

Welcome to Peak Wellness Center!

Peak Wellness Center, Inc. is a private, not-for-profit system of care that provides accessible, affordable and effective mental health and substance abuse services to the residents of Albany, Goshen, Laramie and Platte Counties in Wyoming.

PWC is committed to offering a comprehensive, balanced and coordinated system of community-based services that respects and advocates for the individual dignity of our clients, and that produces meaningful improvements in quality of life for our clients and for our communities.

Everyone has equal access to confidential, individualized services regardless of race, ethnicity, culture, religion, sex, sexual orientation, age, disability, source of financial support, type of mental or substance use disorder, criminal history, drug of choice or medical status.

We are pleased to help you with your behavioral health needs. Our goal is to assist you in making meaningful improvements in the quality of your life.

About Peak Wellness Center

Peak Wellness has four major programs to meet the needs of our clients.

Adult Outpatient Mental Health Services

For adults experiencing psychological or emotional problems.

Substance Treatment and Prevention Services

For adults with alcohol and/or drug problems.

Prevention Services are provided for the entire community.

Adult Recovery Services

Recovery focused services for adults with a serious and persistent mental illness, which assist with integration into the community through chosen roles and environments.

Youth and Family Services

Services for youth and their families experiencing emotional, behavioral and/or substance problems.

We are supported by federal, state, county and city funding, United Way, and the fees paid by our clients. We have a sliding scale for client fees

based on your ability to pay. We also bill Medicaid, Medicare and most private health insurance.

Getting started

During your first visit, we will be reviewing many important things you need to know about our relationship with you.

- Ø We have language assistance services available if you have limited understanding of the English language.
- Ø We will make reasonable accommodations if you require supportive services or assistance due to impairment or disability.
- Ø We will explain and provide a copy of your rights and responsibilities.
- Ø We will ask for your written consent for treatment and financial agreement, and will review our fees for services with you.
- Ø You may be asked to sign forms to authorize the release of information to Peak Wellness Center from another agency, or from us to another agency. We will always maintain your confidentiality in accordance with federal and state laws. Please refer to our privacy notice later in this booklet for more information about how we use and protect your information.
- Ø You will have a primary therapist responsible for the coordination of your services. Your therapist will discuss the processes of assessment and individualized collaborative treatment planning, as well as transition and discharge with you. Your participation in this process is important. Clients are encouraged to share their strengths, needs, abilities and preferences. Your therapist will explain the services and activities available, our hours of operation and access to after-hour services.
- Ø All of our employees abide by a code of ethics. A professional disclosure statement is posted in our lobby, included in this booklet and available upon request.

- Ø We request that you arrive on time for your appointments and call to reschedule when necessary. A fee may be charged for missed appointments.
- Ø Appointments for medications are dependent on participation in therapy unless other arrangements are made.
- Ø A fee may be charged for court ordered services and court appearance on your behalf.
- Ø You may be contacted during and / or after treatment for input regarding the quality of care you receive, achievement of outcomes, and your satisfaction. We encourage you to give us feedback!
- Ø We may refer you to a tobacco cessation program if appropriate.
- Ø We want you to be familiar with the premises, including emergency exits and/or shelters, and know that we have fire suppression equipment and first aid kits available as well as staff trained in emergency First Aid and CPR.
- Ø We can provide you with education regarding advance directives, if appropriate.
- Ø We want you to be aware of our expectations, rules and policies regarding the following:
 - All of our clinics are tobacco free. Smoking is not allowed in any of our buildings or entryways. Please ask where the designated outdoor smoking area is.
 - Please refrain from consuming alcohol or illegal drugs prior to counseling services.
 - Drugs, with the exception of prescription and over the counter medications, are not permitted in our facilities.
 - Weapons are not allowed on our premises.
 - We do not use seclusion or restraint in any of our facilities unless there is an immediate and intense threat of harm and then only by properly trained personnel.
 - There are some events, behaviors, or attitudes that may lead to the loss of rights or privileges for you and result in restrictions being imposed. Your Therapist or Program Director will explain the means by which you may regain rights or privileges that have been restricted to you.
- There may be requirements for follow-up if you are mandated to be here, regardless of your discharge outcome.
- We may offer referral to self-help, advocacy support services or legal entities for appropriate representation.
- Persons who would be better served in a level of care not offered by Peak, or who request, or are in need of services other than what Peak Wellness Center offers, are referred appropriately. When persons are determined to need services other than those offered by the Center, they are informed of the reasons, and we make every attempt to refer elsewhere, with assistance as needed. Whatever actions or recommendations taken are documented. Aggressive or assaultive persons will only be served in our facilities if it can be done so safely. Appropriate actions shall be taken to ensure the safety of all individuals and facilities, including calling law enforcement if necessary.
- We will report suspected incidents of abuse or neglect of children, the elderly, and disabled persons.

FINANCIAL AGREEMENT

Fees

Peak Wellness Center, Inc. is a private, non-profit corporation. The Center receives some public funding through the Wyoming Department of Health, Mental Health and Substance Abuse Services Division, but that funding provides only a part of the financial support needed to operate the Center. The balance must come from the individuals who receive services. Fees for services are assessed on an "ability to pay" basis, as shown on the Fee Schedule.

I agree to pay my Income Adjusted Rate for individual outpatient therapy of \$_____ per hour. Charges for services other than individual outpatient therapy will be made in accordance with the Peak's fee schedule, which is available upon request.

Payment

Payment is expected at time of service unless other arrangements have been made. An interest charge on unpaid balances may be added to accounts that are more than 60 days overdue. This charge is 1.5%/month, or 18%/annum. Delinquent accounts may be referred to a professional collection agency or attorney for appropriate action. The client hereby agrees to hold Peak Wellness Center, Inc. harmless for any breach of confidentiality made necessary by collection procedures.

Health Insurance

If you have health insurance, we will bill your insurance company the Center's full provision-of-services hourly rate, before any state or federal funds are used to support the cost of services. However, the client is always responsible for payment of services assessed at his or her Income Adjusted Rate, unless the Income Adjusted Rate plus the insurance payment exceeds the hourly rate. In that case, the client is responsible only for the difference between the insurance payment rate and the Center's cost-of-service provision.

If your health insurance requires pre-authorization for services or a referral to Peak prior to your seeking services, it is your responsibility to coordinate this with your insurance company. Full fee may be charged until all referral requirements are satisfied. Some insurance companies reimburse for only selected, eligible providers. Peak will make every effort to assign you to an eligible provider. However, we cannot guarantee that the provider you see will be eligible for reimbursement by your insurance company. By signing below, you agree to pay the Income Adjusted Rate for services if your provider is not eligible for reimbursement by your insurance company.

Missed Appointments

A fee is charged for missed appointments, unless they are canceled at least 24 hours before the scheduled appointment, or if an emergency prevents you from making your appointment. The fee charged is one-half of your income adjusted rate for the services that would have been provided at your appointment.

Claims Processing

I authorize release of information necessary to process insurance claims (including private carriers, Medicare, Champus, Medicaid) and authorize direct payment of benefits to Peak Wellness Center, Inc. If payment is made directly to me, I hereby agree to promptly remit such payment to the Center. I understand that insurance is a contract between me, my employer, and/or the insurance company. Peak Wellness Center, Inc. is not a party to that contract. I understand that not all services are a covered benefit in all contracts and that I will be responsible for payment for any services not covered by my insurance.

Authorization for Treatment and Billing

I acknowledge that I have read and understand the foregoing Financial Agreement and agree to abide by all of its terms and conditions. I further acknowledge that I have received and read a copy of Client's Rights, Privacy Notice, and orientation materials and I understand their contents. I hereby give my permission and consent for treatment, and for billing for the services I receive.

CLIENT RIGHTS AND PROFESSIONAL DISCLOSURE STATEMENT

Welcome to Peak Wellness Center, Inc. As a client of the Center:

1. You have the right to impartial access to treatment, regardless of race, religion, sex, sexual orientation, age, disability, culture, source of financial support, type of mental or substance abuse disorder, criminal history, drug of choice or medical status.
2. You have the right to recognition and respect of your personal dignity and privacy in the provision of all care and treatment.
3. You have the right to the maintenance of confidentiality of all client/staff communications, including the fact of being a client of Peak. However, information is shared among Peak staff on a need-to-know basis for the purposes of treatment planning and quality assurance. Client information is released to third parties only with a client's informed written consent with the following limited exceptions: in cases of imminent life threatening physical danger to the client or others; or when court orders meet the conditions of 42 CFR Part 2; or when abuse or neglect of children, the elderly, disabled or incompetent persons is known or reasonably suspected; or the will of a former client is contested; or for Peak to defend itself against client-initiated lawsuits; or a client alleges emotional damages in civil litigation and/or his/her emotional state becomes an issue in court proceeding concerning child custody or visitation; or in the context of investigations/hearing conducted by the Wyoming Mental Health Professions Licensing Board in response to the client's complaint. Client criminal activity on the program premises or against program personnel is not protected per 42 CFR Part 2, Paragraph 45, Subpart C, Section 2.32. Case records are also made available to regulatory agencies and funding sources for purposes of treatment, payment and health care operations. However, the regulatory agencies and funding sources are required to protect the confidentiality of individual clients.
4. The Wyoming Department of Health is requesting that PWC release clients' Social Security #s to them for the purposes stated above. May we release your SS# to the Wyoming Department of Health? Yes _____ No _____
5. All Peak staff members adhere to the Peak's Code of Ethics and to the Code of Ethics of the profession to which they belong. Sexual intimacy between a counselor and a client is never appropriate. The Mental Health Professions Licensing Act requires this disclosure statement. The Mental Health Professions Licensing Board is located at 2020 Carey Avenue, Cheyenne, Suite 201, WY

82002, (307) 777-7788. Please refer to enclosed list of staff, titles, addresses, telephone numbers, training/degrees, and license or certification.

6. You have the right to treatment appropriate to your needs. This includes the right to the information you need to make decisions about your treatment so that you may fully participate in the development of an individualized written treatment plan that is updated as frequently as clinically indicated.
7. You have the right to access your records and to request amendment/corrections of your health information, except as clinically contraindicated or except as information has been provided by a third party on the condition that it will remain confidential.
8. You have the right to resolve questions or problems regarding your treatment through first discussing the matter with your therapist and the Clinic Director. If not resolved, you may initiate a grievance without fear of retaliation through requesting the assistance of our receptionist who will provide you with a copy of our grievance procedure and the necessary form to be completed.
9. During or after treatment, you may be contacted by us or a contracted evaluator to provide us with feedback regarding your services at Peak Wellness Center. All information is kept confidential in accordance with 45 CFR sections 164.502(e) and 164.504(e). We appreciate your cooperation in completing this survey. You have the right to decline to participate if you are contacted.

HEALTH ALERT: If you are a moderate to heavy consumer of alcoholic beverages and/or drugs, or if you have ever used any type of IV drugs in the past, you are at higher risk for contracting tuberculosis, hepatitis C and/or HIV/AIDS. We recommend you contact your personal physician or your local county health department for a tuberculosis and/or HIV identification test.

Peak Wellness Center, Inc.

PRIVACY NOTICE

Effective Date: April 14, 2003; updated April 20, 2005

This notice describes how information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

1. **PURPOSE:** Peak Wellness Center and its professional staff, employees, volunteers and interns follow the privacy practices described in this Notice and in the Corporation's Policies and Procedures. The Peak Wellness Center keeps your information in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment, all professional staff involved in your treatment and employees involved in the health care operations of Peak Wellness Center may have access to your records.
2. **HOW YOUR INFORMATION IS USED FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS (TPO):**
We will always limit the use(s), disclosure(s) and request(s) of your protected health information to that which is determined to be the minimum necessary to accomplish the intended purpose. Your treatment may include sharing information among health care providers who are involved in your treatment. For example, if you are seeing both a physician (psychiatrist) and a therapist, they may share information in the process of coordinating your care. Your insurance company or third party payer may request information that we are required to submit in order to provide and bill for your therapy. Anyone reviewing records must follow the same confidentiality laws and rules required of all health care providers. Staff members designated by the Director of Quality Improvement, the Clinic Director and/or the Executive Director may access clinical records periodically. Therapy records are sometimes used for reasons other than client care. For example, records are periodically reviewed to evaluate the quality of care, to verify that quality standards are being met, or to be sure that Peak Wellness Center follows the rules of regulatory agencies for the efficient and effective utilization of care. Examples of these regulatory agencies include the State of Wyoming Department of Health, Mental Health Division, Substance Abuse Division, and the Office of Medicaid.
3. **HOW YOUR PROTECTED HEALTH INFORMATION IS USED AND STORED:**
Your paper clinical record will be stored in locked file cabinets when not in use and retained by Peak Wellness Center for a minimum of

seven years after your last clinical contact with the agency, except for minors whose records will be maintained until such time as the minor attains the age seven years beyond the age of majority. After that time has elapsed, the record will be shredded or otherwise destroyed in a way that protects your privacy, except where law requires it to be kept for a longer period of time. Your electronic clinical record will be stored on a database that is secured with physical and technical safeguards.

In addition to those items listed in #2 (TPO), and until records are destroyed, they may be used for the following purposes unless you ask for restrictions on a specific use or disclosure (instructions listed in #5 below):

- Ø Appointment reminders;
- Ø Notification when an appointment is cancelled or rescheduled by the Center;
- Ø As may be required by law – See Clients Rights and Professional Disclosure Statement.

4. **YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURES.** Except as described previously, we will not use or disclose information from your record unless you authorize (permit) Peak Wellness Center to do so. You may revoke your permission in writing, which will be effective only after the date of your written revocation.

5. **YOU HAVE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.**

You have the following rights regarding your health information.

- Ø Right to request restriction. You may request limitations on your mental health information we may disclose, but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- Ø Right to confidential communications. You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- Ø Right to inspect and copy. You have the right to inspect and copy your information regarding decisions about your care; however, psychotherapy notes may not be inspected and copied. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed mental health professional chosen by Peak Wellness Center.
- Ø Right to request to clarify record. If you believe that the information we have about you is incorrect or incomplete you may

ask to add clarifying information. Peak Wellness Center is not required to accept the information that you propose.

- Ø Right to accounting of disclosures. You may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment, payment or health care operations in the last six (6) years, but not prior to April 14, 2003.
- Ø Right to a copy of this Notice. You may request a paper or electronic copy of this Notice at any time.

6. REQUIREMENTS REGARDING THIS NOTICE.

Peak Wellness Center is required to provide you with this Notice that governs our privacy practices. Peak Wellness Center may change its policies or procedures in regard to privacy practices. If and when changes occur, the changes will be effective for information we have about you as well as any information we receive in the future. Any time you come in to Peak Wellness Center for an appointment, you may ask for and receive a copy of the Privacy Notice that is in effect at the time. Peak Wellness Center will have this Notice posted at each of its locations.

7. COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with Peak Wellness Center. You will not be penalized or retaliated against in any way for making a complaint.

If you have a complaint, if you have any questions about this notice, if you wish to request an additional copy of this notice, or if you wish to request restrictions on uses and disclosure for health care treatment or operations,

Please Contact:

Director of Quality Improvement
Peak Wellness Center, Inc.
P.O. Box 1005
Cheyenne WY 82003-1005
Phone: (307) 634-9653
FAX: (307) 638-8256
Email: dmiller@peakwellnesscenter.org