

Client Handbook

Comprehensive
HEALTHCARE



Welcome to Comprehensive Healthcare. Our mission is to provide innovative integrated healthcare, community education, and services to individuals, families, and organizations.

Regardless of who our clients are, what language they speak, or who they love we provide high-quality care and support. We act with compassion for those we serve and create an environment where everyone can feel welcome and safe. Our programs are client-centered and evidence-based to ensure treatment is as successful as possible. We are a team of highly trained and highly qualified behavioral health professionals, who are passionate about the work we do, and care deeply about the health and recovery of the individuals and communities we serve.

This handbook contains information we hope you will find useful. If you or your family members have any questions or ever need an explanation or more information about our services, any of our staff are available to assist you. Thank you for choosing Comprehensive Healthcare.

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Crisis Services: (800) 572 8122 or 988

Comprehensive Healthcare’s Crisis Line is a **24-hour, seven-days-per-week** crisis line available to you. Trained individuals are available to provide support and crisis intervention along with information and referrals.

About Your Treatment

Receiving effective behavioral healthcare plays an essential role in promoting your overall health and wellness. Comprehensive Healthcare uses a team approach, which allows us to offer you the best possible services. Treatment team members may consist of therapists or other counselors, case managers, medical staff, nurses, and other professionals.

You will be assigned a primary clinician who will oversee your treatment needs and keep you informed of all changes. Ongoing evaluation of your treatment needs is important. Your primary clinician and the treatment team will periodically review your progress. Your active involvement in the treatment process is critical to achieving identified treatment goals.

Confidentiality

As a reminder, your confidential information will not be disclosed unless you have provided written authorization to do so, or unless authorized by State or Federal Regulations. In special circumstances, for example if we believe you may be a danger to yourself or someone else, or if we suspect you may be a victim of abuse or neglect, our staff may contact the appropriate community resources without your permission.

The confidentiality of treatment records is protected by State of Washington and Federal law. Comprehensive Healthcare's Notice of Privacy Practices describes our practices related to the use and disclosure of your medical records and any limitations to their privacy. You can find the full notice of Comprehensive Healthcare's privacy practices that describes how health information is used and shared on our website at www.comphc.org; under the "Getting Help" menu and then found "Resources." A copy may also be requested from any of our reception desks.

We also ask that you keep confidential any information you encounter while in services at Comprehensive Healthcare

Client Rights

At Comprehensive Healthcare we want to empower all individuals to play an active role in caring for their behavioral health. Part of this process involves individuals understanding their rights when accessing care.

You have the right to:

1. Be treated with dignity, compassion, respect.
2. Receive services without regard to race, creed, national origin, religion, language, gender, gender identity or expression, sexual orientation, age, disability, or ability to pay.
3. Receive care in a safe, comfortable, accessible, and clean environment.
4. To have available treatment options and alternatives explained to you.
5. Participate in the development of your individualized plan of care and receive a copy of the plan if desired.
6. Be involved in all aspects of your care including refusing care and treatment and resolving questions or concerns regarding your care.
7. Have family or other natural supports provide input into care decisions (in compliance with your existing legal directives or existing court-issued legal orders).

8. Privacy (staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises or to address risk of harm to the individual or others).
9. Receive care in a manner that fits with your values, customs, and beliefs.
10. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice.
11. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited-English proficiency, and cultural differences.
12. Be free of any sexual harassment, abuse, or neglect.
13. Be free of exploitation, including sexual, physical and financial exploitation.
14. Have all clinical and personal information treated in accord with state and federal confidentiality and privacy regulations.
15. Request the name, title, and qualifications of the individuals providing you care.
16. Seek a second opinion from another provider within your health plan coverage.
17. Develop and present a medical or behavioral advance health directive to guide your care and treatment should you become unable to make decisions due to injury or incapacity.
18. Review your electronic health record in the presence of a Comprehensive Healthcare representative and be given an opportunity to request amendments or corrections.
19. Ask for and receive a copy of your health record.
20. Request and receive information regarding your insurance plan/managed care organization's policies, benefits, services, rights, responsibilities, and grievance process.
21. Receive a copy of these rights at any time during your treatment.
22. Submit a report to the Washington State Healthcare Authority (HCA), Department of Health (DOH), or the Joint Commission (TJC) should you feel your rights have been violated or if you want file a complaint for any reason. If you would like help to report a complaint or grievance, Comprehensive Healthcare's Client Advocate is available to assist you. Or you may contact the Washington State Office of Behavioral Health Advocacy (OBHA).
 - Client Advocate: (800) 490-1166 or ClientAdvocate@comphc.org
 - OBHA: (360) 292-5038 or info@obhadvocacy.org
 - HCA /DOH: (360) 236-4700 or hsqacomplaintintake@doh.wa.gov
 - TJC Safety Reporting site: <http://bit.ly/42tihu1>

Safety Concerns

- To help us provide a safe and secure environment, please follow these recommendations:
- Wear appropriate clothes and shoes to all appointments.
- Report current active symptoms or illnesses to your treatment team.
- Report all injuries or accidents occurring on the property to your treatment team.
- Acquaint yourself with building exits.
- Follow staff directions if a fire alarm is activated.

Boundaries/Ethical Behavior

As a client of Comprehensive Healthcare, you have the right to be treated with dignity and respect, and to be free from sexual abuse, harassment, physical abuse, or any other forms of abuse. Comprehensive Healthcare expects our staff to behave professionally at all times. Our staff should do nothing which harms you or gets in the way of your treatment.

Comprehensive Healthcare staff will not provide the following services. Please do not ask staff to:

- Make personal purchases for you.
- Make or accept financial loans.
- Give out personal information such as home phone number and/or addresses.
- Give or receive personal gifts.
- Meet with you outside of work-related activities.
- Give you rides, except as part of their work duties.
- Hire you to work for them.

The following are staff behaviors that are considered to be unprofessional and should be reported:

- Use of foul language.
- Sexual talk or jokes.
- Wearing clothing with sexual or offensive words or pictures.
- Touching that is sexual, or any form of sexual contact.

If you experience any of the previously listed behaviors, or others that cause you to feel uncomfortable, please report them immediately. You may safely share your concerns regarding employee behavior with Comprehensive Healthcare's Client Advocate (see page 7). Any Comprehensive Healthcare receptionist can give you information on how to contact our Client Advocate. You may also reach the Client Advocate directly by calling (509) 576-4319 or (800) 490-1166. Comprehensive Healthcare takes your concerns in this area very seriously, and your concerns will be addressed promptly and professionally.

Family Involvement

Comprehensive Healthcare knows the importance of your family or someone close to you being involved in your treatment. When appropriate, staff may involve those members in care decisions. Please refer to the Notice of Privacy Practices for privacy information about family involvement in your care. Education can be provided to those that you designate to participate in your treatment.

Children 12 years of age or younger will need the signature of their parent or guardian before they can begin services at Comprehensive Healthcare. The parent or guardian will be asked to sign the Release of Information regarding family involvement.

Your Responsibilities

To protect your rights and the rights of others, we also ask that you assume responsibility for:

- Treating other clients and Comprehensive Healthcare staff with dignity and respect.
- Maintaining the confidentiality of others.
- Working with the staff of Comprehensive Healthcare to maintain a safe, secure, and respectful environment that is:
 - Weapon free
 - Drug and alcohol free
 - Free of aggressive or violent behavior
 - Smoke free
 - Free of abusive or threatening language
- Accepting responsibility for your own actions.
- Setting treatment and recovery goals for yourself.
- Actively participating in your treatment, including taking your medications as directed if prescribed.
- Meeting the terms of your financial agreement.
- Being on time for your appointments.
- Notifying staff if you cannot keep your appointment.
- Notifying staff if you have a change in address, name, phone number, marital status, or insurance coverage.
- Leaving pets and emotional support animals at home. Trained service animals are welcomed under the Americans with Disabilities Act. Staff may inquire as to the specific task or service your service animal is trained to provide.
- Holding Comprehensive Healthcare free from harm or claim arising out of loss of their personal property or damage thereto.
- Understanding that not acting in accordance with the above responsibilities may result in discharge from services.

Interpretation Services

Interpretation in multiple languages will be provided upon request. Interpretation services are also available if you are hearing impaired or sight impaired. For clients who are hearing impaired, Comprehensive Healthcare has a TDD/TTY phone line. Call 711 or (800) 833-6388.

Non-Discrimination Policy

Comprehensive Healthcare provides services to all people without discrimination due to race, religion, creed, color, gender, gender identity, sexual orientation, age, national origin, ethnicity, physical, sensory, or mental disability, marital or veteran status, or any other basis prohibited by state or federal law.

Consistent Attendance at Treatment Appointments

To obtain maximum benefit from our services, it is important for you to keep your scheduled appointments. It is the policy of Comprehensive Healthcare to provide efficient and effective services, therefore, we want to limit the number or missed or cancelled appointments.

We understand that sometimes you are not able to keep your scheduled appointments. If this happens, please call at least 24 hours in advance to cancel and reschedule a new appointment.

No-Show & Late Cancellation Policy

If you call to request a cancellation of an appointment with less than 24 hours advance notice of your appointment this is considered the same as not showing for your appointment. If you have failed to show for a scheduled appointment, or do not provide 24 hours advance notice, an engagement specialist will attempt to reach you to discuss solutions to avoid further missed treatment appointments.

No further routine appointments will be scheduled for you (or your child) if any of the following occur:

1. There are two consecutive no-show or appointment cancellations in the last 90 days.
2. The percentage of no shows or appointment cancellations exceeds 20% of all scheduled appointments in the last 90 days; or
3. The percentage of cancellations exceeds 30% for all scheduled appointments in the last 90 days; or
4. There are two no-show events in the last 90 days; or
5. There are three no-shows or cancellations in the last 90 days.

If you fall into one of the above categories, a letter will be sent to you asking you to contact an Engagement Specialist to negotiate a temporary scheduling plan.

The temporary scheduling plan includes the following options:

1. Attending a "walk-in" appointment: Coming to our office and seeing the next available counselor that day.
2. Same Day Appointments: Calling our office and asking if your current service provider has any opening that day.
3. Termination of services.

Mental Health Advance Directives

A mental health advance directive (MHAD) is a legal written document that describes what you want to happen if your mental health problems become so severe that you need help from others. This might be when your judgment is impaired and/or you are unable to communicate effectively. To learn more about MHADs and/or to obtain a sample directive template, please visit the Washington State Health Care Authority website at www.hca.wa.gov and search for Mental Health Advance Directives.

Financial Information

You can find the full notice of Comprehensive Healthcare's Financial Agreement on our website at www.comphc.org; under the "Getting Help" menu and then under "Resources." A copy can also be requested from any of our reception desks. You may ask to speak with an Account Manager or Financial Counselor in the billing

department if you have questions regarding the Financial Agreement.

Comprehensive Healthcare accepts a wide variety of public and private insurance including valid Washington State Medicaid and Medicare insurance plans. If you need assistance with applying for medical coverage, or if you have questions about your financial responsibilities, please talk with our staff or your insurance provider.

Sliding Scale Fee Policy

For those who are unable to pay for services Comprehensive Healthcare offers a Sliding Fee Discount Program. The Sliding Fee Discount Program is available for all services. Individuals with gross incomes between 0-200% of the Federal Poverty Guidelines may qualify. Discounts are based on gross income and family size. No one is refused services based on lack of financial means to pay. To apply for the program, complete the Sliding Fee Discount Application and submit it to the front office staff person. Applications are available at all Comprehensive Healthcare front offices and on our website at www.comphc.org. Once enrollment is approved, applications for the Sliding Fee Discount Program need to be re-submitted every 12 months to maintain enrollment. Front office staff can assist you if you have questions or need assistance completing the application.

Client Advocate

Comprehensive Healthcare welcomes feedback on treatment and/or services provided. You are encouraged to resolve dissatisfaction with treatment and care directly with your case manager, therapist, or clinician.

However, if this is not possible, you or your family may contact Comprehensive Healthcare's Client Advocate regarding your complaint or dissatisfaction. The Client Advocate will be able to provide you with additional information and assist you in the process of addressing your concern or resolving your complaint.

If you believe your client rights have been violated, you may request assistance with filing a complaint or grievance. You may do so without risk of retaliation. For assistance, please contact the Client Advocate. Our Client Advocate may be contacted in person at the Yakima Center or may be reached by phone at (509) 576-4319 or (800) 490-1166, or by email at ClientAdvocate@comphc.org.

Additional Resources

- Aspen Sexual Assault and Crime Victims Advocacy
 - Kittitas County: (866) 925-9384
 - Yakima: (509) 452-9675
 - Lower Yakima Valley (Crime Victims Only): (509) 575-4824
- Domestic Violence and Sexual Assault Resources:
 - Lower Yakima Valley: The Lighthouse (509) 837-6689
 - Tri-Cities Support: Advocacy & Resource Center (509) 374-5391
 - Walla Walla: YWCA Walla Walla (509) 529-9922
 - Yakima (Domestic Violence Only): YWCA Yakima (509) 248-7796
- Adult Protective Services (for reporting suspected abuse or neglect of a vulnerable adult): (866) 363-4276
- Child Protective Services (for reporting suspected child abuse): (866) 363-4276
- NAMI Yakima (National Alliance on Mental Illness): (509) 453-0753 or info@namiyakima.org

Your Rights and Protections Against Surprise Medical Bills and Balance Billing

The No Surprises Act (NSA) is a federal law that protects patients from unexpected out-of-network medical bills. Washington State also has implemented similar protections.

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. These costs are called cost-sharing. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay, and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you take an ambulance ride, have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

Insurers are required to tell you, via their websites or if you ask, which providers, hospitals, and facilities are in their networks. Hospitals, surgical facilities, providers, behavioral health emergency services providers and ground ambulance providers must tell you which provider networks they participate in on their website or if you ask.

You are protected from balance billing for:

Emergency Services

If you have an emergency medical condition, mental health or substance use disorder condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes ground or air ambulance rides, and care you receive in a hospital or in facilities that provide crisis services to people experiencing a mental health or substance use disorder emergency. You can't be balance billed for these emergency services, including services you may get after you're in a stable condition.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most these providers may bill you is your plan's in-network cost-sharing amount.

You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When can you be asked to waive your protections from balance billing:

Health care providers, including hospitals, emergency behavioral health services providers, and ground or air ambulance providers, can **never** require you to give up your protections from balance billing.

If you have coverage through a self-funded group health plan, in some limited situations, a provider can ask you to consent to waive your balance billing protections, but you are never required to give your consent. Please contact your employer or health plan for more information.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may file a complaint with the federal government at <https://www.cms.gov/medical-bill-rights> or by calling 1-800-985-3059; and/or file a complaint with the Washington state Office of the Insurance Commissioner at [their website](#) or by calling 1-800-562-6900.

Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.

Visit the [Washington state Office of the Insurance Commissioner's website](#) for more information about your rights under Washington state law.