

# SEARHC Behavioral Health

## Client Handbook



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## Welcome to SEARHC Behavioral Health

The Behavioral Health staff welcomes you to our care. We encourage you to read this handbook as it may answer questions you have and provide a useful orientation to your treatment. We believe that the best outcome of treatment is achieved when there is a partnership between you and your treatment team. We are here to help you achieve the therapeutic goals that you establish. Please feel free to ask questions. Thank you for entrusting SEARHC as your partner in health.

### **SEARHC Behavioral Health provides:**

- Outpatient Behavioral Health Services
- Comprehensive Addiction Services
- Youth Residential Services
- Psychiatric Evaluations and Medication Management
- Tele-behavioral Health
- Case Management
- Other Services

## Our Services

SEARHC offers a wide range of behavioral health services and has psychiatrists, behavioral health therapists, substance use counselors and other support on staff. Services vary by site and program. Please ask your local clinic or provider for more information about what is available in your location.

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## Goals of SEARHC Behavioral Health

- To assist patients who are experiencing a personal, emotional or family problem.
- To assist patients in the progression from misuse or abuse of substances to sobriety.
- To provide a continuum of services ranging from education, assessment and treatment, that are individualized to meet the needs of the patient at each point in their therapeutic process.
- To be sensitive to the cultural origin of the patient and use educational materials and traditional interventions when appropriate and available.
- To provide an environment where the patient's local support system can be involved in a variety of ways, from assessment through treatment and into continuing care and follow-up. SEARHC Behavioral Health believes support systems are critical to effective care and treatment.

## Client Grievance Process

You have the right to fair and professional treatment. If you have any concern or complaint about any aspect of your care, we encourage you to voice these concerns using the following steps:

- Contact any one of our staff members about your concerns. They will do their best to resolve the issue and if they are unable to resolve it, they will refer the matter to the Patient Experience team. If you wish, you can contact the Patient Experience department directly at 907.966.8422.
- You may also complete a Patient Experience Feedback Form which will be routed to your Patient Advocate.
- Your written feedback will be reviewed and you will be notified once the Patient Experience investigation is complete and, if necessary, as their investigation progresses.

Your right to express concerns, complaints and grievances will not result in coercion, discrimination, reprisal or unreasonable interruption in your care.

You have the right to contact our accrediting group: The Joint Commission Office of Quality Monitoring, the State of Alaska or Mountain-Pacific Quality Health if you are a Medicare Beneficiary. If you are not satisfied with the resolution, you may contact an outside agency instead of filing a formal complaint. You will not be retaliated against for filing a complaint.

<p><b>SEARHC</b>  <b>Patient Experience Team</b>                  222 Tongass Drive                  Sitka, AK 99983                  907.996.8422                  Email: <a href="mailto:patientfeedback@searhc.org">patientfeedback@searhc.org</a></p>	<p><b>The Joint Commission</b>  <b>Office of Quality Monitoring</b>                  One Renaissance Boulevard                  Oakbrook Terrace, IL 60181                  800.994.6610                  Email: <a href="mailto:complaint@jointcommission.org">complaint@jointcommission.org</a></p>
<p><b>Medicare Beneficiaries (QIO)</b>  <b>Mountain-Pacific Quality Health Fdn.</b>                  4101 Artic Boulevard, Suite 206                  Anchorage, AK 99503</p> <p>907.561.3202</p>	<p><b>State of Alaska</b>  <b>Department of Health &amp; Social Services</b>                  3601 C Street, Suite 902                  Anchorage, AK 99503</p> <p>907.334.2483</p>



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## Patient Rights

As a patient at SEARHC, you have a right to:

- Receive care in a safe environment that is free from all forms of abuse, neglect, mistreatment or harassment.
- Have pain assessed and to be involved in decisions about pain treatment and management.
- Be free from restraint and seclusion in any form, if not medically required.
- Have cultural, personal values, beliefs and preferences respected.
- Obtain information from a medical provider regarding diagnosis, treatment, and prognosis.
- Receive visitors designated by you.
- Know the identity of physicians, nurses and others involved in your care.
- Make decisions about the plan of care prior to and during the course of treatment, and to refuse a recommended treatment or plan of care.
- Have an advance directive.
- Every consideration of privacy.
- Expect that all communications and records pertaining to your care will be treated as confidential by the organization.
- Review records pertinent to your medical care.
- Expect that within its capabilities, the organization will make a reasonable response to a request for appropriate and medically indicated care and services.
- Obtain information about protected health information disclosures.
- Receive requested medical records both past and current, in the format requested, within a reasonable time frame. Including electronic when available, if the electronic format is unavailable, the medical record will be provided in hard copy.

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## Patient Responsibilities

As a patient at SEARHC you are responsible for:

- Providing information about past illnesses, hospitalizations, medications and other matters related to your health status.
- Making sure the organization has a copy of your advance directive.
- Informing your physicians and other caregivers of any anticipated problems with the prescribed treatment.
- Being aware of the organization's responsibility to the community.
- Providing necessary information for insurance claims and for paying bills in a timely manner.
- Recognizing the impact of your lifestyle on your personal health and being accountable for the consequences of that lifestyle.
- Treating all SEARHC staff, other patients and visitors with courtesy and respect.
- Accepting the consequences of your own decisions and actions. If you elect to refuse or not comply with the care, treatment and/or plan offered by your healthcare clinician.
- Paying copayments at the time of the visit or other bills upon receipt.

Federal and State laws and regulations provide guidelines, which SEARHC follows, in order to provide quality healthcare services. These include the Health Insurance Portability and Accountability Act (HIPAA), the Privacy Act, and the Alcohol and Drug Confidentiality regulations, as well as The Joint Commission accreditation standards.

## Telehealth Informed Consent

- I understand that the laws that protect privacy and confidentiality of Medical Information also apply to telemedicine.
- I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.

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- I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. Alternatives have been explained to my satisfaction.
  - I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners within SEARHC or outside of SEARHC at my request.
  - I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.
  - I attest that I am located in the state of Alaska and will be present in the state of Alaska during all telehealth encounters with SEARHC healthcare providers.
  - I understand that telemedicine visits will be billed in the usual manner to my insurance, if applicable.

## Informed Consent Electronic Visits (eVisits)

- I understand that a variety of alternative methods of medical care may be available to me, including phone calls or patient portal messages, at my request, and that I may choose one of these if it is appropriate for my situation.
- I understand that the laws that protect privacy and the confidentiality of my medical information also apply to electronic visits.
- I understand that I have the right to withhold or withdraw my consent to the use of electronic visits in the course of my care at any time, without affecting my right to future care or treatment.
- I understand that electronic visits may involve electronic communication of my personal medical information to other medical practitioners at SEARHC or outside SEARHC, at my request.
- I understand that I may expect the anticipated benefits from the use of eVisits in my care, but that no results can be guaranteed or assured.
- I understand that eVisits will be billed in the usual manner to my insurance, if applicable.



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## Tobacco-Free SEARHC Campus

SEARHC has a tobacco-free policy for all locations.

### DEFINITIONS

The policy uses the following terms:

**SEARHC Campus:** Includes all indoor and outdoor spaces owned or leased by SEARHC, including parking lots and driveways, adjoining sidewalks walking trails, and vehicles on SEARHC property.

**Tobacco Products:** Includes cigarettes, cigars, pipes, chewing, dip, snuff, snus or any other smokeless tobacco, electronic cigarettes or any tobacco inhalation devices; and all other nicotine delivery devices, excluding FDA-approved nicotine replacement therapy for the purpose of tobacco cessation.

### POLICY

- SEARHC is committed to providing a healthy and safe environment for employees, patients, residents, clients, visitors and vendors who enter SEARHC-owned property or off-campus employee worksites and to promoting positive, healthy behaviors.
- All SEARHC-owned campuses are 100% tobacco free. The use of any tobacco product is prohibited in all areas.
- Leased spaces are subject to the conditions of the lease agreement and local and state statues on tobacco use in and around public facilities. The use of tobacco products is not permitted during Behavioral Health excursions off campus.
- All employees (including contract employees, volunteers and students), patients, visitors and vendors will support the tobacco-free campus policy at all SEARHC facilities.
- Signs will be placed at all entrances to SEARHC-owned campuses, entrances to leased spaces and outdoor working sites as needed.
- At the time of admission or registration, patients and residents will be given information regarding the tobacco-free policy.
- Patients and visitors who violate this policy will be politely informed of the policy and requested to cease their tobacco use. Tobacco

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cessation and/or educational materials will be given to the patient/resident. Their physician may be contacted to request tobacco-cessation products.

- Management is available to assist a patient or resident who is not compliant with SEARHC's tobacco-free policy. If tobacco products are not extinguished/discarded, management or the staff present will have the materials removed from the room to be stored in a safe place until the patient or resident leaves the facility. Patients who are not compliant with this policy may be subject to discharge.

## Additional Information

The resources listed below were provided at the time of admission into services. If you wish to have a copy of the signed document, you may request it at any time from SEARHC Behavioral Health staff.

## Attendance Policy

The patient acknowledges that they understand and will comply with the attendance policy to ensure communication about their care, schedules and needs for services are clear.

## Authorization for Treatment

The patient authorizes their consent for treatment and evaluation including any diagnostic and therapeutic care recommended by their physician or healthcare provider.

## Consent for Treatment

The patient gives consent for treatment, establishes their responsibility for participation, authorizes reminders, notices of other health related benefits, and follow-up, and acknowledges the receipt of the above information.

## Notice of Privacy Practices

The Notice of Privacy Practices describes in detail how your medical information may be used and disclosed, and your health information rights.

## Promise to Pay

The patient authorizes SEARHC to bill insurance benefits. The patient understands they are financially responsible for any services not covered by their insurance company. Eligible Alaska Native/American Indian (AN/AI) beneficiaries (with documented eligibility) will not be financially responsible for covered services. AN/AI beneficiaries without third-party insurance will be financially responsible for services not covered by SEARHC.

## Psychiatric Advance Directive

The patient will provide SEARHC with a copy of their Advance Directive for our records. If the patient does not have an Advance Directive and wishes to obtain one, they may request more information from their provider.

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## Additional Resources

### SEARHC Crisis Helpline

 **1.877.294.0074 (Call Only)**

This service is available 24 hours a day, seven days a week (24/7) to residents of Southeast Alaska. The crisis call center is staffed with a team of master's degree-level mental health therapists who will listen and provide effective, compassionate and confidential care.

### National Suicide & Crisis Lifeline

  **988 | TTY: 711 then 988 (Call or Text)**

The 988 Suicide & Crisis Lifeline provides free and confidential emotional support, 24/7, to people in suicidal crisis or emotional distress across the United States and its territories. The 988 Suicide & Crisis Lifeline is comprised of a national network of over two hundred local crisis centers, combining local care and resources with national standards and best practices.

### National Suicide Prevention Lifeline

 **1.800.273.TALK (8255) (Call Only)**

This service is a national network of local crisis centers that provides free and confidential emotional support, 24/7, to people in suicidal crisis or emotional distress. The group is committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing profession best practices and building awareness.

### CRISIS Text Line

 **Text "CONNECT" to 741741 (Text Only)**

For 24/7 crisis support, at no cost to you, via text in the United States.