



PATIENT OASIS BEHAVIORAL HEALTH HANDBOOK

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

Today, you chose hope.

We at Oasis Behavioral Health thank you for allowing us to be a part of your recovery and are privileged to support you throughout this process.

This handbook provides the basic information needed to maximize you or your loved one's treatment. We encourage you to read this handbook thoroughly and ask any questions that arise.

YOUR STAY

MY DOCTOR: _____

MY SOCIAL WORKER: _____

A LOT happens during the first two days of treatment! After initial assessments and a few days of stabilization, your Treatment Team will contact and coordinate care with your family or support people.

MY UNIT: _____ UNIT PHONE: _____

*Patients may speak to their contacts during **scheduled unit times** outside of group therapy and activities.*

MY PATIENT CODE: _____

MY PREFERRED PHARMACY: _____

To maintain patient privacy, Oasis does not allow cell phones on the unit. Please write down any phone numbers you may wish to call while in treatment:

CONTACT: _____

CONTACT: _____

CONTACT: _____

Adolescents may contact only those age 18+ on the parent/guardian approved phone list.

PATIENT ADVOCATE

Everyone at Oasis should have a Patient Advocate to support them and make sure they are receiving patient-centered care. **Should you or your family members have any questions or concerns, please contact our Patient Advocate at (480) 690-0154.**

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WRITTEN IN STONE



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 Oasis. Make the most of this opportunity. You deserve to feel better!
Read your Patient Handbook-use it is a guide throughout your stay. Tell a staff member if you do not have one. Read and practice what is *WRITTEN IN STONE*.

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.

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.

Upon admission, you or your legal guardian will receive your patient identification number. We request this number whenever we receive incoming calls for our patients.

If you have multiple support people, please designate one who will speak with your Social Worker to ensure consistent communication.

PERSONAL BELONGINGS

Patient belongings may be brought in upon admission or during your stay. Belongings can be dropped off with our Receptionist M-F (8-8p) and through our Admissions Department during other times.

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.***

Examples of items not allowed while in treatment include, but are not limited to:

| | |
|---|------------------------------------|
| Belts-Cords-Straps-Ties-Shoelaces | Leggings |
| Hoodies/Hooded Shirts | Stuffed Animals & Blankets/Pillows |
| Underwire Bras | Razors of Any Kind |
| Socks/Stockings Above the Knee | Canes |
| Cell Phones/Recording Devices | Cosmetics/Perfume/Mirror |
| Electronic Devices | Combs/Hair Picks |
| Sharp Objects (nail files, glass, etc.) | Sprays/Aerosols |
| Any Bag/Luggage | Pump Hygiene Products |
| Electric/Battery Operated Toothbrushes | Drugs/Alcohol/Tobacco |
| Mouthwash Containing Alcohol | Tank/Halter Tops |
| Clothing Referencing Profanity/Drugs | Short Shorts/Skirts |
| Bare Midriffs | Hats/Caps/Scarves |
| High Heels or Steel-Toed Shoes | Weapons/Protective Devices |

Oasis offers the following as appropriate:

| | |
|------------------------------|---------------|
| Assistive Walking Devices | Scrubs |
| Pillow/Blanket/Sheets/Towels | Hygiene Items |
| Laundry Facilities | |

Oasis' dress code supports a therapeutic environment. Clothing must cover under garments, sleepwear should only be worn at bedtime and shoes/socks must be worn outside of patient rooms. Our staff may instruct patients on inappropriate dress.

PHONE + VISITATION

Involving your circle of support in your care helps you to be successful after Oasis.

COMMUNICATION DURING COVID 19

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

Patients may connect with their circles of support through daily phone access **during scheduled times** and Zoom video visits (as appropriate and as scheduled through your Social Worker).

Please note: Adolescent patients may speak only to those ages 18+ on their approved contact list.

Incoming callers who provide the patient security code may leave messages which will be given to the patient. It is at the patient's discretion to contact the caller.

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

- For Adolescent Patients: your visitors must be on our Approved Contact List.
- For Adult Patients: your visitors must provide your patient security code.
- 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.
- A maximum of two (2) adults 18 years of age or older are allowed to visit during scheduled hours in the Oasis Cafeteria.

- Visitors will be wanded with a hand-held metal detector for safety purposes. Visitors may use one of our lockers to store belongings. The following items are not permitted during visitation:
 - Cell Phones or Recording Devices
 - Outside Food or Drinks
 - Weapons and/or Contraband (Tobacco, Alcohol, Illegal Substances 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 our Nursing Leadership will terminate the visit.

FOR PROFESSIONAL VISITORS:

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

FINANCING YOUR TREATMENT

Our Business Office staff can explain the billing process and answer any related questions. We will assist you by coordinating with your insurance company to determine how your care will be covered and what copayments, deductibles, or coinsurance you may owe, which we will collect from you when you're admitted. We accept payment for services in the form of cash, personal checks, money orders, and most types of credit cards.

Please let us know if you do not have health insurance or are concerned about your bill. You may qualify for AHCCCS or our Patient Financial Assistance Program. Oasis' Financial Counselors are available to speak with you at your convenience.

SCHOOL WORK

If you wish for your child or yourself to continue with school work while at

Oasis, please coordinate with your Social Worker. **Your Social Worker may also provide a note for your school upon request.**

Due to patient privacy concerns, we do not allow computers, laptops, iPads or other tablets.

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 who are 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

In the hospital, people can be at higher risk for falling down, even those who appear strong and healthy.

WHY?

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.

WHAT ARE "FALL PRECAUTIONS"?

Your Treatment Team may place you on "Fall Precautions" in order to keep you safe from injury.

Your Treatment Team will:

- Assess your risk of falling upon admission and as your condition changes.
- Determine fall prevention measures.
- Respond to your calls for assistance in a timely manner.
- Assist you with getting in/out of bed and using the restroom as needed.
- Provide safe, nonslip footwear/socks and assistive walking devices as needed.

SPEAK UP: HOW YOU/YOUR LOVED ONES CAN HELP

- Tell us if you have a history of falling.
- Ask your Nurse what your fall risk is and what preventative measures are being taken.
- Familiarize yourself with your surroundings before getting up. Wear your glasses when getting out of bed or the chair while waking. Sit on the side of the bed for a few minutes before standing then rise carefully and slowly before walking.
- Use the non-skid footwear and assistive walking devices provided to you. Call for assistance in obtaining items out-of-reach.
- Notify a staff member if you feel weak, dizzy or unsteady.
- Report any spills or slippery areas.

PAIN MANAGEMENT

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

MEDICATION

Your doctor may or may not prescribe pain medications based on your overall condition. Medication changes may be recommended to better address your symptoms.

ALTERNATIVE PAIN INTERVENTIONS

Non-medication pain interventions such as heat/ice packs, exercises, stretching, guided imagery meditation, music, journaling and other coping skills are able to reduce symptoms while preventing any potentially negative medication interactions.

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

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. Hand hygiene stations are located throughout Oasis.

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!

PHASES OF TREATMENT

A path is defined as a series of actions that lead to a goal. Your path towards a healthier life begins the moment you arrived at Oasis and will continue long after you leave.

At Oasis, we call this path: Phases of Treatment.

PHASE 1: ASSESSMENTS + EVALUATIONS

PHASE 2: STABILIZATION AND GROUP PROGRAMMING

PHASE 3: DISCHARGE PLANNING

PHASE 1: ASSESSMENTS + EVALUATIONS

Upon arrival, our Intake Coordinator will perform a routine safety search and store your belongings while you are in Admissions.

Our Clinician and Registered Nurse will assess your physical health and presenting symptoms to determine which step or level of care would best meet your needs.

If you are admitted, you will be escorted to your unit where our Registered Nurses will perform an additional assessment and provide an orientation to the unit.

PLEASE NOTE:

We triage all patients based on symptom severity. While you wait, please let us know what would help you feel comfortable! We are happy to provide food, beverages and entertainment (television, coloring pages, etc.)

ASSESSMENTS + EVALUATIONS CHECKLIST

IN INTAKE

- Level of Care Assessment
- Nursing Assessment + Initial Plan of Care
- Admission Medication + Therapies Offered
- Precautions + Level of Observations Ordered

ON YOUR UNIT

NURSING

- Safety Search and Skin Assessment
- Orientation to the Unit and Stepping Stones

MEDICAL PROVIDER

- History + Physical
- Psychiatric Evaluation
- Medication + Symptom Management

SOCIAL WORKER

- Psychosocial + Activity Therapy Assessments
- **Support System Identified + Contacted (Days 2-3)**
- Master Treatment Plan Created
- Treatment Team Meetings

PHASE 2: STABILIZATION + GROUP PROGRAMMING

At Oasis, you have one purpose: to get well. Look at this experience as a gift... the gift of self-care and healing.

Our Treatment Team is here to support and guide you along the way.

WHAT IS A "TREATMENT TEAM"?

A Treatment Team is all of the people who work with you to help you in your recovery. Each member has special skills and a unique role in this process, including YOU!

WHO IS ON YOUR TREATMENT TEAM?

- Psychiatrist and Medical Physician

- Registered Nurse
- Behavioral Health Associate
- Recreation Therapist/Specialist
- Social Worker

STABILIZATION + GROUP PROGRAMMING CHECKLIST

ON YOUR UNIT

NURSING

- Group Interventions and Activities

MEDICAL PROVIDER

- Medication Assessment + Evaluation

SOCIAL WORKER

- Group Interventions + Recreation Therapy
- Session with Family or Support System
- Identification of Triggers/Stressors to Crisis
- Treatment Homework Assignments
- Treatment Plan Goals and Progress
- Contact/Updates with Outpatient Providers
- Identification of Barriers to Discharge with Community Resources or Support Systems

WHAT IS OASIS' TREATMENT PROGRAM?



Treatment at Oasis includes group therapy, individual assessments, family sessions as needed and therapeutic recreation. Our Treatment Team created Stepping Stones, a three-phase acute therapeutic program for both adolescents and adults.

Each phase (EXAMINE-REVEAL-TRANSFORM) prompts you to build your life story so that you can make peace with the past, maximize your time with us TODAY, and plan for your future. Stepping Stones Worksheets are provided during Stepping Stones group.

IS GROUP THERAPY HELPFUL?

Think of a group therapy session as practice for life after Oasis...

Time spent with others in a highly structured setting, is a great way to quickly identify your triggers, build on your strengths and develop life-long coping

skills.

We will encourage you to attend groups. If you do not attend a group, an alternative activity will be provided. Your active participation in treatment helps us assess your progress and readiness for discharge.

While the majority of your time will be spent in group activities, members of your Treatment Team will complete individual assessments to better understand and care for the one and only: YOU.

PHASE 3: DISCHARGE PLANNING CHECKLIST + THE NEXT STEP

DISCHARGE PLANNING CHECKLIST

MEDICAL PROVIDER

- Assess Progress for Determination of Discharge

SOCIAL WORKER

- Treatment Plan Update Every 7 Days
- Completion of Crisis Safety Plan
- Community + Natural Support System Exploration
- Outpatient Appointments Scheduled
- Transitional Care Plan Complete + Sent to Next Provider
- Discharge Care Plan Complete and All Areas of Non-Compliance Resolved

YOU!

- Commit to Compliance with Aftercare Plan

THE NEXT STEP

Staying well is a lifelong commitment. The next *best* step for you is just on the horizon.

To help ease the transition from 24-7 care, your Treatment Team may recommend a residential or structured outpatient program. Participation in a structured, outpatient program reduces the need for future hospitalization by strengthening coping skills and improving overall functioning at home, work and/or school.

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

Oasis Behavioral Health Outpatient provides supportive **Partial**

Hospitalization and **Intensive Outpatient** programs for **adolescents (11-17)** and **adults 18+** in need of a step up from traditional weekly therapy, or a step down from inpatient treatment.

PHASES OF TREATMENT: DAY BY DAY

DAYS 1-2
Stepping Stones Level:
EXAMINE

- + *Psychiatric Evaluation*
- + *History and Physical Exam*
- + *Initial Nursing Assessment*
- + *Unit Orientation*
- + *Nursing Reassessment (AM/PM daily)*
- + *Complete EXAMINE Work*
- + *Group and Recreation Therapy (daily)*

DAYS 2+
Stepping Stones Level:
REVEAL

- + *Psychiatrist Visit (Daily)*
- + *Psychosocial Assessment (by Day 3)*
- + *Nursing Reassessment (AM/PM daily)*
- + *Complete REVEAL Work*
- + *Group and Recreation Therapy (daily)*
- + *Family Members and Social Supports are Contacted as Appropriate*

DAYS 4+
Stepping Stones Level:
TRANSFORM

- + *Psychiatrist Visit (Daily)*
- + *Psychosocial Assessment (by Day 3)*
- + *Nursing Reassessment (AM/PM daily)*
- + *Complete TRANSFORM Work*
- + *Group and Recreation Therapy (daily)*
- + *Prepare for DISCHARGE*

DISCHARGE:
YOUR NEXT BEST STEP

- Your aftercare may include:*
- + **Oasis Outpatient: (480) 681-6677**
 - + **Partial Hospitalization**
 - + **Intensive Outpatient**
 - + *Residential Treatment*
 - + *Therapeutic Living*
 - + *Outpatient Psychiatry and Therapy*

OASIS OUTPATIENT provides supportive programs for those in need of a *step up* from traditional weekly therapy or a *step down* from inpatient treatment.

Our therapeutic skills-based groups support patients as they practice new skills in a safe, therapeutic environment, while using elements of evidence-based practice such as **Cognitive Behavioral Therapy (CBT)** and **Dialectical Behavioral Therapy (DBT)** skills.

GROUP PROGRAMS

*OASIS OUTPATIENT is covered by most insurance plans.
Transportation for adolescent patients may be provided as needed and/or available.*

QUESTIONS? CALL US at (480) 881-7714! We are happy to help YOU!

ADOLESCENTS AGES 11-17

ADULTS 18+

| PARTIAL HOSPITALIZATION | INTENSIVE OUTPATIENT | PARTIAL HOSPITALIZATION | INTENSIVE OUTPATIENT |
|-----------------------------------|----------------------|-----------------------------------|----------------------|
| + 5 Days per Week | + 3-5 Days per Week | + 5 Days per Week | + 5 Days per Week |
| + Monday-Friday | + Monday-Friday | + Monday-Friday | + Monday-Friday |
| + 2:30-8PM | + 5-8PM | + 9AM-2PM | + 11AM-2PM |
| + Medication Management as Needed | | + Medication Management as Needed | + NEW! 5-8PM |
| + Lunch Provided | | + Lunch Provided | |
| + Yoga | | + Yoga | |



OASIS
BEHAVIORAL
HEALTH

OUTPATIENT OFFICE

1425 SOUTH HIGLEY ROAD, SUITE 104
GILBERT, ARIZONA 85296

CALL US TODAY! (480) 681-6677

OBHHOSPITAL.COM



TITLE 9. HEALTH SERVICES

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

R9-10-212. Patient Rights

- A. An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the hospital's 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 (C); and
 3. Policies and procedures include:
 - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), 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;
 - d. Coercion;
 - e. Manipulation;
 - f. Sexual abuse;
 - g. Sexual assault;
 - h. Seclusion, except as allowed under R9-10-217 or R9-10-225;
 - i. Restraint, if not necessary to prevent imminent harm to self or others or as allowed under R9-10-225;
 - j. Retaliation for submitting a complaint to the Department or another entity; or
 - k. Misappropriation of personal and private property by a hospital's medical staff, personnel members, employees, volunteers, or students; and
 3. A patient or the patient's representative:
 - a. Except in an emergency, either consents to or refuses treatment;
 - b. May refuse examination or withdraw consent for treatment before treatment is initiated;
 - c. Is informed of:
 - i. Except in an emergency, alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
 - ii. How to obtain a schedule of hospital rates and charges required in A.R.S. § 36-436.01(B);
 - iii. The patient complaint policies and procedures, including the telephone number of hospital personnel to contact about complaints, and the Department's telephone number if the hospital is unable to resolve the patient's complaint; and
 - iv. Except as authorized by the Health Insurance Portability and Accountability Act of 1996, proposed involvement of the patient in research, experimentation, or education, if applicable;
- C. 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 supports and respects the patient's individuality, choices, strengths, and abilities;
 3. To receive privacy in treatment and care for personal needs;
 4. To have access to a telephone;
 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 hospital 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, 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, representative, or other individual in understanding, protecting, or exercising the patient's rights.
- D. Except in an emergency, is provided a description of the health care directives policies and procedures:
- i. If an inpatient, at the time of admission; or
 - ii. If an outpatient:
 - (1) Before any invasive procedure, except phlebotomy for obtaining blood for diagnostic purposes; or
 - (2) If the hospital services include a planned series of treatments, at the start of each series;
- E. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a hospital for identification and administrative purposes; and
- F. 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.

Historical Note

Former Section R9-10-212 renumbered as R9-10-312 as an emergency effective February 22, 1979, new Section R9-10-212 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-212 renumbered to R9-10-210; new Section R9-10-212 renumbered from R9-10-209 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

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 of 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 you 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 of 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

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| 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) <u>CQM@azahcccs.gov</u> 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

GOOD TO KNOW

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 RESIDENTIAL TREATMENT PROGRAM

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

2190 North Grace Boulevard, Building B

Phone. (480) 917-9301 *Option 4

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

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