

Welcome to the MultiCare Behavioral Health Network

We are sending you our initial new client packet as a follow up to your phone/virtual intake appointment. This packet is to be reviewed and completed. These packets are always issued upon the first Intake appointment. With our current practice of tele-therapy implemented, we are still wanting to ensure that you receive and complete this paperwork.

Please note, there are some documents that are required to be signed and returned. These pages have been highlighted for your attention. We ask that you date, sign or initial in the sections marked “Date and Client Signature”. If the client is a child who is age 13 or older, that child **must** sign the forms, but a parent/legal guardian can co-sign the forms. Also, please print the name of the client on each page.

The ONLY documents to be returned are as follows:

1. **Acknowledgement of Conditions for Treatment & Financial Disclosures - Outpatient**
2. **Consent for Telemedicine Services**
3. **Clinical Disclosure Statement**
4. **Forms and Signatures**
5. **Consent for DSHS Release of Information (Greater Lakes Only)**
6. **All Scales/Screens given to complete**

In addition, we are providing a few different ways that you can return the signed and completed documents.

- You can return the documents via US Mail (attached is pre-stamped envelope),
- You may drop the documents off directly at the facility you receive Mental Health or Substance Use Disorder (SUD) services (address, phone and fax listed below)

Greater Lakes Mental Health: 9330 59th Ave. SW, Lakewood, WA 98499. Fax 253-620-5002. Phone 253-620-5150.

MultiCare Behavioral Health: 325 East Pioneer, Puyallup, WA 98372. Fax 253-697-8393. or email the packet to bhmedicalrecords@multicare.org. Phone 253-697-8530.

Navos Mental Health: 1210 SW 136th St., Burien, WA 98166. Fax 206-257-6830. Phone 206-257-6609.
1033 SW 152nd St., Burien, WA 98166. Fax 206-257-6830. Phone 206-257-6609.

If you have further questions or concerns about this process that we can assist you with, please feel free to call one of the phone numbers listed above and we will do our best to answer your questions.

Thank you,

MultiCare Behavioral Health Network
Health Information Management Team



Acknowledgment of Conditions for Treatment & Financial Disclosures – Outpatient

I agree and consent to receive outpatient **Mental Health** treatment and services from MultiCare Behavioral Health Network (Greater Lakes Mental Health, MultiCare Behavioral Health (MBH), Navos).

I agree and consent to receive outpatient **Substance Use Disorder** treatment and services from MultiCare Behavioral Health Network (Greater Lakes Mental Health, MultiCare Behavioral Health (MBH), Navos).

CONSENT FOR CARE: I agree to care and treatment by MultiCare Health System (“MultiCare”) together with other health care professionals employed by or otherwise affiliated with MultiCare (i.e. Navos, MBH, Greater Lakes, Behavioral Health Network (BHN)) who are designated to provide care for me. This consent may include examinations, assessments, tests, labs, mental health or substance use disorder treatment. I understand that I have the right to ask questions about my care at any time, and to be involved in my care decisions.

NO GUARANTEE OF RESULTS OR CURE: No promise or guarantee of results or cure has been made to me.

PHOTOGRAPHS FOR TREATMENT, DIAGNOSIS AND/OR IDENTIFICATION: For diagnosis and treatment purposes, I allow images such as photographs to be taken and used. This includes video and electronic monitoring or recording methods. These images may be used to add to written information about my illness or injury. Some images are used once and immediately discarded when no longer needed. Others may be kept as part of my medical record, at the option of my treatment providers. Photographs of me may also be taken for identification purposes.

IMAGES OR RECORDINGS OF HEALTH CARE PROVIDERS AND FACILITIES: I understand I must obtain the permission of all health care provider(s) and any other individuals present before I can take photographs or video of any members of my care team. I also understand I cannot record conversations by any means without first obtaining the permission of all persons being recorded.

I am aware that my provider uses video surveillance in lobbies and in external locations (such as parking lots) for security and operational purposes.

FINANCIAL AGREEMENT: I agree to pay MultiCare affiliates (Navos, Greater Lakes, MBH) for care at its regular rates and terms applicable to my care and any applicable health insurance coverage I have. I permit MultiCare to appeal any denial received from my insurance company. If a third-party payor will not pay, I agree to pay for the services given, subject to any applicable contractual or governmental regulations. If a third party caused my injuries, I understand that MultiCare may file a medical services lien as permitted under RCW 60.44.010. (This lien attaches only to a portion of the proceeds of any settlement between me and the party that caused me harm.) If my bill is sent to a lawyer or collection agency, I will pay all reasonable attorneys’ fees and costs, together with interest and any amounts otherwise found to be owing. Information about the estimated charges for health services is available upon request. I understand I have the right to request this information.

Patient Identification - Always Attach Patient Label

Client Name:

MRN #:

CSN #:

Age / Sex and Gender:

ACKNOWLEDGMENT OF CONDITIONS FOR TREATMENT & FINANCIAL DISCLOSURES – OUTPATIENT



I understand that my provider may send my identifying information to third party payers such as Managed Care Organizations, Medicare, Medicaid, etc. All client information sent pursuant to these types of agencies is confidential and used solely for billing purposes. I consent to and specifically authorize the disclosure of my mental health and/or substance use disorder information to these agencies.

AGENTS & CONTRACTORS: Whenever MultiCare is referenced above, it is my intent to include its employees, officers, agents, attorneys, first and third-party liability and claims agents, third-party claims administrators and collection agencies, as well as their agents or employees, to receive any information that MultiCare would otherwise be entitled to receive.

MEDICARE: If I am a Medicare participant, I understand that I need to pay for services that are not covered by the Medicare Program. This may include, but is not limited to services covered by car or liability insurance, or where a third party is otherwise responsible for any accident or injury leading to my need for care, as well as any services not otherwise covered by Medicare.

CO-INSURANCE: There may be a co-insurance for care given related to my Medicare or other insurance benefits.

PHONE, EMAIL, TEXT MESSAGING AUTHORIZATIONS: I grant permission and consent to MultiCare and their affiliates: (1) to contact me by phone at any phone number associated with me, including wireless (cell) numbers; (2) to leave answering machine and voicemail messages for me, and include in any such messages information required by law (including debt collection laws) and/or regarding amounts owed by me; (3) to send me text messages or emails using any email or cellular device addresses I provide and; (4) to use pre-recorded/artificial voice messages and/or and automatic dialing device (an “autodialer”) in connection with any communications made to me or related to my scheduled services and my account, unless I have exercised an “opt out” option associated with such emails or text messages or have otherwise notified MultiCare in writing to discontinue such communications using those pathways. (I understand that opt out processes may take up to ten (10) business days to go into effect.) I understand that I am not required to accept messages in these formats as a condition of receiving services at MultiCare or their affiliates.

EMAIL CONTAINING PROTECTED HEALTH INFORMATION; MYCHART: I understand that exchanging email, text or other written communications with my health care provider(s) or other members of my care team can result in protected health information being disclosed to unauthorized persons, and that MultiCare cannot control who views such information when sent in unencrypted form. I understand that MultiCare offers “MyChart” to all patients, which provides a fully encrypted and protected pathway for communicating with most of its providers, although not all MultiCare providers choose to utilize MyChart. If I initiate or respond to communications using unencrypted pathways, I assume the risk that my information may be compromised, and I authorize MultiCare and its providers to communicate with me using that process, unless or until I choose to opt out of such communications pathways by notifying my provider in writing, allowing up to ten business days to implement any change in my communications pathways.

ADVANCE DIRECTIVES / LIVING WILL: I understand that I have the right to carry out an Advance Directive for Health Care (Often referenced as a “Living Will.”) and/or Advance Directive for Mental Health. I understand that I can get information on the Advance Directive policy from my provider. If I have completed an Advance Directive form, I agree to provide a copy of such form(s) to my provider.

HEALTH CARE POWER OF ATTORNEY / MENTAL HEALTH POWER OF ATTORNEY: I understand I can nominate another person or persons to make health care or mental health decisions for me at times when I am unable to do so. These can include routine health care decisions (including life and death decisions) as well as mental health decisions. I will provide MultiCare with copies, or otherwise tell MultiCare where they are located.

Patient Identification - Always Attach Patient Label

Client Name:

MRN #:

CSN #:

Age / Sex and Gender:

ACKNOWLEDGMENT OF CONDITIONS FOR TREATMENT & FINANCIAL DISCLOSURES – OUTPATIENT

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60-0840-7 (12/23)

GENERAL NOTICES AND ACKNOWLEDGEMENTS: I have been provided with a statement of my individual rights in my preferred language and understand that I can contact the receptionist or my therapist if I have questions. I have discussed the availability of local advocacy organizations that can assist me in understanding my rights. I have also have received a copy of this form and a list of the acts of unprofessional conduct and information on whom to contact should I wish to file a complaint.

I understand that firearms and other weapons are not allowed in any MultiCare Behavioral Health Network (MCBHN) facility and that I will be asked to leave the premises if I am in possession of a weapon.

I understand that the behavioral health agency is a tobacco, illegal substance, alcohol and marijuana free environment; these substances are not permitted on agency premises. The selling of or bartering for drugs (illegal, prescription, alcohol, etc.) are not permitted on agency premises. Individuals that appear to be under the influence of drugs/alcohol may be asked to reschedule their appointment and to leave the property.

This consent will remain in effect until such time my mental health and/or substance use disorder treatment services are terminated.

Please sign and date below:

**

Signature of Client (age 13 and older)

**

Parent/Legal Representative

**

Printed Name and Relationship

**

Date

Patient Identification - Always Attach Patient Label

Client Name:

MRN #:

CSN #:

Age / Sex and Gender:

**ACKNOWLEDGMENT OF CONDITIONS
FOR TREATMENT & FINANCIAL
DISCLOSURES – OUTPATIENT**

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60-0840-7 (12/23)



Consent for Telemedicine Services

I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when they are located at a different site than the provider permitting real-time communication.

By signing this form, I am giving my consent to MultiCare Behavioral Health (MBH), Greater Lakes Mental Health (GLMH) or Navos to provide services to me via telemedicine.

I understand that the laws that protect privacy and the confidentiality of medical information also applies to services provided to me via telemedicine.

I understand that Telemedicine Services can be discontinued at any time by myself or if it is determined by my provider that Telemedicine Services are no longer appropriate. This information will be documented in my electronic health record. If Telemedicine Services are discontinued, I will receive phone only (telephonic) services, or in-person services when possible.

I understand that I need to be ready and on-time for all telemedicine appointments.

I understand that I need to be in a quiet, distraction free space during the session.

I understand that I will provide my telephone number at the start of the session, in case the telemedicine technology fails, and the session needs to continue by telephone.

I agree to notify my provider if I am having technological challenges related to my Telemedicine Services.

I understand that I have the right to file a grievance if I feel my rights are being violated, have a concern with the quality of care/treatment I am receiving or have any ethical concerns related to Telemedicine Services.

COMPLAINT PROCESS: You have the right to contact the Washington State Department of Health if you believe your counselor exhibits unprofessional conduct as described in RCW 18.130.180. Washington State Department of Health, Health Systems Quality Assurance, Complaint Intake, P.O. Box 47857, Olympia, WA 98504-7857 or 360-236-4700.

Benefits, Restraints and Risks

MultiCare Behavioral Health Network uses HIPAA compliant platforms for telemedicine. MBH, GLMH and Navos have taken precautions to make Telemedicine Service delivery as secure as possible, however there are still some risks associated with virtual service delivery such as transmission interception or others around you overhearing session conversations.

If telemedicine technology fails, the call drops/unexpectedly ends, the provider will try to re-initiate the telemedicine session. Depending on the service type, if that fails, the provider will reach out via phone and provide a phone (telephonic) service instead. If that fails, the provider will reach out to you at a later time to reschedule the service.

I have carefully read and understand all of the above categories and can receive a copy of this form as attested to by my signature below.

Client Signature (Required age 13 and older): * _____

Responsible Party Parent/Legal Guardian Signature: * _____

Date: _____

Patient Identification - Always Attach Patient Label

Client Name:

MRN #:

CSN #:

Age / Sex and Gender:

CONSENT FOR TELEMEDICINE SERVICES



60-0841-8 (12/23)



Team Counselor Disclosure Statement

In order to assure high practice standards to comply with the licensing requirements of the Mental Health Law, the Behavioral Health Network (BHN) consisting of Greater Lakes Mental Healthcare, MultiCare Behavioral Health and Navos employs counselors who are trained in accordance with the professional standards of psychology, social work, substance use disorders, and/or other related fields. The BHN provides services to individuals who have emotional, behavioral, and psychiatric and substance abuse disorders. These services include but are not limited to assessment of needs, individual/family/group therapy for adults and children, and case management. In addition, we maintain clinical records, case review procedures, in-service training, weekly supervision and psychiatric case consultation that meet the requirements of the Mental Health Laws of the State of Washington and help ensure that the services provided by our counselors are of high quality.

CONFIDENTIALITY AND RELEASE OF INFORMATION:

I understand that my records are protected under Washington State Law RCW 70.02 and by HIPAA Federal Regulations 45 CFR, Parts, 160 and 164 as well as Federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2. Agencies within the Behavioral Health Network will disclose health care information without the client's authorization only to the extent required by law.

When family therapy is provided, the Client (aged 13 or over) or their parent/legal guardian (when under 13) will sign a Release of Information Authorization form on behalf of all participants in the therapy sessions. Confidential information will only be released in accordance with federal (HIPAA 45 CFR, Parts 160 and 164, 42 CFR, Part 2) and state (RCW 70.02) laws regarding disclosure of health information. Sensitive information regarding family members' mental health, chemical dependency and/or sexually transmitted disease will be reviewed for redaction before release.

Below is information pertaining to the team you will be seeing, and the state required counselor disclosures.

Team: BHN Intake **Supervisor's Name and Contact Information:** Marci McClure, LMHC 253.620.5075

The team is comprised of interns, agency affiliated counselors, associate and licensed counselors, and substance use disorder trainees and professionals. At any time, you may request a staff list that will provide name, department, and WA State credential/license number of all members of the team.

- Clinical Interns provide treatment under the supervision of an approved supervisor. (Interns may not independently provide clinical social work, mental health counseling, or marriage and family therapy for a fee, monetary or otherwise).
- Agency Affiliated Counselors provide treatment under the supervision of an approved supervisor. (Agency Affiliated Counselors may not independently provide clinical social work, mental health counseling, or marriage and family therapy for a fee, monetary or otherwise).
- Associate Counselor provides treatment under the supervision of an approved supervisor. (Associates may not independently provide clinical social work, mental health counseling, or marriage and family therapy for a fee, monetary or otherwise).
- Substance Use Disorder Professional Trainee provides treatment under the supervision of an approved supervisor.

Education, Training, and Experience: All providers have a Master's degree in the field of counseling or Social Work and are MHPs (Mental Health Professionals) trained in mental health assessment and diagnostics.

Description of Methods/Techniques/Course of Treatment Used in Counseling/Treatment: A Diagnostic and Functional Assessment will be completed to determine if a client meets criteria for medical necessity and a mental health diagnosis. The course of treatment will be determined by assigned counselor.

Billing Practices/Information: Based on the services you are receiving, please reference the following documents as applicable:

- Acknowledgement of Conditions for Treatment and Financial Disclosures
- Application and Consent for Mental Health Therapeutic Services

Department of Health Contact Information

You have the right to contact the Washington State Department of Health if you believe your counselor exhibits acts that would be considered unprofessional conduct. To view the complete list of these acts, please review RCW 18.130.180. If any of the following situations occur during your course of treatment, you may either submit a complaint on the DOH website at www.doh.wa.gov or mail your complaint to:

Washington State Department of Health
Health Systems Quality Assurance Complaint Intake
P.O. Box 47857
Olympia, WA 98504-7857
(360) 236-4700
Email: HSQAComplaintIntake@doh.wa.gov

I understand that I have a right to refuse treatment, and the right to choose a practitioner and the treatment modality that best suits my individual needs. The information in this disclosure does not grant me any new rights and is not intended to supersede state or federal laws and regulations, or professional standards.

My signature below indicates my consent for treatment as offered by the Behavioral Health Network. I have read and understand the information in this document, and I have been given a copy of this form.

Client Signature (Required age 13 and older)

Date

Responsible Party Parent/Legal Guardian Signature

Date

Clinician Signature

Date

Patient Identification - Always Attach Patient Label

Client Name:

MRN #:

CSN #:

Age / Sex and Gender:

TEAM COUNSELOR DISCLOSURE STATEMENT





Forms and Signatures

Listed below are the names and brief summaries of the forms and information sheets that State, Federal and Agency policies require us to review with you. The person assisting you with the intake paperwork will explain these forms and you are asked to initial each item to indicate that you have been provided with this information. If you have any questions about any of these forms, please be sure and ask for additional information.

Please initial all items below if you received or were offered the following documents.

1. The Assurance of Professional Conduct is required by the Washington State Department of Health to help you be an informed client/consumer of counseling services.
 I have received a copy of the Assurance of Professional Conduct.
2. Grievance Procedure – Provides guidance on the Behavioral Health Network grievance process, in the event that you are dissatisfied with any aspect of service you are provided.
 I have received a copy of the Grievance Procedure.
3. Client Rights – Client Rights have been developed by the Washington State Department of Social and Health Services to inform you of the rights you have in receiving behavioral health services.
 I have received a copy of the Client Rights
4. Mental Health Advance Directive Information – This document provides a summary of what a Mental Health Advance Directive is and how you can get more information.
If you are age 18 and older:
 I have read and understand the written information I've received about Advance Directives.
PLEASE INITIAL ONE OF THE FOLLOWING:
 I do not have Advance Directive and have received contact information for help obtaining one
 I currently have an Advance Directive and WILL provide a copy to MultiCare Behavioral Health PHP
 I currently have an Advance Directive and WILL NOT provide a copy to MultiCare Behavioral Health PHP
 No, I do not wish to pursue an Advance Directive at this time
5. Notice of Privacy Practices – This document is required by Federal regulations (Health Insurance Portability and Accountability Act – HIPAA) to make sure that you are aware of how our agency protects your health information and in what circumstances it could be disclosed to others.
 I have received a copy of the HIPAA Notice of Privacy Practices
6. Behavioral Health Network Controlled Substance Philosophy - Information about possible referral for medication services.
 I have received a copy of the Controlled Substance Philosophy
7. No-Show Policy – This document provides information on what a “no-show” is and how “no-shows” may negatively impact future scheduling of services.
 I have received a copy of the No-Show Policy

Client Signature (age 13 and older): _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____

Printed Name of Parent or Guardian: _____

Patient Identification - Always Attach Patient Label

Client Name:

MRN #:

CSN #:

Age / Sex and Gender:

ACKNOWLEDGMENT OF RECEIPT OF INFORMATION DOCUMENTS



These documents are for your review and to keep for future reference.

****** Please, DO NOT return these copies with the ones that you have signed.

Thank you,

MultiCare Behavioral Health

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE ALSO DESCRIBES YOUR RIGHTS AND SOME OBLIGATIONS MULTICARE HAS REGARDING THE USE AND DISCLOSURE OF YOUR HEALTH INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

For purposes of this Notice, "MultiCare" or "we" means MultiCare Health System, including MultiCare Connected Care, Cardiac Heart and Vascular Institute, and members of the MultiCare Behavior Health Network: Greater Lakes Mental Healthcare and Navos.

MULTICARE'S PLEDGE AND RESPONSIBILITIES REGARDING YOUR PROTECTED HEALTH INFORMATION

We understand that information about you and your medical and behavioral health is personal. We are committed to protecting health information about you and are required under federal and state law to take steps to protect this information. Under federal privacy laws, this information is called "protected health information". Protected healthcare information includes certain information we have created or received that identifies you, including information regarding your health or payment for your health at a MultiCare facility, whether by hospital personnel, your personal doctor or other practitioners involved in your health care. It includes your medical records and personal information such as your name, social security number, address, and phone number.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the practices of MultiCare and that of:

- Any health care professional authorized to enter information into your medical record at any MultiCare facility.
- All departments and units of MultiCare.
- Any member of a volunteer group we allow to help you while you are at a MultiCare facility.
- All MultiCare employees and personnel including contracted or agency staff.
- MultiCare Connected Care workforce members.
- Other health care providers who have agreed to follow and abide by the "joint notice of privacy practices" terms described below.

JOINT NOTICE OF PRIVACY PRACTICES

In addition to those persons identified above, a number of other independent practitioners have agreed with MultiCare to follow this Notice as a joint privacy practices notice in accordance with federal privacy laws related to care delivered at MultiCare facilities, including the members of the medical staffs of Tacoma General Hospital, Allenmore Hospital, Mary Bridge Children's Hospital, Good Samaritan Hospital, Auburn Medical Center, MultiCare Deaconess Hospital, MultiCare Covington Medical Center, MultiCare Valley Hospital, and other independent providers or organizations delivering care at MultiCare facilities. The independent practitioners that have agreed to follow this Notice may access your health information where there is a legitimate need to do so for treatment, payment and health care operations purposes related to the joint care setting at MultiCare facilities. The independent practitioners that have agreed to follow this joint notice likely will have separate Notice of Privacy Practices for care delivered at non-MultiCare facilities (e.g. a physician's office). You are encouraged to request information from a non-MultiCare practitioner about any separate Notice of Privacy Practices followed by that practitioner at non-MultiCare offices or facilities.

MULTICARE CONNECTED CARE NETWORK

MultiCare is part of the MultiCare Connected Care Network which is an organized healthcare arrangement (OHCA). An OHCA is (i) a clinically integrated setting in which individuals typically receive healthcare from more than one healthcare provider or (ii) an organized system of healthcare in which more than one health care provider participates. The healthcare providers who participate in the OHCA will share health and billing information about you with one another as may be necessary to carry out treatment, payment, and healthcare operations activities.

OTHERS WHO MAY ACCESS OR USE YOUR HEALTH INFORMATION

MultiCare participates in health information exchange networks to facilitate the secure exchange of your electronic health information regarding your treatment between and among other health care providers or health care entities including but not limited to

Emergency Department Information Exchange (EDIE), Virtual Lifetime Electronic Record (VLER - DoD/VA), or CareEverywhere (Organizations with Epic). MultiCare also provides connectivity to its Electronic Health Record to independent community health care providers. As a condition of such access, each of these providers agrees to using information on a "need to know" basis and to comply with state and federal laws related to privacy and security.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Unless indicated otherwise, you may exercise one of your privacy rights by submitting a written request to MultiCare Health System, Health Information Management, PO Box 5299, MS: 315-C3-HIM, Tacoma, WA 98415-0299. For more specific instructions on what information to include in a written request, contact Health Information Management by phone 253-403-2423.

YOU HAVE A RIGHT TO:

Get an electronic or paper copy of your health record – Usually this includes treatment and billing records and does not include psychotherapy notes.

- To request an opportunity to inspect and/or copy your protected health information in either paper or electronic format, visit www.multicare.org to obtain a copy of the authorization request (release of information) form or contact Health Information Management (medical records) at 253-403-2423. Greater Lakes and Navos medical records may also be requested via fax at 253-697-8393 or through BHMedicalRecords@multicare.org.
- You may be charged a fee for copying, mailing or other supplies associated with your request.
- In certain limited circumstances, we may deny your request to inspect and/or copy your protected health information. You may request that the denial be reviewed.

Ask us to correct certain protected health information – If you feel that information we have about you is incorrect or incomplete you can request an amendment to such information.

- We may say "no" to your request, but we'll tell you why in writing.

Request an accounting of certain disclosures – You may request an accounting of certain disclosures of your protected health information listing all the disclosures we made to others.

- This list will not include disclosures made for the purposes of treatment, payment, and health care operations identified previously.
- The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Request restrictions – You may request in writing that we limit the way we use and disclose your protected health information.

- You also have the right to request a limit on the protected 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.
- If you want to put such a restriction in place, please notify your healthcare provider's front office staff and complete the Request for Restrictions form prior to being seen.
- We are not required to agree to your request, and we may say "no" if it would affect your care.
- If we do agree to your request, we will comply unless the information is needed to provide emergency treatment to you.

Right to request nondisclosure to health plans for self-paid items or services – You have a right to request in writing that healthcare items or services for which you self-pay for in full in advance of your visit not be disclosed to your health plan.

- We will say "yes" unless a law requires us to share that information.
- You are responsible for notifying any other providers, such as your pharmacy, of any restriction requests.

Request confidential communications – You may request in writing that confidential communications about medical or behavioral health matters be made 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 an alternative address.
- We will say yes to all reasonable requests. You do not have to provide a reason, but the request must specify how or where you wish to be contacted.

Choose someone to act for you – If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

- We will ask the person to show proof of this authority to act for you before we take any action.

Receive a paper copy of this notice – You can request a copy of this Notice at any time from any MultiCare employee.

- This Notice is also available online at www.multicare.org.

USES AND DISCLOSURE OF YOUR HEALTH INFORMATION BY MULTICARE

Your Choices: For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care

- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we will not share your information unless you give us written permission (signed consent):

- Marketing purposes where remuneration is received
 - ~ Limited information about you may be used to support communication about available products or services.
 - ~ If you do not wish to receive such materials, please call 1-855-884-4284 or email annualgiving@multicare.org.
- Sale of your information
- Most sharing of psychotherapy notes
- Situations not described in this Notice that do not pose a threat to health or safety

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

- If you no longer wish to receive fundraising requests supporting MultiCare, please call (toll-free) 855-884-4284, or alternatively send an e-mail to annualgiving@multicare.org.
- We respect your choice regarding fundraising communications and your decision will have no impact on your treatment or payment for services at MultiCare.

MultiCare typically will use your information in the following ways:

Treatment: We may use and disclose your protected health information to provide you with medical treatment and services and share it with other professionals who treat you.

- This use and disclosure may be for continuity of care or to doctors, nurses, technicians, health care students, or other health system personnel who are involved in your care.
- We may use and disclose your health information to different departments to coordinate activities such as prescriptions, lab work and x-rays and to other health care providers who may be involved in your medical care, such as long-term care facilities, other hospitals or clinics, or remote health care providers such as the services offered by telemedicine providers who may reside in other communities, including communities outside of Washington and Idaho.

Payment: As permitted by law, we may use or disclose your health information to get payment from health plans and other entities.

- This includes billing for treatment and services you receive at a MultiCare facility.
- In addition, we may use or disclose your information to collect payment or to obtain prior approval for treatment and services.

Health system operations: We can use and share your health information to run our business, improve your care, and contact you when necessary.

- Running our business includes activities such as scheduling, infection control, administering the health plan, and population health activities.
- We may also use and disclose your information to other individuals (such as consultants and attorneys) and organizations that help us with our business activities.
- We may also use your health information for internal purposes, like ensuring the quality of care, identifying training needs, reviewing outcomes, sending patient satisfaction surveys, and other administrative activities.
- We may also disclose your information to Business Associates, or companies that provide a service to us or on our behalf and have provided satisfactory assurances that they will protect your health information.

MultiCare may also use your information in the following ways:

Public Health and Safety – We may disclose your health information to agencies when necessary, to support public health activities.

These activities generally include the following:

- To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- We will only make this disclosure when required or authorized by law.

Research – We can use or share your information for health research.

Limited Data Set Information – We may disclose limited health information to third parties for purposes of research, public health and health care operations. This limited data set will not include any information that could be used to identify you directly.

Comply with the Law – We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Organ and Tissue Donation – We can share health information about you with organ procurement organizations.

Coroners, Medical Examiners, and Funeral Directors – We can share health information with a coroner, medical examiner, or funeral director when a person dies.

Workers' Compensation – We can use or share health information about you for workers' compensation claims.

Government Requests and Law Enforcement – We can use or share health information about you:

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and Presidential protective services
- In limited circumstances, for law enforcement purposes or with a law enforcement official

Lawsuits and Disputes – We may disclose your health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, if you are involved in a lawsuit or a dispute.

Contacting You – We may use and disclose health information to reach you about appointments and other matters. We may contact you by mail, telephone, or email.

- For example, we may leave voice messages at the telephone number you provide us with, and we may respond to your email address.

Treatment Alternatives – We may use or disclose information to tell you about or recommend possible treatment options or alternatives.

Health-Related Benefits and Services – We may use or disclose information to tell you about health-related benefits, services, or medical education classes.

Inmates – We may disclose your health information to a correctional facility or law enforcement official, if you are an inmate or in custody.

Incidental Disclosures – Certain incidental disclosures of your health information may occur as a byproduct of lawful and permitted use and disclosure of your health information. Reasonable safeguards are in place to minimize these disclosures.

Blood Conservation Services – We may use or disclose your health information if you have indicated affiliations with certain organizations and we believe you may be an ideal candidate who could benefit from blood conservation services.

Serious and imminent threats – We may share your information when needed to lessen a serious and imminent threat to the health or safety of you, the public, or another person.

SPECIAL INFORMATION TYPES

Washington, Idaho and federal law provide additional confidentiality protections in some circumstances. MultiCare generally may not release without specific authorization the following patient information:

- Washington — Specific sexually transmitted diseases
- State and federal law — Substance Use Disorder records that may be specially protected
- Washington — Behavioral health records that are specially protected in some circumstances

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of your protected health information not covered by our current Notice or applicable laws will only be made with your written permission. You may revoke any permission by submitting a request in writing to the MultiCare Privacy Office (at the contact information under Questions and Complaints). If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization unless required by law. You understand that we are unable to take back any uses or disclosures we have already made, while your permission was in effect, and that we are required to retain our records of the care that we provide to you.

CHANGES TO THIS NOTICE

MultiCare can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, at our facilities, and on our web site.

QUESTIONS AND COMPLAINTS

If you have general questions about this Notice, please contact the MultiCare Privacy Office by phone: 866-264-6121 or email: compliance@multicare.org. If you believe your privacy rights have been violated, you may file a complaint with the MultiCare Privacy Office, MultiCare, P.O. Box 5299, MS: 737-2-CCIA, Tacoma, WA 98415-0299. If we cannot resolve your concerns, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services (HHS), Office for Civil Rights. We will not retaliate against you for filing a complaint and the quality of your care will not be jeopardized.

The State wants you to know that there are acts that would be considered unprofessional conduct (RCW 18.130.180). If any of the following situations occur during your course of treatment, you are encouraged to contact the State Department of Health Licensing Dept., Counselor Programs, P.O. Box 47869, Olympia, Washington 98504-7869. Telephone: (360) 236-4902

The following situations have been identified so you can be an informed consumer of counseling services. The conduct, acts or conditions listed below give you a general idea of the kinds of behaviors that could be considered a violation of law:

1. The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW.
2. Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof.
3. All advertising which is false, fraudulent, or misleading.
4. Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed.
5. Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction.
6. Except when authorized by *RCW 18.130.345, the possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself.
7. Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice.
8. Failure to cooperate with the disciplining authority by:
 - a. Not furnishing any papers, documents, records, or other items

- b. Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority
 - c. Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or
 - d. Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder
9. Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority.
10. Aiding or abetting an unlicensed person to practice when a license is required.
11. Violations of rules established by any health agency.
12. Practice beyond the scope of practice as defined by law or rule.
13. Misrepresentation or fraud in any aspect of the conduct of the business or profession.
14. Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk.
15. Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health.
16. Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service.
17. Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW.
18. The procuring, or aiding or abetting in procuring, a criminal abortion.
19. The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority.
20. The willful betrayal of a practitioner-patient privilege as recognized by law.
21. Violation of chapter 19.68 RCW or a pattern of violations of RCW 41.05.700(8), 48.43.735(8), 48.49.020, 48.49.030, 71.24.335(8), or 74.09.325(8).
22. Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding.
23. Current misuse of:
- a. Alcohol
 - b. Controlled substances; or
 - c. Legend drugs

24. Abuse of a client or patient or sexual contact with a client or patient.
25. Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.
26. Violation of RCW 18.130.420.
27. Performing conversion therapy on a patient under age eighteen.
28. Violation of RCW 18.130.430.

Individual Client Rights

WAC 246-341-0600

You have the right to:

1. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
2. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
3. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences;
4. Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises or to address risk of harm to the individual or others. "Reasonable" is defined as minimally invasive searches to detect contraband or invasive searches only upon the initial intake process or if there is reasonable suspicion of possession of contraband or the presence of other risk that could be used to cause harm to self or others;
5. Be free of any sexual harassment;
6. Be free of exploitation, including physical and financial exploitation;
7. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
8. Participate in the development of your individual service plan and receive a copy of the plan if desired;
9. Make a mental health advance directive consistent with chapter 71.32 RCW;
10. Review your individual service record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections; and
11. Submit a report to the department when you feel the agency has violated your rights or a WAC requirement regulating behavioral health agencies.
12. MultiCare Behavioral Health Network will ensure the applicable individual participant rights described in above, as well as the additional Medicaid rights listed below will be:
 - (a) Provided in writing to each individual on or before admission;
 - (b) Available in alternative formats for individuals who are visually impaired;
 - (c) Translated to the most commonly used languages in the agency's service area;
 - (d) Posted in public areas; and
 - (e) Available to any participant upon request.
13. At the time of admission and upon client request, the MultiCare Behavioral Health Network will provide each client with information on how to file a report to the department if they feel their rights or requirements of this chapter have been violated.

Statutory Authority: RCW 71.24.037, 71.05.560, 71.34.380, 18.205.160, 43.70.080(5), 41.05.750, 43.70.250, and 74.09.520 and chapters 71.05, 71.12, 71.24 and 71.34 RCW. WSR 22-24-091, § 246-341-0600, filed 12/6/22, effective 5/1/23.

Statutory Authority: RCW 71.24.037, 71.05.560, 71.34.380, 18.205.160, 71.24.037 and chapters 71.05, 71.24, and 71.34 RCW. WSR 21-12-042, § 246-341-0600, filed 5/25/2, effective 7/1/21.

Statutory Authority: 2018 c 201 and 2018 c 291. WSR 19-09-062, § 246-341-0600, filed 4/16/19, effective 5/17/19.



In addition to the above rights, the Client Rights for a person receiving publicly funded behavioral health services (Medicaid) in the community are that you have the right to:

1. Receive information and services you ask for, covered under Medicaid,
2. Be treated with respect, dignity, and privacy,
3. Help make decisions about your care, including the right to refuse treatment,
4. Be free from restraint or seclusion,
5. Receive a copy of behavioral health care patient rights,
6. Receive a copy of your medical records and request that they be amended or corrected,
7. Receive information on available behavioral health benefits,
8. File a grievance, appeal, or administrative hearing if you are not satisfied,
9. Receive a list of crisis phone numbers,
10. Make changes at any time to your providers or case managers and receive the services of an Ombuds in filing a grievance, appeal, or fair hearing,
11. Receive services in a barrier-free location (accessible),
12. Receive the name, address, telephone number, and any languages offered other than English of providers in your BHO yearly or when you request it,
13. Receive the amount and duration of services you need,
14. Receive a written Notice of Action from the BHO if services are denied, limited, reduced, suspended, or terminated or you disagree with the plan,
15. Receive information about the structure and operation of the BHO,
16. Receive emergent or urgent care or crisis services,
17. Receive post-stabilization services after you receive emergent, urgent care or crisis services that result in a hospitalization,
18. Receive age and culturally appropriate services,
19. Be provided a certified interpreter and translated material at no cost to you,
20. Receive information you request and help in the language or format of your choice,
21. Have available treatment options and alternatives explained to you,
22. Refuse any proposed treatment,
23. Receive care that does not discriminate against you (e.g., age, race, type of illness),
24. Be free of any sexual exploitation or harassment,
25. Receive an explanation of all medications prescribed and possible side effects,
26. Make a mental health advance directive that states your choices and preferences for mental health care,
27. Receive information about medical advance directives,
28. Receive quality services which are medically necessary,
29. Receive a second opinion from a mental health professional in your BHO area if you disagree with your provider,
30. Choose a provider for yourself and your child (if your child is under 13 years of age),
31. Request and receive a copy of your health records. You will be told the cost for copying,
32. You may also contact the Office of Civil Rights for more information at <http://www.hhs.gov/ocr>, or visit <http://apps.leg.wa.gov/wac/default.aspx?cite=388-877A-0460> A
33. You may also contact the Office of Civil Rights for more information at <http://www.hhs.gov/ocr>

Grievance Procedure

In the event that you are dissatisfied with any aspect of your care, the services that you receive from us, the interactions that you have with our staff members, or feel that any of your rights have been violated, you have the right to file a grievance.

A “grievance” is defined as “a formal expression of dissatisfaction about any matter” that is initiated by persons serviced or their legal representatives.

The following procedure explains the process for submitting a grievance and the process and actions that will be taken in response to it.

1. Let your clinician, your clinician’s supervisor or other treatment team member know that you are dissatisfied and specifically what you are dissatisfied with. You can file your grievance either in writing or it can be a verbal notification.
2. If you file a grievance/express dissatisfaction, please be assured that your grievance will not result in retaliation or barriers to service.
3. You have a right to lodge a grievance, to be listened to, to be treated in a respectful and courteous manner, for your grievance to be fully investigated and considered, and to a timely determination and/or resolution.
4. Your responsibilities in the grievance process is to accurately describe your grievance, to communicate in a respectful and courteous manner, and in the event that you are dissatisfied with the outcome or decision, to advocate for yourself by contacting your Managed Care Organization (MCO) or the Office of Behavioral Health Advocacy Service should you feel compelled to do so.
5. The rights of MultiCare Behavioral Health, Greater Lakes Mental Health and Navos Mental Health in the grievance process is to be provided with accurate information about the grievance, and to be treated in a respectful and courteous manner.
6. The responsibilities of MultiCare Behavioral Health, Greater Lakes Mental Health and Navos Mental Health in the grievance process is to obtain all information available, to review and consider all information pertinent to the grievance, to complete an appropriate investigation, to arrive at a resolution/remedy in a timely manner, and to treat all grievances in a confidential manner.
7. Within five (5) working days of the grievance report, you will receive a written grievance acknowledgment.
8. Immediately upon receiving your grievance, we will begin working on a solution to remedy your dissatisfaction. As part of this process, your grievance and all available information will be reviewed. If witnesses are identified, we will attempt to interview them as well as part of the investigation process.
9. No later than thirty (30) calendar days, your grievance will be investigated and resolved. You will receive a grievance Resolution Letter that lists the remedy, as well as other options to take in the event that you are not satisfied or disagree with the resolution.
10. While it is our sincere hope to resolve your grievance to your satisfaction, if you are unhappy or disagree with the resolution, you may contact your Managed Care Organization.
11. If you would like additional advocacy assistance to submit a grievance, you may contact the Office of Behavioral Health Advocacy Service in your county either at www.obhadovacy.org or at **1-800-366-3103** or **360-292-5038**. The Office of Behavioral health Advocacy Service is available to answer questions and to support individuals and families with the grievance process.

Important Notice About Your Health Records

The MultiCare Behavioral Health Network, comprised of Navos, Greater Lakes Mental Healthcare and MultiCare Behavioral Health, is part of the MultiCare Health System and shares a common Electronic Health Record platform. This means that **any MultiCare healthcare provider can access treatment records from any other MultiCare facility, department or provider.**

Because we are all part of the same health system, your MultiCare physician will be able to view your Substance Use Disorder or mental health records from Navos, Greater Lakes or MultiCare Behavioral Health. Your counselor or provider at any of our Behavioral Health Network organizations can also access information about your physical health from the MultiCare Health System.

This ability to share and access information across MultiCare allows us to provide high-quality, whole-person health that integrates all aspects of your healthcare, including physical, mental and Substance Use Disorder treatment.

Mental Health Advance Directive Information

A mental health advance directive (MHAD) is a written document that describes your directions and preferences for treatment and care during times when you are having difficulty communicating and making decisions. It can inform others about what treatment you want or do not want. If you would like more specific information about mental health advance directives or if you would like to have assistance in obtaining one, you may wish to consult with your Treatment Team at MultiCare Behavioral Health, Greater Lakes Mental Health, or Navos Mental Health, or you may call:

**State of Washington Division of Behavioral Health and Recovery, Office of
Consumer Affairs: 1-800-446-0259**

No-Show Policy

It is important that you call to cancel any appointment that will not work for you **24 hours** prior to the appointment. If you do not call 24 hours in advance to cancel an appointment, it will be marked as a **late cancel or no-show**.

If you missed your counseling appointment and it is considered a no-show:

- If you have not completed a counseling session with your counselor, therapist, clinician within 30 days from your missed appointment, we understand that you are not interested or unable to continue counseling and your case will be closed.
- If an emergency has come up that prevents you from attending your appointment and from canceling within 24 hours, please contact the Scheduling Department and/or your therapist/case manager/clinician to discuss options. Once your chart is closed, all medication management services will also end. *(This process may vary some depending on the location you receive services.)*

Scheduling phone numbers:

Greater Lakes MHC: 253-581-7020

Option 2 – Adult Outpatient Services/Direct dial: 253-620-5064

Option 3 – Child & Family Services/Direct dial: 253-620-5109

Greater Lakes Spanaway Clinic: 253-535-1935

Kitsap: 564-669-5250 option 2 then 2

MBH: 253-697-8400 option 2 then 2

Navos Lake Burien Infant & Youth Clinic: 206-242-1698 option 0

Navos Mental Health & Wellness Center: 206-257-6600 option 8

Spokane – Inland NW: 509-342-3480 option 2 then 2

Thank you for choosing us as your mental health provider. We appreciate your business and make a commitment to you to continue to provide outstanding customer service.

Behavioral Health Network Controlled Substance Philosophy

Welcome to the Multicare Behavioral Health Network: Your treatment plan may include a referral to our Medical Services clinic for short-term management of mental health medications. We want you to be aware of our philosophy concerning Stimulant (Adderall, Vyvanse, Ritalin etc.), Benzodiazepine (Valium, Xanax, Klonopin, etc.) and Sedative Hypnotic (Ambien, Temazepam, Lunesta, etc.) classes of controlled medications.

Non-pharmacological treatment: We encourage working with case managers, clinicians, and therapists to learn new non-pharmacological coping skills for managing anxiety, concentration, and sleep.

If Referred Medical Services:

- Participation in therapy is a prerequisite to receiving care in the Medical Services clinic.
- Enrollment in Medical Services is temporary.
 - We do not provide standalone or long-term medication management.
 - Treatment goals in Medical Services include returning care to your primary care provider or another community resource for long term medication management.
- We do not accept referrals for primary ADHD diagnoses in adult programs.
 - Stimulant medications use is contraindicated for many co-occurring disorders.
- We follow the national standard of care when prescribing controlled medications.
 - Benzodiazepines/Sedative Hypnotics (if prescribed) should only be used at the lowest effective dose for the shortest duration possible.
 - Benzodiazepines can be a serious drug to drug interaction with many medications (Opioids, MAT, Sleep meds, etc.).
 - Controlled medication use is not best practice for many diagnoses.
- Medications, if indicated, are selected to treat your psychiatric diagnosis based on provider assessment, clinical findings, and best practice evidence.
- Medical Services reserves the right to decline to continue prescribing medication(s)
 - Prescribers have an obligation to prescribe (and deprescribe) medications in a way that promotes optimal health and your best interests.
 - Even if you have taken a controlled medications in the past our providers make an independent decision as to the risks and benefits of continued use.