



Pascua Yaqui Tribe Behavioral Health CENTERED SPIRIT PROGRAM

General Consent for Treatment

Services Provided

Pascua Yaqui Centered Spirit Program (PYCSP) provides services to address mental health, substance abuse and/or domestic violence issues in accordance with the client and/or parent/guardian wishes, the request of the referral source, and the recommendations of the clinician. Clinician recommendations are made after a thorough assessment of the presenting issues and consultation with the client and the referral source. Services to be provided are outlined in a Service Treatment Plan that is reviewed and signed by the client and/or parent/guardian and the clinician. Clients and/or parent/guardians may refuse any and all services recommended. Refusal of services recommended will not affect eligibility to receive other services from Pascua Yaqui Health Programs, however psychiatric services from PYCSP physicians are not provided without consent to and participation in counseling or case Management services at PYCSP. PYCSP reserves the right to refuse provision of requested services if the services requested are deemed inappropriate or inadequate to safely address the needs of the client or are outside the scope and training of PYCSP clinicians. At the client's request referrals to other agencies may be provided where the client can obtain alternate services at the client and/or parent/guardian expense. These and other client rights and responsibilities are outlined in the member handbook that each client receives when services are initiated.

The PYCSP takes into consideration the special needs of its members and shall provide translation in Spanish or Yaqui and/or make available oral interpretation or alternative communication formats upon request.

Payment for Services

Services provided by PYCSP are free of charge to eligible Pascua Yaqui Tribal members; however PYCSP reserves the right to bill any and all alternate funding sources, including AHCCCS, Kidscare, Medicare, ALTCS and third party insurance for clients who are eligible. Clients will be required to complete the necessary applications to become enrolled in any funding programs for which they are eligible if they have not already done so by the time services are initiated. Assistance will be provided to complete applications.

Confidentiality of Clients and CSP Staff Members on CSP Property

All clients, client family members, and visitors must respect the right to confidentiality of other clients and CSP staff members. Therefore, no photography or video or audio recording is allowed on the CSP property. Please turn off your cell phone upon entering CSP property.

Confidentiality of Client Records

Federal laws and regulations 42 CFR 2.31 (d) (HIPAA) protects the confidentiality of client information and records maintained by this program. The program can neither confirm nor deny to a person outside the program, that any client attends the program, or disclose any information identifying an individual as a client unless:

- 1) The client and/or the client's parent/guardian consent specifically to the disclosure in writing.
- 2) The disclosure is allowed by a court order.
- 3) The disclosure is made to Behavioral Health Program Staff/consultants for supervision or case management, to medical personnel in a medical emergency, to funding sources or other qualified personnel for the purposes of program evaluation, oversight, and accounting. They are required to maintain client privacy.

Violation of the Federal laws and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Exceptions to Confidentiality

Federal laws and regulations do not protect such client information as follows:

- 1) A crime or a threat to commit a crime, either at the program or against any person who works for the program may be reported to local police.
- 2) Client intent to physically harm another person must be reported to the intended victim and to the local police as required by law.
- 3) Suspected child abuse and/or neglect must be reported to local authorities as required by law.
- 4) Suicidal intent will result in an immediate assessment and will result in communication of client information to other parties only as necessary to maintain the safety of the client.

Grievance and Appeal

Grievances regarding any PYCSP services may be made verbally or in writing. If you need assistance with Grievance or Appeals you can contact an Intake Specialist or the Utilization Review Specialist/Quality Manager at (520) 879-6060 or calling the Toll Free number 1-800-5PASCUA (1-800-572-7282). Further information about Grievance and Appeals can be found in your Member Handbook.

Advance Directive

An advance directive is a written set of instructions developed by an adult person in the event the person becomes incapable of making decisions regarding his or her behavioral health treatment. An advance directive instructs others regarding the person's wishes if he/she becomes incapacitated and can include the appointment of a friend or relative to make behavioral health care decisions for the person. Usually a person prepares an advance directive when capable and the directive is followed when the person is incapable of making treatment decisions. Please inform your Behavioral Health Care Provider or the Utilization Review Specialist/Quality Manager if you wish to make an Advance Directive.

Consent for Treatment of a Minor Child

The parent, legal guardian, or a lawfully authorized custodial agency must give general consent to treatment for persons under the age of 18, demonstrated by the parent, legal guardian, or a lawfully authorized custodial agency representative's signature prior to the delivery of behavioral health services. General consent is not required for persons under the age of 18 who are in need of immediate hospitalization or medical attention, or pursuant to a court order. With regard to persons under the age of 18 who are taken into the custody of the Pascua Yaqui Tribe/Child Protective Service (PYT/CPS) or Department of Economic Security/Child Protective Services (DES/CPS) and require an urgent response to address behavioral health needs, a signed general consent to treatment may be obtained from the PYT/CPS or DES/CPS caseworker to proceed with the provision of behavioral health services needed to stabilize the child.

Consent for Transportation of Minor Children

With parental consent, Pascua Yaqui Mental Health Services may provide transportation to children ages 12-17. Children under the age of twelve must be accompanied by a parent or other designated guardian. Passengers must follow all federal guidelines and program rules while in the vehicle.

_____ I have reviewed the Consent for Treatment. All my questions have been answered to my satisfaction.

_____ I have received a copy of the Member Handbook including a verbal explanation of my **Member Rights and Responsibilities, HIPAA Confidentiality Policies, Grievance and Appeals Procedures**, and information about how to receive services through PYCSP, including crisis or emergency services.

_____ I have received an explanation of an Advance Directive and the procedures I must follow in order to add an Advance Directive to my file.

I want to add an Advance Directive.

I want to change my Advance Directive. *(Only at Annual Update.)*

I do not want to add an Advance Directive.

_____ I am aware that PYCSP will arrange Special Need services for Interpreters, Mobility Assistance, Visual Impairment and Hearing Impairment.

_____ If applicable, I also give consent for my child to be transported by program staff. I understand that to be transported my child must comply with all transportation rules.

Consent is hereby given to the PYCSP to provide evaluations, assessment and treatment for the above named client.

Client Signature

Date

Parent/Guardian Signature

Date

Please give client a copy of this document before they leave your office.