

# THE BHLIF BOOK



*Approaching care with hope, purpose  
and optimism - one person at a time.*

OASIS BEHAVIORAL HEALTH

# TABLE OF CONTENTS

WELCOME	PAGE 3
FAQ: FOR PARENTS/GUARDIANS	PAGE 4
TREATMENT GOALS	PAGE 6
UNIT EXPECTATIONS	PAGE 7
COMMUNITY VALUES	PAGE 8
YOUR TREATMENT TEAM	PAGE 9
MEETING YOUR TREATMENT GOALS	PAGE 10
OUR THERAPEUTIC APPROACHES	PAGE 11
THE PHASE SYSTEM: TREATMENT TIMELINE	PAGE 12
THE NEXT STEP: AFTERCARE PLANNING	PAGE 13
GENERAL INFORMATION	PAGE 14
PAIN MANAGEMENT + INFECTION CONTROL	PAGE 15
ARIZONA PATIENT RIGHTS	PAGE 16
HEALTH INSURANCE PORTABILITY + ACCOUNTABILITY ACT	PAGE 18
FILING A COMPLAINT OR GRIEVANCE	PAGE 23
UNIT SCHEDULES	PAGE 25

# Choose hope.

We at Oasis Behavioral Health's Behavioral Health Inpatient Facility (BHIF) thank you for allowing us to be a part of your recovery.

Licensed by the Arizona Department of Health Services and fully accredited by The Joint Commission, BHIF provides residential treatment services to adolescents ages 11 to 17.

This handbook provides an overview of our program. Read this handbook. Ask questions. **This is your journey.**

## WELCOME

Recovery is a partnership. We promise to provide the tools but YOU have to do the work.

Some days will be fun. Some days may be difficult...

BHIF will help you learn how to navigate life's ups and downs in a healthy way and develop the skills needed to maintain behavioral functioning or sobriety long after you leave.

## MEET YOUR PEOPLE.

**Jessica Mannino MAPC LPC**  
*Executive Director*

**Barby Schulte DNP PMHNP-BC**  
*Nurse Practitioner*

**Jeremy Sheldon LPC**  
*Director of Clinical Services*

**Dr. Mike Borum EdD**  
*OARS Principal*

**Tiffany Robinson**  
*Residential Supervisor*

## PATIENT ADVOCATE

Everyone at Oasis should have a Patient Advocate to support them and make sure they are receiving patient-centered care.

**Should you, your family or your guardian have any questions or concerns, please contact our Patient Advocate at (480) 690-0154.**

# THE BHIF EXPERIENCE:

## *For Parents + Guardians*

### VISITATION + PHONE CALLS

**Due to the Coronavirus, visitation is temporarily suspended to help keep our patients, their loved ones and our community members safe and healthy.**

**Please find our unit schedules at the end of this handbook for specific unit phone times.** The Therapist is your primary point-of-contact for treatment updates. BHIF patients may speak only to those ages 18+ on their approved contact list.

#### **When we do resume in-person visitation, please note the following guidelines:**

- + Visitors must be on the approved visitor list and 18 years of age or older. A maximum of two (2) visitors is permitted inside BHIF.
- + All visitors will check in with Reception and present their valid photo ID, obtain a Visitor Name Badge and sign in/out on our Visitor Log.
- + Visitors will be given a mask for infection prevention purposes. For the health and safety of yourself and others, we ask that anyone feeling ill not visit in-person.
- + Visitors will be wanded with a hand-held metal detector for safety purposes. The following items are not permitted during visitation:
  - Cell Phones or Recording Devices
  - Outside Food or Drinks
  - Weapons and/or Contraband (Tobacco, Drugs/Alcohol or Dangerous Objects)
    - Any illegal activity will be immediately reported to local authorities
    - Anyone appearing to be under the influence will be asked to leave
- + Visitors must dress for a therapeutic environment and not wear: short shorts, bare midriffs, spaghetti straps, baggy/low slung pants, gang-related attire and/or t-shirts depicting violence/drugs/alcohol/sexual activity.
- + Please respect our patients' therapeutic experience, including their privacy. Do not exchange names/addresses/phone numbers/other personal information.
- + If the visitation becomes disruptive, inappropriate or counterproductive, a member of BHIF Leadership will terminate the visit.

#### **FOR PROFESSIONAL VISITORS:**

Professional Providers may visit during scheduled times or by contacting the patient's assigned Therapist. Law Enforcement and Arizona Department of Child Safety Investigators may see Reception for assistance.

### PERSONAL BELONGINGS

Patient belongings may be brought in upon admission or during your child's stay.

#### **+ PLEASE BRING 7 DAYS WORTH OF THE FOLLOWING CLOTHING**

**Comfortable Pants or Jeans**  
**Socks and Undergarments**  
**Light Jacket**  
**Shoes**

**Shirts or Tops**  
**Sweater or Crewneck Sweatshirt**  
**Pajamas**  
**Toiletries**

# THE BHIF EXPERIENCE:

## *For Parents + Guardians*

Oasis' dress code supports a therapeutic environment. Clothing must cover undergarments, cleavage, etc. Our staff may instruct patients on inappropriate dress.

### **Oasis offers the following as needed:**

Assistive Walking Devices  
Pillow/Blanket/Sheets/Towels  
Non-Slip Socks

Scrubs  
Laundry Facilities

Hygiene Items  
Underwear

Inappropriate or unsafe items for the unit will be either stored in our Patient Belongings Room or given to your support person for safe keeping. ***Oasis is not responsible for the replacement of personal belongings.***

### **+ ITEMS NOT PERMITTED AT OASIS BHIF:**

<b>Leggings</b>	<b>Short Shorts/Skirts</b>	<b>Solid RED/BLUE Clothes</b>
<b>Tube/Thigh High Socks</b>	<b>Inappropriate Graphics</b>	<b>Drawstrings</b>
<b>Hooded Tops/Sweatshirts</b>	<b>Low Cut or Midriff Tops</b>	<b>Tank or Halter Tops</b>
<b>Shoelaces</b>	<b>High Heeled Footwear</b>	<b>Boots/Steel Toe Shoes</b>
<b>Belts</b>	<b>Hats/Caps/Scarves</b>	<b>Underwire Bras</b>
<b>Cosmetics and Perfumes</b>	<b>Mirrors/Compact</b>	<b>Sprays or Aerosols</b>
<b>Nail Files/Sharp Objects</b>	<b>Cell Phones/Electronics</b>	<b>Electric Toothbrush</b>
<b>Drugs/Alcohol/Tobacco</b>	<b>Weapons/Protective Devices</b>	

If you are unsure if an items is permitted, please ask us! We are happy to help.

## **OASIS ADOLESCENT RECOVERY SCHOOL (OARS)**

Your child will continue to make important academic gains through the Oasis Adolescent Recovery School (OARS).

OARS, a non-profit, private school, has certified special education staff equipped to support students' individualized education plans (IEPs) while they participate in BHIF.

## **BIRTHDAYS + SPECIAL OCCASIONS**

We believe each individual child deserves to feel special on their birthday and on holidays.

**Should your child celebrate a birthday or holiday at Oasis BHIF, we will provide a cupcake celebration!**

## **PATIENT ADVOCATE**

Should you have any questions or concerns, please contact our Patient Advocate at (480) 690-0154.



# Treatment Goals

## GOAL #1: SAFETY

Our first priority **ALWAYS** is your **SAFETY**.

BHIF provides a structured, safe environment for you to develop and practice adaptive coping skills. Being able to cope with life's stressors in a healthy way is critical for your transition back into the community.

## GOAL #2: YOUR SUCCESS

Our goal is for you to respond to the world around you in a way that enhances, not detracts, from your overall well-being. Accomplishing this requires you to develop a sense of responsibility and accountability for your behaviors and actions.

**Objectives to meet this goal include, but are not limited to:**

- + Development of self-control and acceptable social behavior.
- + Acceptance of reasonable rules and expectations.
- + Development of a sense of personal security and age appropriate responsibility.
- + Development of effective coping strategies.
- + Development of the ability to understand and appropriately use reasoning and decision making skills.
- + Development of effective communication skills with peers, parents, and adults.

Following our program guidelines and **GREAT EXPECTATIONS** will help you develop the skills you need to become independent and make healthy choices. You will feel proud of the work you put in to meeting your goals.

**ASK YOURSELF:**

**IS WHAT I'M DOING TODAY GETTING ME CLOSER  
TO WHERE I WANT TO BE TOMORROW?**

# GREAT EXPECTATIONS



## 1. BE SAFE

Your safety is our top priority. We want it to be yours too.

If at any time you feel unsafe, please tell a staff member.

## 2. RESPECT OTHERS + YOURSELF

You deserve to be treated and spoken to with dignity and respect.

Respect requires healthy boundaries. Boundaries help us protect ourselves. Therefore, do not touch or use negative language with others. Tell a staff member if someone violates these boundaries.

## 3. BE YOUR OWN BEST ADVOCATE

You are your own best advocate. If there is anything you need, please let us know.

Our Patient Advocate is available Monday-Friday from 9am to 5pm by calling (480) 690-0154.

## 4. WORK ON YOUR TREATMENT

This time is a gift. Participate in group therapy and activities.

The skills you develop here will last with you long after you leave BHIF. Make the most of this opportunity. You deserve to have GREAT EXPECTATIONS!

Read your Patient Handbook-use it is a guide throughout your stay. Tell a staff member if you do not have one.

## 5. USE POSITIVE COPING SKILLS

How we react to the world around us, is our choice.

When you feel anxious, angry or uncomfortable, make a choice to respond in a way that leaves you feeling *better*.

Take deep breaths. Remove yourself from the stressor. Talk to a staff member. Ground yourself with your five senses. Practice the skills you learn in treatment.

# Your Treatment Team

Your Treatment Team will guide and support you throughout your stay.

## YOUR TREATMENT TEAM: WHO THEY ARE AND WHAT THEY DO

### YOU!

YOU are the most important member of your Treatment Team. We can provide the tools and the directions, but it is up to YOU to build your future.

### PSYCHIATRIC PROVIDER

The psychiatric provider is responsible for evaluations, diagnoses and medication management. **The Provider will meet with you once a week and will communicate with your parent or guardian through email.**

### MEDICAL PROVIDER

Our internal medicine providers care for routine and non-severe physical and/or medical problems. Relationships with local medical and dental specialists assure the availability of a full range of quality health care services.

### THERAPIST

You will meet with your therapist **weekly**. Your therapist will develop your plan for treatment and will work on this plan in partnership with you through individual, family and group sessions. **Your therapist is the primary point-of-contact for your Treatment Team and can coordinate communications with your parent or guardian.**

### NURSES

Your unit nurse will administer medications as prescribed and will help support your health-related needs while in treatment.

### OASIS RECOVERY SCHOOL STAFF

Our principal and teachers will work with you to meet your educational goals.

### BEHAVIORAL HEALTH TECHNICIANS

You will spend the majority of your time with our BHTs. They will spend time with you on the unit, during recreation and in school. They will support you as you learn new skills.

Together, you and your Team will develop your **Master Treatment Plan**.



# Meeting Your Treatment Goals

## YOUR TREATMENT PLAN

The Master Treatment Plan is developed in partnership with YOU, for YOU.

We want you to be successful long after you leave us.

Through a combination of comprehensive, evidence-based assessments and daily interactions, you and your Team will work together to develop short and long-term therapeutic, behavioral and educational goals.

Your Team meets weekly and as needed to discuss your progress, therapeutic needs and aftercare plan.

## ASSESSMENTS + EVALUATIONS

Your Team will conduct a series of assessments and evaluations including, but not limited to:

- + Psychiatric Evaluation
- + Psychological Assessments
- + Medical History + Physical *additional consults as needed*
- + Academic Assessments

These assessments help your Team get to know YOU. We will review your social, familial and substance use-related histories. We will evaluate your diet/nutritional needs and assess your recreational needs.

## DAILY ACTIVITIES

You will participate in several groups and therapeutic activities each day. You will also receive a journal.

Group therapy will help you build trust in others and yourself by offering perspective and support from your peers. You will gain insight into yourself and perspective from others.

Throughout our interactive process groups, independent journaling prompts and other therapeutic activities, you will learn and develop the following skills:

- + Social
- + Stress Management
- + Problem-Solving
- + Recovery Management
- + Independent Living

You are invited to evaluate past feelings and behaviors and explore alternative responses. We use evidence-based practices to help you through this process.

# Our Therapeutic Approach

Everyone on your Treatment Team has completed a Cognitive Behavioral Therapy (CBT) and Trauma Focused-CBT training program. You will receive an individual treatment plan. Your plan is a roadmap that will help you meet your goals.

Oasis BHIF uses a variety of therapeutic techniques and interventions, specifically CBT and Trauma Informed.

## **COGNITIVE BEHAVIORAL THERAPY (CBT)**

The most researched therapeutic approach for over 50 years, **CBT** views behavior as the product of one's feelings and beliefs. Behavior is meaningful and often results from our attempts to escape emotional discomfort.

For example, if you grew up hearing loud voices right before experiencing violence, then you may feel fearful when hearing loud voices today. You believe you have to prepare for violence. Your response may be yelling, throwing things or physical aggression.

Why do you believe you need to prepare for violence? Is this belief rational today?

Challenging your belief and replacing it with a more rational one can help change your feelings and ultimately your behaviors over time. CBT will help you develop an internal sense of control rather than responding to external factors. You are encouraged to take an active role in decision making and make positive choices.

## **TRAUMA-INFORMED APPROACH**

Many people experience significant stress or psychological difficulties in the aftermath of traumatic events. As you develop into adulthood, untreated trauma can result in lifelong physical and psychological problems, criminal behavior and impaired functioning.

When we say "trauma-informed" we mean that we recognize that you may have experienced multiple types of trauma. Your Treatment Team is trained in utilizing many different therapeutic approaches to best address your needs.

**"WHEN YOU CAN'T CHANGE THE DIRECTION OF  
THE WIND, **ADJUST YOUR SAILS.**"**

**~ H. JACKSON BROWN, JR.**

# THE BHIF EXPERIENCE:

## *The Phase System*

### ORIENTATION PHASE: 14+ Days

During the first two weeks, you will gradually adapt to our therapeutic environment.

You will review **Great Expectations**. Following these guidelines will help you get the most from your treatment experience.

### PHASE 1: 21+ Days

Throughout Phase 1, you will identify **why** you are here and engage in basic treatment work.

After day 21, you may submit a **Phase Up** application to move to Phase 2.

### PHASE 2: 30+ Days

Once your **Phase Up** application is accepted, you will start Phase 2.

You will begin to connect thoughts and feelings to your behaviors. You will track your mood and identify patterns of behaviors and begin to demonstrate healthy coping skills.

After day 30, you may submit a **Phase Up** application to move to Phase 3.

### PHASE 3: 45+ Days

Once your **Phase Up** application is accepted you will move up to Phase 3.

On Phase 3, you will be able to demonstrate the use of alternative skills, verbalize your needs and minimize unsafe behaviors.

You may stay on Phase 3 for a minimum of 45 days before progressing to Phase 4.

### Phase 4: The Next Step...

The final phase of the program is Phase 4 in which the resident is successfully integrating into the community or is ready for the next level of care.

Phase 4 is the final phase of our program. This is the time when you will successfully integrate into the community. In Phase 4, you are ready for the next level of care.

# Ongoing Treatment

To help ease the transition from 24-7 care, your Treatment Team may recommend a structured outpatient program.

One of the most successful aftercare plans is a **Partial Hospitalization Program (PHP)** followed by an **Intensive Outpatient Program (IOP)**.

Patients will return home each evening, utilize the skills they develop in their PHP or IOP, and return the next program day to process. What worked? What could I do differently next time?

**Oasis Behavioral Health Outpatient** provides supportive **Partial Hospitalization** and **Intensive Outpatient** programs for **adolescents (11-17)** and **adults 18+**. Patients may participate in-person or virtually depending on their specific program needs.



1425 SOUTH HIGLEY ROAD, SUITE 104  
GILBERT, ARIZONA 85296

**(480) 681-6677**

**IN-PERSON + VIRTUAL ASSESSMENTS**

**OBHHOSPITAL.COM**

# General Information

## **CONFIDENTIALITY**

Oasis Behavioral Health Hospital follows the Health Insurance Portability and Accountability Act of 1996 (HIPAA)-a strict confidentiality policy that protects the private health information of all patients.

However, there are limits to patient confidentiality if there is suspected abuse, exploitation, or neglect of a child, elderly person, or vulnerable adult; or if a threat is made to a known individual.

## **FIRE SAFETY**

For your protection, the hospital conducts fire and disaster drills regularly. If a drill occurs while you are here, please do not become alarmed. The hospital staff is trained to act in case of emergency.

## **DRUGS + ALCOHOL**

Due to the mind altering nature of most substances, along with the potential effects with medications, patients admitted to Oasis Behavioral Health may be tested for substances in their system.

If drugs are brought in to the facility, they will be confiscated and destroyed or turned over to law enforcement. Any visitors thought to be bringing in contraband of any kind will not be allowed to visit again.

## **RESTRICTIVE INTERVENTIONS: SECLUSION + RESTRAINT**

We are committed to preventing, reducing, and eliminating the use of restrictive interventions.

We limit the use of seclusion and restraint to emergencies in which there is an imminent risk of an individual physically harming oneself or another person. When seclusion or restraint is necessary, we preserve the individual's safety and dignity, and discontinue the use as soon as possible.

## **FALL PREVENTION**

Illness and/or medications may make you feel weaker than usual and/or can affect your balance or judgment. Combined with an unfamiliar environment, moving around may pose challenges. Your Treatment Team may place you on "Fall Precautions" in order to keep you safe from injury.

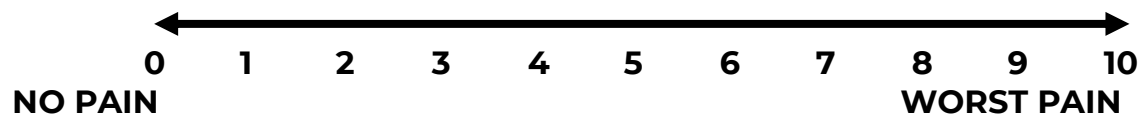
## PAIN MANAGEMENT

At Oasis, we know that your physical illness may play an important role in your mental wellbeing. We use a variety of alternative interventions and/or pain medication to help manage any pain and improve overall functioning.

Alternative pain interventions include heat/ice packs, exercises, stretching, guided imagery meditation, music, journaling and other coping skills.

### RATING YOUR PAIN

Your Treatment Team better understands your pain when YOU rate it using our “ZERO to TEN” Pain Rating Scale.



### YOU HAVE THE RIGHT TO BE INFORMED ABOUT:

- + Pain Anticipation
- + Your Pain Management Responsibility
- + Symptoms YOU Should Report
- + The Pain Rating Scale
- + Adverse Medication Side Effects

### YOUR PAIN MANAGEMENT RESPONSIBILITY:

- + Notify us if you are in pain as soon as possible. Do not wait until the pain is out of control.
- + Tell us how you feel about taking pain medication and ask about pain relief options.
- + Ask us about what kind of pain you might expect to feel and tell us the most pain you expect to tolerate or endure.

## INFECTION PREVENTION AND CONTROL

### CLEAN YOUR HANDS

- + Wash visibly dirty hands with soap and water for 20 seconds.
- + Dry with a towel and use that towel to turn off the faucet.
- + Non-soiled hands may be cleaned with alcohol-based hand sanitizer.

### WEAR A MASK

- + Facemasks are MANDATORY for staff and visitors.
- + Patients are screened for and offered masks daily.

### GERM-BUSTING TIPS + INFORMATION

- + Cough into a tissue or your upper arm. Clean your hands.
- + Don't share hygiene or food items with others.
- + If you are in isolation or under certain precautions, a sign may be placed outside your room. This sign does not list your illness but simply notifies staff so that we can help prevent the spread of disease.
- + Infection control instructions for isolation precautions will be updated as per the Centers for Disease Control and the Arizona Department of Public Health.

**Any questions? Ask your nurse!**





## TITLE 9. HEALTH SERVICES

### CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

#### R9-10-311. Patient Rights

1. The requirements in subsection (B) and the patient rights in subsection (D) are conspicuously posted on the premises;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (D); and
  3. Policies and procedures include:
    - a. How and when a patient or the patient's representative is informed of patient rights in subsection (D), and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - j. Misappropriation of personal and private property by the behavioral health inpatient facility's personnel members, employees, volunteers, or students;
    - k. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the patient's treatment needs, except as established in a fee agreement signed by the patient or the patient's representative; or
    - l. Treatment that involves the denial of:
      - i. Food,
      - ii. The opportunity to sleep, or
      - iii. The opportunity to use the toilet;
  3. Except as provided in subsection (C), a patient is allowed to:
    - a. Associate with individuals of the patient's choice, receive visitors, and make telephone calls during the hours established by the behavioral health inpatient facility;
  4. Except as provided in R9-10-318, a patient or, if applicable, the patient's representative:
    - b. May refuse or withdraw consent for treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5; is necessary to save the patient's life or physical health; or is provided according to A.R.S. § 36-512;
    - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication and the associated risks and possible complications of the proposed psychotropic medication;
    - d. Is informed of the following:
      - i. The policy on health care directives, and
      - ii. The patient complaint process; and
    - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      - i. Medical record, or
      - ii. Financial records.
- C.** If a medical director or clinical director determines that a patient's treatment requires the behavioral health inpatient facility to restrict the patient's ability to participate in an activity in subsection (B)(3), the medical director or clinical director shall:
1. Document a specific treatment purpose in the patient's medical record that justifies restricting the patient from the activity,
  2. Inform the patient of the reason why the activity is being restricted, and
  3. Inform the patient of the patient's right to file a complaint and the procedure for filing a complaint.
- D.** A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive treatment that:
  3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
    - a. A patient may be photographed when admitted to a behavioral health inpatient facility for identification and administrative purposes;
    - b. For a patient receiving treatment according to A.R.S. Title 36, Chapter 37; or
    - c. For video recordings used for security purposes that are maintained only on a temporary basis;
  4. Not to be prevented or impeded from exercising the patient's civil rights unless the patient has been adjudicated incompetent or a court of competent jurisdiction has found that the patient is not able to exercise a specific right or category of rights;
  5. To review, upon written request, the patient's own medical record according to A.R.S. §§12-2293, 12-2294, and 12-2294.01;
  6. To receive a referral to another health care institution if the behavioral health inpatient facility is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
  7. To participate or have the patient's representative participate in the development of a treatment plan or decisions concerning treatment;
  8. To participate or refuse to participate in research or experimental treatment; and
  9. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

## HIPAA NOTICE OF PRIVACY PRACTICES FEDERAL LAW (Effective: April 14, 2003; Updated: September 23, 2013)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### **PLEASE BE ADVISED THAT THIS HOSPITAL WILL USE THE MOST STRINGENT LAW (FEDERAL OR STATE) IN PROTECTING YOUR CONFIDENTIALITY**

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other hospital personnel.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor may have different policies or notices regarding the doctor's use and disclosure of medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### **We are required by law to:**

- Maintain the privacy of your protected health information;
- Give you this notice of our legal duties and privacy practices with respect to medical and protected health information about you;
- Notify affected individuals following a breach of unsecured protected health information; and
- Allow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

#### **For Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital staff or personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for depression may need to know if you have other medical problems that may affect your treatment. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as physicians, therapists or psychiatrist.

#### **Disclosure at Your Request**

We may disclose information requested by you. This disclosure at your request may require a written authorization by you.

#### **For Payment**

We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.



### **To Business Associates**

We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the hospital. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

### **For Health Care Operation**

We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

### **Appointment Reminders**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.

### **Treatment Alternatives**

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

### **Health-Related Products and Services**

We may use and disclose medical information to tell you about our health-related products or services that may be of interest to you.

### **Fundraising Activities**

We may use information about you in order to contact you for support of the hospital and its operations. We will not release any information about your treatment but only would release contact information, such as your name, address and phone number, and the dates you received treatment or services at the hospital. You have the right to opt out of receiving such communications. If you do not want to be contacted for fundraising efforts, you must notify the Department of Health Information Management in writing.

### **Research**

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave the hospital.

### **To Individuals Involved in Your Care or Payment for Your Care**

With your written consent we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to your insurance company who pays for your care. In addition, we may disclose medical information about you to an entity assisting in disaster relief effort (in the event of a disaster) so that your family can be notified about your condition, status and location.

### **AS REQUIRED BY LAW. WE WILL DISCLOSE MEDICAL INFORMATION ABOUT YOU WHEN REQUIRED TO DO SO BY FEDERAL, STATE OR LOCAL LAW.**

### **To Avert a Serious Threat to Health or Safety**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **SPECIAL SITUATIONS**

### **Organ and Tissue Donation**

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.





### **Military and Veterans**

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

### **Workers' Compensation**

We may release medical information about you for Workers' Compensation or similar programs. These programs provide benefits for work – related injuries or illness.

### **Public Health Activities**

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report birth and death;
- To report the abuse or neglect of children, elders and dependent adults;
- 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 if you agree or when required or authorized by law.
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

### **Health Oversight Activities**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or obtain an order protecting the information the information requested.

### **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;

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- About criminal conduct at the hospital;
- When requested by an officer who lodges a warrant with the facility;
- When requested at the time of a patient's involuntary hospitalization, and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **Coroners, Medical Examiners and Funeral Directors**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

### **National Security and Intelligence Activities**

We may release medical information about you to authorized federal officials for intelligence, counter intelligence, and other national security activities authorized by law.

### **Security Clearances**

We may use medical information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the U.S Department of State who need access to that information for these purposes.

### **Protective Services for the President and Others**

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. Disclosure may be made when required, as necessary to the administration of justice.

### **Advocacy Groups**

We may release medical information to the statewide protection and advocacy if it has a patient or patient representative's authorization, or for investigations resulting from reports required by law to be submitted to the Director of Mental Health.



## **Department of Justice**

We may disclose limited information to the Arizona Department of Justice for movement and identification purposes about certain criminal patients, or regarding persons who may not purchase, possess or control a firearm or deadly weapon.

## **Multidisciplinary Personnel Teams**

We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

## **Other Special Categories of Information**

Special legal requirements may apply to the use of disclosure of certain categories of information- e.g., tests for the human immunodeficiency virus (HIV) or treatment and services for alcohol and drug abuse. In addition, somewhat different rules may apply to the use and disclosure of medical information related to any general medical (non-mental health) care you receive.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

### **Right to Inspect and Copy**

You have the right to inspect and copy medical information that may be used to make a decision about your care. Usually, this includes medical and billing records, but may not include some mental health information. If the information you request is in an electronic health record, you may request that these records be transmitted electronically to yourself or a designated individual.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### **Right to Amend**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

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To request an amendment, your request must be made in writing and submitted to the Health Information Management Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly state that you want an addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures." This is a list of the disclosure we make of medical information about you other than our own uses for treatment, payment and health care operations, as those functions are described above.

To request this list of accounting of disclosures, you must submit your request in writing to the Health Information Management Department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

In addition, we will notify you as required by law if your health information is unlawfully accessed or disclosed.



### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a type of therapy you had.

We are not required to agree to all restriction requests if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you. We cannot however, restrict your request to not disclose health information to a health plan for payment or health care operations. This pertains solely to a health care item or service for which the provider involved has been paid out of pocket in full.

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Health Information Management Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters 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 request confidential communications, you must make your request in writing to the Health Information Management Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify who or where you wish to be contacted.

### **Right to a Paper Copy of this Notice**

You have the right to paper copy of this notice. You may ask us to give you a copy of this notice at any time.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Official, Patient Advocate or the Quality Management Department. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **Grievances and Complaints**

Oasis Behavioral Health provides a grievance and complaint process to patients, family members and visitors. Our goal is to respond to grievances and complaints in a timely and respectful manner to ensure that your rights, safety and treatment are maintained.

If you believe that you have been subjected to discrimination on the basis of a disability you may file a grievance or complaint. Oasis Behavioral Health will not retaliate against anyone who files a grievance or cooperates in an investigation of a grievance or complaint.

If you have questions or concerns, we ask that you first discuss your concerns with staff or the nurse on your unit.

If you are uncomfortable with discussing your concerns with the unit staff or the nurse, or you are not satisfied with your discussion, you may contact the Patient Advocate at (480) 690-0154.

You may also write your concerns on a "Grievance" form. You may obtain one from the unit. Please submit your grievance form to the unit nurse. The Patient Advocate or a Member of the Senior Management Team will follow up with you.





## OTHER AGENCIES WHERE COMPLAINTS AND GRIEVANCES CAN BE FILED

### **AZ Dept. of Health Services (ADHS)**

150 North 18th Ave #450,  
Phoenix, Arizona 85007  
Phone: (602) 364-3030  
Fax: (602) 364-792-0466

### **Arizona Health Care Cost Containment System (AHCCCS)**

**CQM@azahcccs.gov**  
Phone: (602) 417-4885

### **Arizona Center for Disability Law (CDL)**

5025 E. Washington St., Suite 202  
Phoenix, AZ 85034  
Phone: 602-274-6287

### **ADHS-Office of Human Rights (Phoenix)**

150 North 18th Ave. #210  
Phoenix, Arizona 85007

### **Mercy Maricopa Integrated Health System (MMIC)**

4350 E. Cotton Center Blvd, Bldg. D  
Phoenix, AZ 85040

### **ADHS-Medical Services Licensing**

150 North 18th Ave. #400  
Phoenix, Arizona 85007  
Phone: (602) 364-3030

### **ADHS-Office of Human Rights**

400 W. Congress, Suite #100  
Tucson, Arizona 85701  
Phone: (520) 770-3100

### **Centers for Medicaid/Medicare**

7500 Security Blvd.  
Baltimore, MD 21244  
1-800-633-4227

### **The Joint Commission**

One Renaissance Blvd.  
Oakbrook Terrace, IL 60181  
Phone: 1-800-994-6610

### **AZ Adult Protective Services (APS)**

1789 W. Jefferson Street, #6272  
Phoenix, AZ 85007  
Phone: (602) 542-4446

### **AZ Department of Child Safety (DCS)**

4000 N. Central Avenue, Suite 400  
Phoenix, AZ 85012  
Phone: (602) 265-0612

### **Maricopa County, Public Health**

4041 N. Central Ave., Suite 1400  
Phoenix, AZ 85012  
Phone: 602-506-6900

## **Advance Directives**

Individuals usually make decisions regarding their healthcare treatment after their physician recommends a course of treatment and provides information about the treatment. Through documents, known as Advance Directives, individuals can express their treatment preferences before they actually need such care, ensuring that their wishes will be carried out and their families will not be faced with making these difficult decisions.

### **What is an Advance Directive?**

"Advance Directives" are the documents written in advance of the time when you are unable to make healthcare decisions for yourself. You have a right to make important legal decisions in advance about your healthcare. By law, the lack of Advance Directives does not hamper your access to care. Oasis Behavioral Health employees and the physicians who practice within the system will abide by your advance directives in accordance with the law.

An Advance Directive may be set aside during invasive procedures when a patient is under anesthesia or sedated. This means that if you are having a surgical procedure or a procedure that requires anesthesia or sedation your directive will be set aside (ignored) until such time that you have completed the procedure.

### **Directive to Physicians and Family or Surrogates (Living Will)**

A Directive to Physicians and Family or Surrogates, also known as a "living will," allows you to tell your physician not to use artificial methods to prolong the process of dying if you are terminally ill. A Directive becomes effective only after you have been diagnosed with a terminal or irreversible condition.

If you sign a Directive, talk it over with your physician and ask that it be made part of your medical record. If for some reason you become unable to sign a written Directive, you can issue a Directive verbally or by other means of non-written communication, in the presence of your physician.

If you have not issued a Directive and become unable to communicate after being diagnosed with a terminal or irreversible condition, your attending physician and legal guardian, or certain family members in the absence of a legal guardian, can make your decisions concerning withdrawing, withholding or providing life-sustaining treatment. Your attending physician and another physician not involved in your care also can make decisions to withdraw or withhold life-sustaining treatment if you do not have a legal guardian and certain family members are not available.

For more information and forms on advance directives you can contact the office of the Arizona Attorney General at the address below:

### **Office of Arizona Attorney General**

#### **Life Care Planning Information and Documents**

**Direct Line: 602.542.2123**

**Toll Free: 800.352.8431 (outside Phoenix and Tucson)**  
**resourcecenter@azag.gov**



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# GOOD TO KNOW

## OASIS RESIDENTIAL TREATMENT CENTER

+ *Residential Treatment Program (Age 11-17)*

2190 North Grace Boulevard, Building B

**Phone. (480) 917-9301 \*Option 4**

## OASIS BEHAVIORAL HEALTH HOSPITAL

+ *Inpatient Psychiatric and Addictive Disease Programs  
(Age 11-17 and 18+)*

2190 North Grace Boulevard  
Chandler, Arizona 85225

**Phone. (480) 917-9301**  
**Toll Free. (855) 383-8318**

## OASIS OUTPATIENT SERVICES

+ *Partial Hospitalization Program (Age 11-17 and 18+)*

+ *Intensive Outpatient Program (Age 11-17 and 18+)*

1425 South Higley Road #104  
Gilbert, Arizona 85296

**Phone. (480) 681-6677**



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

# OBHHOSPITAL.COM



## OASIS BEHAVIORAL HEALTH