Program Coordinator/Director will schedule a face-to face appointment with the individual within 48 hours of receipt of a verbal or written complaint.
3. Staff members will assist individuals to file a complaint in writing, as necessary. When an individual has submitted a written complaint (to SBH or an external entity), the staff member must file an Incident Report. Documentation that a complaint has been filed should be placed in the clinical record (a copy of the written complaint). The incident report is not included in the clinical record.
4. If the individual feels that the issue is not satisfactorily resolved, complaints may be raised to succeeding levels of authority within SBH: Program Director, Vice President, President/CEO. SBH will conduct a review at each level within 7 working days of receipt of the written complaint and will attempt to resolve the matter within 30 days of the origination of the complaint.

C. Filing Formal Complaints Through Other Entities

1. The following entities have complaint processes independent of the SBH internal process described above. At any time, individuals may file a complaint directly with these agencies. SBH staff will assist individuals in filing complaints, if so requested, and will in no way impede an individual's attempt to file a complaint.

a. Regional Behavioral Health Authority (RBHA) Funded Services: Individuals receiving services through a RBHA may file a complaint directly with the RBHA by contacting the applicable RBHA as follows:

- Maricopa and Gila Counties: Mercy Care: 602-586-1841 or 1-800-564-5465 (711 TTY/TDD);
- Northern Arizona: Care1st 1-866-560-4042 (or 1-800-367-8939 TTY/TDD);

- Southern Arizona: Arizona Complete Health: 1-866-495-6738 (1-877-613-2076 TTY/TDD).

b. Grievances regarding physical abuse, sexual abuse or a person's death

- AHCCCS/OAL: Behavioral Health Grievance and Appeals Office of Grievance and Appeals- 701 E. Jefferson St. Phoenix, AZ 85034 or by calling AHCCCS Customer Services 1-800-867-4558 or 602-364-4558

c. Individuals who have been determined to have a Serious Mental Illness (SMI) may also request assistance through:

- Office of Human Rights: 602-364-4585 or 1-800-421-2124

d. Arizona Department of Health Services (ADHS) Licensing Services: Anyone receiving services from SBH may file a complaint directly with the ADHS Licensing Services:

i. Outpatient Clinics and Inpatient Units- Bureau of Medical Facilities Licensing: 602-364-3030; 150 N. 18th Avenue, 4th Floor Phoenix, AZ 85007

ii. Residential Treatment Facilities- Bureau of Residential Facilities Licensing: 602-364- 2639; 150 N. 18th Avenue, 4th Floor Phoenix, AZ 85007

2. SBH may be asked to provide documentation to facilitate an investigation by an external entity. Staff members may be asked to participate in the investigation. In all cases, SBH staff members may do so with the knowledge of their supervisor.

3. Investigations that substantiate the complaint may result in SBH being required to complete corrective actions to resolve the complaint. The Risk Management Department should be informed of any substantiated complaint and any need for corrective action.

D. Grievances and Requests for Investigation

1. Grievances-

a. A grievance or request for investigation may be submitted orally or in writing by a person determined to have a Serious Mental Illness (SMI) or by any other concerned person on behalf of a person with SMI in situations in which it is alleged that:

- A violation of the person's rights may have occurred; or
- A condition requiring investigation currently exists or has occurred.

b. Submission must be made within 12 months of the alleged rights violation or condition for investigation occurred. **AHCCCS Appeal or SMI Grievance Form (ACOM Policy 446, Attachment A)** is available for written submissions.

c. Grievances or requests for investigation are filed with the RBHA in which the person with SMI is enrolled. (See Complaints C.1.a.)

d. SBH staff are expected to assist individuals, if requested, to file a written or oral grievance or request for investigation. If a staff member has reason to believe that a rights violation or condition requiring investigation has occurred, he/she must ensure that a grievance or request for investigation is filed.

e. Documentation of the filing of a grievance or request for investigation should be maintained in both the clinical record and by the Risk Management Department. Grievances require SBH staff members to complete an Incident Report.

f. SBH staff are expected to participate with the investigative process by providing information requested by the RBHA, ADHS or AHCCCS and implementing immediate, reasonable action required to protect the health and safety of any person involved.

2. Appeals-

a. Appealing Actions

i. SBH will inform persons in services (and/or their guardians), as directed by the RBHA or AHCCCS, of any Actions affecting the person's services with SBH by following Notice of Adverse Benefit requirements outlined in the AHCCCS Contractors Operations Manual Chapter 414.

ii. Persons in services (or their legal guardians) have the right to appeal Actions. Each Notice of Adverse Benefits issued includes specific instructions and timelines for filing appeals.

b. Appeals specific to persons applying for or who have been determined to have a Serious Mental Illness. In addition to appealing Actions, persons applying for or who have been determined to have a SMI can appeal other types of decisions. These include but are not limited to:

- Decisions regarding SMI eligibility determination;
- Decisions regarding the need for, the timely provision of, or the continuation of covered behavioral health services; and
- Decisions regarding charges or co-payments for behavioral health services

c. When applicable, SBH staff will provide eligible persons with AHCCCS Notice of Decision and Right to Appeal (ACOM Policy 444, Attachment C) and/or AHCCCS Appeal or SMI Grievance Form (ACOM Policy 446, Attachment A) as instructed in in AHCCCS ACOM Chapter 400. Both documents provide specific instructions on filing appeals to related decisions.

AHCCCS HEALTH PLAN MEMBER HANDBOOK LINKS

Purpose: To ensure that you are provided with active hyperlinks to your associated health plan's member handbook. For plans where there isn't a link other than the English version, members are advised to contact the plan directly for a translated version in their preferred language. If you would like a printed copy of your health plan member handbook, you may request one during your intake, first appointment, or at any time during your treatment with us and an SBH staff member will provide you with a copy at no cost.

BlueCross BlueShield Arizona | Health Choice

<https://www.healthchoiceaz.com/members/member-handbooks/>

AZ Complete Health Care

<https://www.azcompletehealth.com/members/medicaid/resources/handbooks-forms.html>

United Health Care

https://www.uhcommunityplan.com/assets/plandocuments/handbook/en/AZ_Medicaid_Handbook.pdf
English

<https://www.uhcommunityplan.com/content/dam/uhccp/plandocuments/handbook/es/AZ-MemberHandbook-SP.pdf> **Spanish**

Molina Complete Care

<https://www.molinahealthcare.com/members/az/en-us/-/media/Molina/PublicWebsite/PDF/members/az/en-us/AZ-MEM-072022-Member-Handbook-CY23-508C-ENGLISH-FINAL.pdf>

Banner University Family Care

<https://www.bannerufc.com/acc/plan-information/cy23-plan-materials>

Mercy Care Plan

<https://www.mercycareaz.org/members/completecure-formembers/handbook>

Care 1st Health Plan

<https://www.care1staz.com/members/medicaid/resources/handbooks-forms.html>

American Indian Health Program/Tribal Regional Behavioral Health Authorities

https://www.azahcccs.gov/AmericanIndians/Downloads/AHCCCS_AIHP_Guide.pdf