



Peak
wellness | center



CLIENT HANDBOOK

Welcome to
Peak Wellness Center

WELCOME TO PEAK WELLNESS CENTER!



Peak Wellness Center, Inc. (PWC) 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.

About Peak Wellness Center

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. No client will be denied services based upon their inability to pay. Please provide us your Medicaid, Medicare, and/or your insurance cards to help cover the costs of your services.

GETTING STARTED

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.

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

- We have language assistance services available if you have limited understanding of the English language.
- We will make reasonable accommodations if you require supportive services or assistance due to impairment or disability.
- We will explain and provide a copy of your rights and responsibilities. We will also explain our grievance and appeal procedures and ways in which input is given.
- We will ask for your written consent for treatment and financial agreement, and will review our fees for services with you. A copy of our current fee scale is posted in our lobby and included in this booklet.
- You may be asked to sign forms to authorize the release of information to Peak Wellness Center from another agency / person or from us to another agency / person. 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
- You will have a primary therapist responsible for the coordination of your services. Your therapist will discuss the purpose and processes of assessment and individualized collaborative treatment planning, as well as transition and discharge with you. Your participation in goal development and achievement 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. If applicable, this will include expectations for consistent court appearances and the identification of therapeutic interventions, including: sanctions; interventions; incentives; and administrative discharge criteria.
- All of our employees abide by a code of ethics which is available on request. A client's rights and professional disclosure statement is posted in our lobby, included in this booklet and available upon request.
- We request that you arrive on time for your appointments and call to reschedule when necessary. A fee may be charged for missed appointments. Failure to keep scheduled appointments may result in termination of services.
- Appointments for medications are dependent on participation in therapy unless other arrangements are made.
- A fee may be charged for court ordered services and court appearances on your behalf.
- You may be contacted during and / or after treatment for input regarding the quality of care you receive, achievement of goals and other outcomes, and your satisfaction. We encourage you to give us feedback!

- We may refer you to a tobacco cessation program if appropriate.
- 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.
- We can provide you with education regarding advance directives, if appropriate.
- We want you to be aware of our expectations, rules and policies regarding the following:
 - All of our facilities are tobacco free. Smoking is not allowed in or around any of our buildings, entryways or vehicles. Please ask where the designated outdoor smoking area is.
 - Please refrain from consuming alcohol or illegal drugs prior to 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 or vehicles.
 - We do not use seclusion or restraint in any of our facilities.
 - Aggressive or assaultive persons will only be served in our facilities if it can be done safely. Appropriate actions shall be taken to ensure the safety of all individuals and facilities, including calling law enforcement if necessary.
 - Violations of these rules 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 reporting and / or 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.
 - We will report suspected incidents of abuse or neglect of children, the elderly and disabled persons.

PEAK WELLNESS CENTER, INC.
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. If you have any concerns regarding the provision of services or employment on the basis of handicap, you may contact Karl Cline, Executive Director (504 coordinator), (307) 426-4724.
2. You have the right to recognition and respect of your personal dignity and privacy in the provision of all care and treatment. You have the right to treatment without fear of any type of abuse, harassment, punishment, financial or other exploitation, retaliation, humiliation, or neglect.
3. You have the right to the maintenance of confidentiality of all client/staff communications, including the fact of being a client of Peak Wellness. However, information is shared among Peak Wellness Center 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 CRF Part 2; or when abuse or harmful neglect of children, the elderly, disabled or incompetent persons is known or reasonably suspected; or the validity of a will of a former client is contested; or for Peak Wellness to defend itself against client-initiated lawsuits; or a client alleges mental or emotional damages in civil litigation and/or his/her mental or 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 CRF Part 2, Paragraph 45, Subpart C, Section 2.32. Case records (including protected health information and social security numbers) are made available to regulatory agencies and funding sources for purposes of treatment, payment and health care operations per 45CFR. However, these funding sources are required to protect the confidentiality of individual clients.
4. All Peak Wellness staff members adhere to the Peak Wellness Center's Code of Ethics and to the Code of Ethics of the profession to which they belong. These are available upon request. Dual relationships and sexual intimacy between a counselor and a client are never appropriate. This disclosure statement is required by the Mental Health Professions Licensing Act. The Mental Health Professions Licensing Board is located at 2001 Capital Ave., Room 104 Cheyenne, WY 82002, (307) 777-3628. Please refer to the posted list of staff names, titles, addresses, telephone numbers, education/degrees, and license or certification, supervisors of provisional or certified staff.

5. 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. This includes information about service delivery, concurrent services, composition of the service delivery team, and involvement in research projects.
6. 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.
7. 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.
8. During or after treatment, you may be contacted to provide us with feedback regarding your services at Peak Wellness Center. We appreciate your cooperation in completing this survey. You have the right to decline to participate if we should contact you.

Initialed: _____

Health alert

If you are a moderate to heavy consumer of alcoholic beverages, drugs, or if you have ever used any type of IV drugs in the past, you are at higher risk for contracting communicable diseases such as sexually transmitted infections, tuberculosis, hepatitis B, 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. The local health unit is:

Albany County Health Department

609 South 2nd Street
Laramie, WY 82070
307.721.2561

Laramie County Health Department

100 Central Avenue
Cheyenne, WY 82007
307.633.4000

Goshen County Health Department

2025 Campbell Drive
Torrington, WY 82240
307.532.4069

Platte County Health Department

718 9th Street
Wheatland, WY 82201
307.322.2540

PEAK WELLNESS CENTER, INC.

Privacy Notice

**Effective Date: April 14, 2003; updated for HIPAA Security April 20, 2005
and Final Rule 2013**

This notice describes how informatin 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 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 the agency 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 mental health care providers who are involved in your treatment. For example, if you are seeing both a physician (psychiatrist) and a therapist, information may be shared 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 for us to 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. Records for children will be maintained until 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 and

only accessed by personnel with proper security training and clearance. 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):

- Appointment reminders
- Notification when an appointment is cancelled or rescheduled by the Center;
- As may be required by law such as a court order or imminent danger to yourself or others. – See Clients Rights and Professional Disclosure Statement for more details.

4. Your authorization is required for other disclosures: Except as described previously, we will not use or disclose information from your record (such as psychotherapy notes and other clinical documentation) 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. We will not sell your protected health information for any reason including for marketing purposes.

5. You have rights regarding your protected health information:

You have the following rights regarding your health information.

- 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 for payment or healthcare operations or to provide you with emergency treatment. We will honor your request to restrict information provided to a health plan if you paid out of pocket in full for the healthcare service.
- 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.
- 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.
- Right to request clarification of the 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.
- 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.
- 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:

Privacy and Compliance Officer

Peak Wellness Center, Inc.

P.O. Box 1005

Cheyenne WY 82003-1005

Phone:307.426.4729

PEAK WELLNESS CENTER, INC.

Financial Agreement

Your Fee

Peak Wellness Center, Inc. (PWC) is a private, non-profit corporation. The Center receives some public funding through the Wyoming Dept. of Health, 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.

Peak Wellness Center's full fee for individual therapy is \$120/hour. However, we adjust our full fee based on each client's annual income and number of dependents, i.e., their "ability to pay." No client will be denied services due to their inability to pay. Clients with Medicaid benefits are not charged a fee for Medicaid covered services.

Based upon the information you have provided us, your fee has been reduced from PWC's full fee to your adjusted fee percentage stated below. Your charges will be calculated by applying the stated percentage to the full fees reflected in Peak Wellness Center's fee schedule. By signing this statement, you agree to pay your adjusted fee for services.

Fee Level (%): _____

Your Payments

Payment of your adjusted fee is required at time of service, unless other arrangements have been made. We appreciate your cooperation. By paying your fee each time you come, we can keep our costs lower for our clients. Delinquent accounts may be referred to a professional collection agency or attorney for appropriate action. You agree to hold Peak Wellness Center, Inc. harmless for any breach of confidentiality made necessary by collection procedures.

Your Health Insurance

If you have health insurance, we will bill your insurance company at the Center's full hourly rate before any state or federal funds are used to subsidize your treatment. **You will remain responsible for your deductibles and co-payments up to your adjusted fee.**

At each session, we require payment of your co-payment or your adjusted fee, whichever is lower, unless other arrangements have been made. If your adjusted fee plus the insurance payment exceeds PWC's full fee, you will receive a refund as long as charges for all sessions are paid. Otherwise, overpayments will be applied to other outstanding dates of service. **If you choose not to use your insurance, you will be billed PWC's full fee.**

If your health insurance requires pre-authorization or a referral for services, please 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. We cannot guarantee that the provider you see will be eligible for reimbursement by your insurance company, though we will do our best to make these arrangements.

Missed Appointments

Your adjusted fee may be charged for missed appointments, unless they are canceled at least 24 hours in advance. Clients who repeatedly miss appointments will not be rescheduled until we have an opportunity to better evaluate treatment needs.

Claims Processing

By signing below you authorize the release of information necessary to process insurance claims (including private carriers, Medicare, Medicaid) and authorize direct payment of benefits to Peak Wellness Center, Inc. If payment is made directly to you, you agree to promptly forward the payment to Peak Wellness Center.

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 reviewed a copy of Peak Wellness Center's Client's Rights and Professional Disclosure Statement, Privacy Notice and orientation materials and I understand their contents. I hereby give my permission and consent for treatment, and for the billing of my services."

FEE SCHEDULE

SERVICE	UNIT	FULL FEE	COMMENTS
Clinical Assessment	Hour	\$120.00	
Individual and Family Therapy	Hour	\$120.00	
Case Management	Hour	\$120.00	
Emergency Services	Hour	\$120.00	
Outpatient Group	Hour	\$60.00	
Day Treatment Group	Hour	\$60.00	
Intensive Outpatient Group	Hour	\$60.00	
Case Management Group	Hour	\$60.00	
Individual Skills Training	Hour	\$60.00	
Group Skills Training	Hour	\$30.00	
Psychiatric Services	Half Hour	\$120.00	Up to \$180.00 depending on complexity
Community Based Therapy	Hour	\$180.00	
Residential Treatment Services	Day	\$150.00	
Crisis Residential Services	Day	\$300.00	
Psychological Evaluation	Hour	\$120.00	Includes report writing
Substance Use/Mental Health Evaluation	Hour	\$120.00	Includes report writing
Court Services	Hour	\$120.00	
Missed Appointment	Appointment	\$60.00	
DUI Evaluation	Evaluation	\$200.00	Not subject to sliding fee scale
DUI/MIP Class	Class	\$125.00	Not subject to sliding fee scale

SLIDING FEE SCALE

Annual Household Income	Individuals in the Household						
	1	2	3	4	5	6	7
\$0.00 to \$11,770.00	100%	2%	2%	2%	2%	2%	2%
\$11,771.00 to \$15,930.00	4%	2%	2%	2%	2%	2%	2%
\$15,931.00 to \$20,090.00	6%	4%	2%	2%	2%	2%	2%
\$20,091.00 to \$24,250.00	8%	6%	4%	2%	2%	2%	2%
\$24,251.00 to \$28,410.00	11%	8%	6%	4%	2%	2%	2%
\$28,411.00 to \$32,570.00	14%	11%	8%	6%	4%	2%	2%
\$32,571.00 to \$36,730.00	17%	14%	11%	8%	6%	4%	2%
\$36,731.00 to \$40,890.00	20%	17%	14%	11%	8%	6%	4%
\$40,891.00 to \$45,050.00	23%	20%	17%	14%	11%	8%	6%
\$45,051.00 to \$49,210.00	26%	23%	20%	17%	14%	11%	8%
\$49,211.00 to \$53,370.00	30%	26%	23%	20%	17%	14%	11%
\$53,371.00 to \$57,530.00	34%	30%	26%	23%	20%	17%	14%
\$57,531.00 to \$61,690.00	38%	34%	30%	26%	23%	20%	17%
\$61,691.00 to \$65,850.00	42%	38%	34%	30%	26%	23%	20%
\$65,851.00 to \$70,010.00	46%	42%	38%	34%	30%	26%	23%
\$70,011.00 to \$74,170.00	50%	46%	42%	38%	34%	30%	26%
\$74,171.00 to \$78,330.00	55%	50%	46%	42%	38%	34%	30%
\$78,331.00 to \$82,490.00	60%	55%	50%	46%	42%	38%	34%
\$82,491.00 to \$86,650.00	70%	65%	60%	55%	50%	46%	42%
\$86,651.00 to \$90,810.00	80%	75%	70%	65%	60%	55%	50%
\$90,811.00 to \$94,970.00	81%	75%	70%	65%	60%	55%	50%
\$94,971.00 to \$99,130.00	87%	81%	75%	70%	65%	60%	55%
\$99,131.00 to \$103,290.00	93%	87%	81%	75%	70%	65%	60%
\$103,291.00 to \$107,450.00	100%	93%	87%	81%	75%	70%	65%
\$107,451.00 to \$111,610.00	100%	100%	93%	87%	81%	75%	70%
\$111,611.00 to \$115,770.00	100%	100%	100%	93%	87%	81%	75%
\$115,771.00 to \$119,930.00	100%	100%	100%	100%	93%	87%	81%
\$119,931.00 to \$124,090.00	100%	100%	100%	100%	100%	93%	87%
\$124,091.00 to \$128,250.00	100%	100%	100%	100%	100%	100%	93%
\$128,251.00 to \$132,410.00	100%	100%	100%	100%	100%	100%	100%
\$132,411.00 to \$136,570.00	100%	100%	100%	100%	100%	100%	100%
\$136,571.00 and above	100%	100%	100%	100%	100%	100%	100%

Sliding fee scale rates do not apply to agencies, organizations and third party payers.

