



# SEQUOIA DETOX CENTERS

*New Patient Information*



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## PATIENT RIGHTS & RESPONSIBILITIES

Sequoia Detox Centers supports the belief that each of our patients deserves the highest quality of medical and psychological care we are able to provide. In addition, it is a state requirement that all patients will be notified of these rights before being served and have the opportunity to ask questions before or while receiving treatment.

### PATIENT RIGHTS

To ensure patient rights are protected in compliance with chapters 70.96A, 71.05, 71.12, and 71.34 RCW, and with WAC 388-877-0600; Sequoia Detox Centers has made the following rights obligatory for all patients.

You have the right to:

1. Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability;
2. 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 patients have the right to refuse participation in any religious practice;
3. Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;
4. Be treated with respect, dignity and privacy, including during reasonable searches by staff to detect and prevent possession or use of contraband on the premises;
5. Be free of any sexual harassment;
6. Be free of exploitation, including physical and financial exploitation;
7. Have all clinical and personal information treated in accord with state and federal confidentiality regulations;
8. Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections;
9. Receive a copy of Sequoia's grievance procedures upon request and file a grievance with Sequoia Detox Centers if you believe your rights have been violated; and
10. Lodge a complaint with the department of health when you feel Sequoia Detox Centers has violated a WAC requirement regulating behavior health agencies.

## PATIENT RESPONSIBILITIES

The care you receive as a patient depends, in part, on your active participation in care. As your healthcare provider, we believe that you are the biggest factor in helping us promote the safe delivery of care. The responsibilities below comply with WAC (Washington Administrative Code) WAC 388-877-0680.

Patients receiving care at Sequoia Detox Centers are responsible for:

### PROVIDING INFORMATION

You are responsible for providing accurate and complete information including present complaints, past illnesses, medications, previous treatment, allergies, noticed risks in care, personal demographics and other matters relating to your health.

### ASKING QUESTIONS

You are responsible for asking questions when you do not understand what you have been told about your care or treatment options.

### FOLLOWING INSTRUCTIONS

You are responsible for following the treatment plan developed by Sequoia staff. If you have any concerns about your ability to follow and comply with the proposed plan or course of treatment, you are expected to express those immediately.

### ACCEPTING RESULTS

You are responsible for the outcomes in your care if you choose not to follow the treatment plan and referral pathway outlined by Sequoia staff.

### FOLLOWING SEQUOIA RULES AND REGULATIONS

You are responsible for following Sequoia's rules and regulations concerning patient care and conduct.

### SHOWING RESPECT AND THOUGHTFULNESS

You are responsible for being thoughtful of Sequoia's personnel and property, and other patients who may be receiving care during your stay.

### MEETING FINANCIAL COMMITMENTS

You are responsible for promptly meeting any financial commitment agreed to with Sequoia Detox Centers. If you have concerns with a commitment you made, Sequoia will work with you to ensure any necessary accommodations are put in place.

## PATIENT FINANCIAL RESPONSIBILITIES

### PAYMENT METHODS

You can expect to receive a billing statement for any unpaid services from Sequoia Detox Centers via our Patient Portal after discharge (including any credits, outstanding debts, and/or adjustments from insurance). All billing information will be available in the Patient Portal, any balance(s) will be due upon receiving a statement.

### CURRENT RATES

Our current all-inclusive rates are charged per day, not per service:

|                                     |  |
|-------------------------------------|--|
| Standard Suite Rate: <b>\$2,000</b> | Standard Suite Deposit (upfront): <b>\$3,000</b> |
| Superior Suite Rate: <b>\$2,250</b> | Superior Suite Deposit(upfront): <b>\$3,375</b>  |

### PAYMENT WITH INSURANCE

If you plan on paying for your treatment through an insurance provider, Sequoia Detox Centers will bill them as a courtesy to you. Proof of insurance needs to be provided at the time of your admission. If you have a Secondary or Tertiary insurance provider, we ask that you provide us with all cards and delineate the order in which the insurances should be billed. It is up to the policy holder of the insurance to be knowledgeable on coverage details; and Sequoia Detox Centers will run an eligibility and benefit check prior to your admission, but we cannot guarantee coverage. Should your coverage change or terminate, or if the services are denied by the insurance company, you are responsible for informing Sequoia Detox Centers, and/or for paying for the services received. All patients are responsible for obtaining any referrals or authorizations needed for insurance coverage, as well as understanding their individual coverage policies.

If we cannot establish your out-of-pocket responsibility prior to admission (deductible, co-pay, co-insurance), we will require our standard deposit (listed above).

If we **do** establish your out-of-pocket responsibility prior to admission (deductible, co-pay, co-insurance, etc.), we will require you to pay the *full amount* required by your plan upon being admitted. This will be based on our minimum stay of 3 days.

Sequoia Detox Centers does *not* accept Medicaid or Medicare.

### PAYMENT WITHOUT INSURANCE

If you do not have insurance or choose **not** to have us bill your insurance provider, you will be responsible for paying for all services rendered at the rates established above. Complete payment of all estimated costs, prior to or upon discharge, for services rendered at Sequoia will be eligible for a 10% discount.

## PAYMENT PLANS

Sequoia Detox Centers may have the ability to arrange a payment plan to help with the cost of services; but that will require an upfront deposit and card on file for subsequent billing. If you are on a payment plan you are required to keep the plan current, including all billing information.

## CREDITS AND REFUNDS

We are only able to provide an estimate of services at admission (based on length of stay, insurance coverage, etc.) so you may end up over-paying for services. If you have insurance and have a credit at any point during or after your stay, we will issue a refund only after all claims have been processed fully by your insurance. If you are self-pay and have a credit, our offices will issue a refund within 90 days after your stay. Any refunds will be issued by check, not returned to a credit/debit card or electronically. We will do our best to contact you regarding the refund and where you would like it to be mailed. If we are unable to verify your address for mailing, your credit will remain on your account in perpetuity.

Sequoia Detox Centers does not issue refunds for reasons other than described above. We cannot guarantee patient satisfaction, or any results based on our medication protocols. Sequoia is an independent medication-assisted detox facility, with no financial or other contract, agreement, or arrangement with any outside treatment company or organization.

## COLLECTIONS, ADMINISTRATIVE FEE AND NO-SHOW/LATE CANCELLATION FEES

We ask that you cancel or re-schedule appointments as far in advance, with at least 48 hours, so we can make the room available for another patient. We will charge \$50.00 for checks returned for insufficient funds.

Sequoia Detox Centers reserves the right to use a third-party collection agency to collect any overdue balances.

## ADVANCE DIRECTIVE

A mental health advance directive (MHAD) is a written document that describes your directions and preferences for treatment and care during times when you are having difficulty communicating and making decisions. It can inform others about what treatment you want or don't want, and it can identify a person called an "agent" who you trust to make decisions and act on your behalf.

### WHAT'S INCLUDED IN A MENTAL HEALTH ADVANCE DIRECTIVE?

Anything that might be involved in your treatment can be a part of a mental health advance directive. Examples include:

- consent for, or refusal of, particular medications or inpatient admission;
- who can visit you if you are in the hospital;
- who you appoint to make decisions and take actions for you (your agent);
- anything else you want or don't want in your future care.

### SHOULD I HAVE A MENTAL HEALTH ADVANCE DIRECTIVE?

There are advantages to having a mental health advance directive:

- You have more control over what happens to you during periods of crisis.
- Providers and others will know what you want even if you can't express yourself well.
- Your directive can help your case manager and others who are involved in your mental health treatment.
- The law requires providers to respect what you write in a mental health advance directive to the fullest extent possible.

### SHOULD I HAVE AN AGENT?

By law, your agent cannot be your doctor, your case manager or your residential provider unless that person is also your spouse, adult child, or sibling. You have the option of naming an agent:

- Who is at least 18 years old.
- Who knows you and knows what you want when you are doing well.
- Who can inform treatment providers about your preferences and can advocate for you.

### WHO SHOULD GET A COPY OF MY MENTAL HEALTH ADVANCE DIRECTIVE?

If you name an agent, that person must be given a copy. After that, it is up to you who you give a copy to. Think about giving one to your current mental health provider, your lawyer (if you have one) and trusted family members. Bring a copy if you are being admitted to a mental health facility. Any treatment provider who gets a copy is required to make it a part of your medical record.

## WILL EVERYTHING IN MY MENTAL HEALTH ADVANCE DIRECTIVE BE FOLLOWED?

Here are the instances in which your mental health advance directive may **not** be followed:

- Your instructions are against medical standards or are unavailable
- Following your directive would violate state or federal law
- You are hospitalized under the Involuntary Treatment Act, or are incarcerated

## WHAT CAN I DO IF I FEEL MY MENTAL HEALTH OR MEDICAL HEALTH ADVANCE DIRECTIVE IS NOT BEING FOLLOWED?

If you feel your mental health or medical health advance directive was not followed, you can receive information or file a complaint with the Washington State Department of Health (DOH). To do this, you can call DOH at 1-360-236-2620; email DOH at [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov) or go online to DOH at [www.doh.wa.gov](http://www.doh.wa.gov).

All complaints are reviewed by DOH to decide if there is a violation of the law or if DOH has authority to take legal action. If there is a violation of the law and authority to take legal action DOH conducts an investigation.

## CAN I CHANGE OR REVOKE MY MENTAL HEALTH ADVANCE DIRECTIVE?

As long as you have the mental capacity, you can change or revoke your mental health advance directive at any time. If you are incapacitated, you can only change or revoke your directive if it is already written in. Changes need to be made in writing. Be sure to tell everyone who has a copy if you revoke or change your directive.

## WHAT IF I ALREADY HAVE A LIVING WILL OR OTHER DURABLE POWER OF ATTORNEY?

If there is a conflict between a mental health advance directive and any other directive, like a living will, the newer document will have legal priority. To reduce confusion, it is probably best to have one person act as both your mental health advance directive agent and durable power of attorney.

## WHERE CAN I GO FOR MORE INFORMATION ABOUT MENTAL HEALTH ADVANCE DIRECTIVES?

- To create a mental health advance directive go to: [www.dshs.wa.gov/dbhr/advdirectives.shtml](http://www.dshs.wa.gov/dbhr/advdirectives.shtml)
- Read the law, Revised Code of Washington (RCW) 71.32 on-line at <http://www.leg.wa.gov>. Call your local mental health provider or ombuds service.
- Call the Division of Behavioral Health and Recovery's (DBHR) office of Consumer Partnerships at 1-800-446-0259, ext. 7.



## NOTICE OF PRIVACY PRACTICES

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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) requires all healthcare records and other individually identifiable health information (protected health information) used or disclosed in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you, the patient, significant rights to understand and control how your health information is used. HIPAA requires penalties for covered entities that misuse personal health information.

As obliged by HIPAA, we have prepared this explanation of how we are required to maintain to privacy of your health information and how we may use and disclose your health information.

Without specific written authorization, we are permitted to use and disclose your health records for the purposes of treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. Examples of treatment would include medication administration, assessments, therapies, etc.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be billing your insurance company for services.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would include a periodic assessment of our documentation protocols, etc.

In addition, your confidential information may be used to remind you of an appointment (by phone or email) or provide you with information about treatment options or other health-related services including release of information to supports and family members that are directly involved in your care or who assist in taking care of you. We will use and disclose your protected health information when we are required to do so by federal, state or local law.

We may disclose your protected health information to public health authorities that are authorized by law to collect information, to a health oversight agency for activities authorized by law included but not limited to: response to a court or administrative order, if you are involved in a lawsuit or similar proceeding, response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

We will release your protected health information if requested by a law enforcement official for any circumstance required by law. We may release your protected health information to a medical examiner to coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their job. We may release protected health information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

We may use and disclose your protected health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. We may disclose your protected health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

We may disclose your protected health information to federal officials for intelligence and nations security activities authorized by law. We may disclose protected health information to federal officials in order to protect the President, other officials or foreign heads of state, or conduct investigations.

We may disclose your protected health information to correctional institutions or law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals or the public. We may release your protected health information for workers' compensation and similar programs.

Any other uses and disclosures will be made only your written authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights (listed below) in regard to your protected health information, which you can exercise by presenting a written request to our Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close to personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to access, inspect and copy your protected health information.

- The right to request an amendment to your protected health information.
- The right to receive an accounting of disclosures of protected health information outside of treatment, payment and health care operations.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of this Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the revised notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filling a complaint.

**For more information about our Privacy Practices, please contact:**

Sequoia Detox Centers  
10305 E Montgomery Drive  
Spokane Valley, WA 99206

**For more information about HIPAA or to file a complaint**

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
877-696-6775 (toll-free)

## PATIENT CODE OF CONDUCT

1. Sequoia Detox Centers does not allow any illicit substances, products containing alcohol, and/or any prescription medications not administered by Sequoia staff on our premises.
2. Sequoia Detox Centers takes privacy extremely seriously, and any patient who is found to have violated our Confidentiality Pledge may be subject to legal action.
3. Patients will help ensure Sequoia's environment remains tidy, quiet, and comfortable for all patients and staff.
4. Patients will not leave their rooms without proper clothing or footwear (shirt, shoes, and pants/skirts will be required while in shared areas).
5. Patients will refrain from fraternizing with other patients and staff. Sequoia Detox Centers has a zero-tolerance policy for sexual conduct within our facility or on Sequoia property.
6. Patients will refrain from using vulgar language in shared areas and during group activities with other patients.
7. Patients will respect property of Sequoia and other patients, and any theft or damage to property will result in an immediate discharge.
8. Patients will respect the treatment process for other patients at Sequoia, including respect for their privacy, not interrupting when other patients are speaking, and not commenting or belittling others when sharing experiences.
9. Smoking cigarettes and use of tobacco products must be done only within Sequoia's designated smoking area, and at least 25 feet from any entrance. Patients will only be able to smoke during specified smoking breaks, under staff supervision.
10. Patients will not use electronic devices (mobile phones, laptops, tablets, etc.) while receiving care at Sequoia Detox Centers. This allows patients to focus on their treatment and helps protect other patients from possible confidentiality violations.

## COUNSELOR CREDENTIALING

Credentialing is a formal process that utilizes an established series of guidelines to ensure patients receive the highest level of care from healthcare professionals who have undergone the most stringent scrutiny regarding their ability to administer care.

Credentialing assures the patient that they are being treated by providers whose qualifications, training, licensure, and ability to practice are acceptable. Credentialing also ensures that all healthcare workers are held to the same standard while treating patients.

As a patient at Sequoia Detox Centers, you have the right to know who is providing your care. You can confirm that any provider treating you has an active license to practice in the state where you receive treatment.

If at any time you wish to verify certification or licensure, you can use the Washington Department of Health's website to confirm your provider's credentials.

<https://fortress.wa.gov/doh/providercredentialsearch/default.aspx>

You will have access to:

- Credential number
- Type of credential(s)
- Whether the health care professional's license status is active, deceased, expired, inactive, military, revoked, suspended, unlicensed, or retired
- Birth year
- The date when they first became credentialed
- Expiration date of credential
- Last renewal date
- Restrictions or disciplinary actions
- Copies of legal documents issued after July 1998

The following providers are credentialed to provide care and will be a part of your treatment team:

|                                 |                        |
|---------------------------------|------------------------|
| <b>Dave Beling, LMHC, SUDP</b>  | LH60287469, CP60277587 |
| <b>Samantha Hawthorne, SUDP</b> | CP60871550             |
| <b>John Hanson, SUDPT</b>       | CO61082053             |
| <b>Kimberly Putnam, SUDP</b>    | CP60212007             |

## PROFESSIONAL CODE OF CONDUCT

### CODE OF ETHICS

To promote the highest standards of ethical conduct, all personnel of Sequoia Detox Centers (employees and contractors) shall:

- Hold paramount the well-being of people served professionally.
- Respect and uphold patient rights.
- Uphold the principles of informed choice.
- Practice only in area(s) of competency.
- Respect patient privacy and release no information about the patient without his/her expressed, written permission.
- Engage in no conduct that constitutes a conflict of interest or that adversely reflects on his or her professional practice.
- Seek only deserved, honest and reasonable monetary reimbursement for services.
- Issue only objective and truthful statements regarding services.
- Comply with the laws and policies that guide professional practice.

### STANDARDS OF PRACTICE

In the following areas, all personnel employed by Sequoia Detox Centers shall:

#### RESPECT FOR SEQUOIA DETOX CENTERS PATIENTS

- Hold the patient's well-being paramount and consider each patient's individuality.
- Not discriminate in the provision of services or products based on disability, race, national origin, religion, creed, gender, age, veteran status, marital status, or sexual orientation.
- Only recommend, support, or implement services that do not expose the patient's (or others) to unreasonable risk, exploitation, and/or personal injury. Inform the patient's as fully as possible to all risks.

#### INFORMED CHOICE

- When recommending services, fully involve the patient and inform him or her of all reasonable options available, including costs. These recommendations shall not be limited to anyone's perceptions about the availability of resources.
- Fully inform the patient or advocate about all aspects of any final recommendations and make only reasonable statements about expected outcomes.

- Consider the current and future needs of the patient when developing recommendations and fully inform the patient of those perceived needs.
- Fully and accurately disclose to the patient the qualifications of all staff members who will serve them directly.

## PROFESSIONALISM AND COMPETENCY

- Comply with all licensing, credentialing and/or accreditation requirements recognized in their field(s) of service and as required by law.
- Provide services only within the scope of their competency, considering their education, experience, and training and recognizing the limits of their own skills and knowledge in any professional area.
- Take on only those professional commitments and agreements that they can fulfill and carry out those obligations in a timely manner.
- Stay current in all aspects of their professional practice through ongoing education. Topics should include accessibility, funding, legal issues, recommended rehabilitation practices, clinical practices, and emerging services or technologies.
- Not provide professional services, or allow any representative to provide services, while under the influence of drugs or alcohol or while substance misuse or a health condition influences their judgement.
- Not engage in conduct that reflects adversely on their profession or calls into questions their fitness to serve patients.
- Avoid any action, intentional or accidental, professional or personal, that would exploit the dependency and trust of the patient.

## SERVICE DELIVERY

- When the patient's best interest requires it, collaborate or "team up" with providers from other professional disciplines for service delivery.
- Within the scope of their competency, use every resource reasonably available to meeting the patient's needs. This may require referring the patient to other service providers for services.
- Maintain procedures to measure the effectiveness and efficiency of their operations to enhance service quality.

## CONFLICT OF INTEREST

- Maintain only those professional relationships that do not create a real or perceived conflict of interest. Sequoia Detox Centers employees shall inform the patient or their advocates of any employment relationships, professional affiliations, or fiduciary interests that may be perceived as a conflict of interest. Employees must decline to provide service when any such affiliation or interest is likely to influence their professional judgement.

- Make every effort to avoid personal relationships that could influence their professional judgement or be perceived as a conflict of interest.

## SOUND BUSINESS PRACTICES

- Not engage in fraud, waste, or abuse when charging for services.
- Be truthful and accurate in all public statements about the services provided.
- Stay within the scope of services agreed upon by the patient and Sequoia Detox Centers.
- Maintain adequate records of evaluations, assessments, services, recommendations, reports, or products provided and preserve the confidentiality of those records.

## MANDATORY REPORTING

All those employed by Sequoia Detox Centers are Mandatory Reporters. This means all staff must, by law, immediately report the abuse, abandonment, neglect, and financial exploitation of a vulnerable adult to the Washington State Department of Social and Health Services (DSHS). Mandatory reporters are not required by law to report situations of self-neglect, but DSHS urges mandatory reporters to do so to ensure the wellbeing of vulnerable adults.

Per RCW 74.34.035(4), a mandated reporter is not required to report to a law enforcement agency, unless requested by the injured vulnerable adult or his or her legal representative or family member, or it is an incident of physical assault between vulnerable adults that causes minor bodily injury and does not require more than basic first aid, unless:

- The injury appears on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal area;
- There is a fracture;
- There is a pattern of physical assault between the same vulnerable adults or involving the same vulnerable adults; or
- There is an attempt to choke a vulnerable adult.

The mandatory reporter is still required to report any type of suspected physical abuse to DSHS. APS/RCS is required to make a report to law enforcement for a crime (possible assault).

Mandatory reporters are also required by law to report a death to the local Medical Examiner or Coroner if there is reason to suspect that the death of a vulnerable adult was caused by abuse.

If there is an incident that requires reporting, Sequoia Detox Centers requires any staff reporting to inform the patient. We will not submit a report without informing the patient first, although this will not change the fact that we must report.



## PATIENT GRIEVANCE PROCESS

Sequoia Detox Centers revolves around patients receiving the best care possible and being completely satisfied with any services received while in our care. If you receive care that does not align with our policies and standards, we want to know.

You are able to talk with any staff member at Sequoia to fill out a complaint form, or speak directly to our Administrator, who will complete a form during the conversation. All grievances are recorded and responded to immediately; in hopes to ensure safety and comfort for all patients served in our facility.

In addition to internal grievances, you have the right to file a complaint with the Washington State Department of Health. Depending on the complaint, the DOH will investigate the report and follow up with Sequoia Detox Centers directly.

- 1-800-633-6828
- WA DOH  
Health Systems Quality Assurance, Complaint Intake  
PO Box 47857  
Olympia, WA 98504
- The complaint system for the state is available online or email: [hsqacomplaintintake@doh.wa.gov](mailto:hsqacomplaintintake@doh.wa.gov).

Or you may contact one of the following:

Adult Protective Services  
**877-734-6277**

Child Protective Services  
**800-422-7517**

Consumer Protection Agency  
**800-551-4636**

Health Facilities and Services Licensing  
**800-633-6828**

State Attorney General  
**360-753-6200**