Welcome to Stillaguamish Behavioral Health Program

The Stillaguamish Behavioral Health Program (SBHP) is dedicated to serving individuals, families and the community in elevating the quality of life for all by improving mental and physical wellness. Available to Native Americans and non-natives alike, the Behavioral Health Program is committed to providing treatment of the highest quality by highly trained, licensed, experienced professionals who genuinely care.

Our comprehensive behavioral health program offers substance use disorder treatment, mental health counseling and psychiatric medication management.

Stillaguamish Behavioral Health Program is an attested treatment program in accordance with the requirements of 42 Code of Federal Regulations, part 2 and is an approved facility in accordance with 70.96A Revised Code of Washington, subject to provisions of said acts of the legislature and standards, rules and regulations of the Washington State Health Department.

Contact Information

Stillaguamish Behavioral Health Program – Substance Use Treatment
5700 172nd St NE – Suite B
Arlington WA 98223
Office: (360) 435-3985 Fax: (360) 435-7941

Hours of Operation
Monday-Friday 8:00AM -6:00PM

For life–threatening emergencies: **Call 911**
Non-life-threatening needs: You may securely contact your care team using the MyChart portal.
To schedule an appointment, please call the office.
If after hours: Please leave a voicemail and your call will be returned the next business day.

988 Suicide & Crisis Lifeline

People can call or text **988** or chat **988lifeline.org** for themselves or if they are worried about a loved one who may need crisis support.

988 serves as a universal entry point so that no matter where you live in the United States, you can reach a trained crisis counselor who can help.

988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress. That could be:

- Thoughts of suicide
- Mental health or substance use crisis, or
- Any other kind of emotion distress

988 SUICIDE & CRISIS LIFELINE

Inclement Weather

During times of extreme weather, SBHP follows the Arlington School District closure and delay schedule. This information can be found at https://www.asd.wednet.edu/

Medication Refills

Please allow at least five business days for medication refill request. Medications will not be refilled outside of normal business hours. Refill request can be made using MyChart or by contacting your pharmacy directly.

Clients Rights

WAC 246-341-0600

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 participants 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, except that 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. "Reasonable" is defined as minimally invasive searches to detect contraband or invasive searches only upon the initial intake process or if there is reasonable suspicion of possession of contraband or the presence of other risk that could be used to cause harm to self or others;
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) Participate in the development of your individual service plan and receive a copy of the plan if desired;
9) Make a mental health advance directive consistent with chapter 71.32 RCW;
10) Review your individual service record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections; and
11) Submit a report to the department when you feel the agency has violated your rights or a WAC requirement regulating behavioral health agencies.

Individual Rights Specific to Medicaid Recipients (Per WAC 182-538D-0680)

Medicaid recipients have general rights and Medicaid-specific rights when applying for, eligible for, or receiving behavioral health services authorized by a behavioral health organization (BHO).

1) General rights that apply to all people, regardless of whether a person is or is not a Medicaid recipient, include:
   a) All applicable statutory and constitutional rights;
   b) The participant rights provided under WAC 182-538D-0600; and
   c) Applicable necessary supplemental accommodation services.

Medicaid-specific rights that apply specifically to Medicaid recipients include the following. You have the right to:

1) Receive medically necessary behavioral health services, consistent with access to care standards adopted by the health care authority in its managed care waiver with the federal government. Access to care standards provide minimum standards and eligibility criteria for behavioral health services and are available on the behavioral health administration's (BHA's) division of behavioral health and recovery (DBHR) website.
2) Receive the name, address, telephone number, and any languages offered other than English, of behavioral health providers in your BHO.
3) Receive information about the structure and operation of the BHO.
4) Receive emergency or urgent care or crisis services.
5) Receive post stabilization services after you receive emergency or urgent care or crisis services that result in admission to a hospital.
6) Receive age and culturally appropriate services.
7) Be provided a certified interpreter and translated material at no cost to you.
8) Receive information you request and help in the language or format of your choice.
9) Have available treatment options and alternatives explained to you.
10) Refuse any proposed treatment.
11) Receive care that does not discriminate against you.

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12) Be free of any sexual exploitation or harassment.
13) Receive an explanation of all medications prescribed and possible side effects.
14) Make a mental health advance directive that states your choices and preferences for mental health care.
15) Receive information about medical advance directives.
16) Choose a behavioral health care provider for yourself and your child, if your child is under thirteen years of age.
17) Change behavioral health care providers at any time for any reason.
18) Request and receive a copy of your medical or behavioral health services records, and be told the cost for copying.
19) Be free from retaliation.
20) Request and receive policies and procedures of the BHO and behavioral health agency as they relate to your rights.
21) Receive the amount and duration of services you need.
22) Receive services in a barrier-free (accessible) location.
23) Receive medically necessary services in accordance with the early and periodic screening, diagnosis and treatment (EPSDT) under WAC 182-534-0100, if you are twenty years of age or younger.
24) Receive enrollment notices, informational materials, materials related to grievances, appeals, and administrative hearings, and instructional materials relating to services provided by the BHO, in an easily understood format and non-English language that you prefer.
25) Be treated with dignity, privacy, and respect, and to receive treatment options and alternatives in a manner that is appropriate to your condition.
26) Participate in treatment decisions, including the right to refuse treatment.
27) Be free from seclusion or restraint used as a means of coercion, discipline, convenience, or retaliation.
28) Receive a second opinion from a qualified professional within your BHO area at no cost, or to have one arranged outside the network at no cost to you, as provided in 42 C.F.R. Sec. 438.206(b)(3) (2015).
29) Receive medically necessary behavioral health services outside of the BHO if those services cannot be provided adequately and timely within the BHO.
30) File a grievance with the behavioral health agency or BHO if you are not satisfied with a service.
31) Receive a notice of adverse benefit determination so that you may appeal any decision by the BHO that denies or limits authorization of a requested service, that reduces, suspends, or terminates a previously authorized service, or that denies payment for a service, in whole or in part.
32) File an appeal if the BHO fails to provide services in a timely manner as defined by the state.
33) Request an administrative (fair) hearing if your appeal is not resolved in your favor or if the BHO does not act within the grievance or appeal process time frames described in WAC 182-538D-0660 and 182-538D-0670.
34) Request services by the behavioral health ombuds office to help you file a grievance or appeal or request an administrative hearing.

Client Responsibilities

Stillaguamish Behavioral Health Program clients have the responsibility to:

1) Provide accurate and complete information and to report any changes in your condition to your care team.
2) Be an active participant in your care planning.
3) Inform the care team if you do not clearly understand a planned course of action or what is expected of you.
4) Notify your care team when a cultural situation or concern exists or may affect your care.
5) Initiate and follow through on recommended treatment plans.
6) Attend to personal belongings. This includes, but is not limited to dentures, eyeglasses, crutches, wheelchairs and personal items such as jewelry and phones. SBHP is not responsible if items are damaged, lost or stolen.
7) Provide updated financial information and meet any financial obligation to SBHP.
8) Be respectful of SBHP property and of other's personal property.
9) Not loiter on SBHP property. After completing your business with SBHP, you must leave the premises.
10) Follow rules and regulations affecting client care and conduct:
    a) Clients may not disrupt or interfere with care provided to other clients or the operations of the SBHP.

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b) Clients may not conduct any illegal activities on the premises.
c) Clients may only smoke or use tobacco products in designated smoking areas located in the parking lot.
d) Clients are responsible for being considerate of the rights of other clients and SBHP personnel. Threats, violence, disrespectful communication, or harassment of other clients or of any SBHP staff member, for any reason, including because of an individual's race, color, creed, religion, sex, sexual orientation, gender identity or expression, ethnicity, national origin, disability, age or veteran or military status, or other aspect of difference will not be tolerated and is grounds for program discharge. This prohibition applies to clients as well as their family members, representative and visitors.

Grievance Procedure

SBHP strives to provide quality care in a professional and respectful way. If you have a customer service concern, or feel your rights have been violated, you are encouraged to take steps to resolve your concern. No retaliation, formal or informal, will occur. No record of any complaint will be kept in your clinical chart.

If you have a complaint or grievance, please follow these steps for resolution:

1. Speak directly with your counselor or clinician about your concern.
   If unresolved,
2. Speak with your counselor or clinician's supervisor or complete a grievance form.
   Grievance forms are available at the front desk.
3. Place your completed grievance form in an envelope and indicate who you would like to review it. You will receive a response within 30 days.

You may also file a complaint with the Washington State Department of Health at:
https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx
Health Systems Quality Assurance
P.O. Box 47877
Olympia, WA 98504-7877
Complaint Intake Unit (360) 236-2620
Customer Service (360) 236-4700

Washington State Department Of Health Prescription Drug Monitoring Program (PDMP)

All prescriptions for controlled substances are recorded in the state PDMP database. SBHP providers utilize the PDMP to review current and historical prescription information to improve patient care and safety.

Safety at Stillaguamish Behavioral Health

We are committed to your health and well-being and want to provide a safe and healthy treatment environment.

1. In case of an emergency, please ensure that we have your current address, phone number and emergency contact information.
2. To achieve a safe environment, we have emergency procedures that may result in a practice drill during business hours.
3. In the event of a drill or real emergency, "Attention all clients, staff and visitors" will be announced, followed by the announcement of a drill or actual even. Staff will assist in the safe evacuation of the building. Follow staff directions and calmly exit the building through the nearest exit. All staff and clients will meet outside the facility in the north parking lot. Please do not leave the parking lot until directed to do so.
4. Should you witness or be involved in an accident in our facility, please let a staff member know immediately. We will assist you with any medical aid you may need and will ask you to complete an incident report to ensure that you receive any necessary follow-up care.

Mental Health Counseling

Stillaguamish Behavioral Health Program 17014 59th Ave NE Arlington WA 98223 (360) 435-3985	Stillaguamish Mental Wellness 24306 Di-Out-Sa Arlington WA 98223 (360) 631-5967

Counselors are required by Washington state law (WAC 246-809-700) to provide written disclosure of the following information to clients before counseling begins. You have the right to choose a counselor and treatment modality that best suits your needs. You also have the right to refuse or end treatment at any time, for any reason.

Common Approaches to Mental Health Counseling

Cognitive Behavioral Therapy (CBT): helps clients understand how thoughts affect emotions and behaviors. CBT focuses on strategies to change distorted thinking and behavioral patterns.
Eye Movement Desensitization & Reprocessing (EMDR): involves physical movement while you process traumatic memories. This enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences.
Acceptance & Commitment Therapy (ACT): promotes accepting negative thoughts, feelings, and events. It encourages people to participate mindfully in activities that uphold their core beliefs and values.
Attachment- Based Therapy (ABT): specifically targets thoughts, feelings, communications, behaviors, and interpersonal exchanges that patients have learned to either, suppress and avoid, or to amplify and overemphasize, because of early attachment experiences.
Motivational Interviewing (MI): Aims to resolve ambivalent feelings and insecurities to find the internal motivation clients need to change their behavior. MI increases a client's confidence in their ability to make positive changes and develop better coping skills.
Dialectical Behavior Therapy (DBT): Like CBT, DBT helps clients understand how thoughts affect emotions and behaviors. DBT focuses on helping people accept the reality of their lives and change their behaviors by addressing unhealthy efforts to control intense, negative emotions.
Family Systems Therapy: helps clients create positive change around the issue at hand by recognizing, analyzing, and learning to rewrite deeply ingrained family dynamics.
Rational Emotive Behavior Therapy (REBT): is a form of psychotherapy that helps a person identify self-defeating thoughts and feelings, challenge irrational and unproductive feelings, and replace them with healthier beliefs.
Child-Centered Play Therapy (CCPT): A play-based intervention for young children ages 3 to 10 who are experiencing social, emotional, behavioral and relational disorders. CCPT utilizes play, the natural language of children, and a therapeutic relationship to help process inner experiences and feelings through play and symbols.

Course of Mental Health Treatment

The length of treatment time needed depends on you and on what mental health condition you are addressing. Certain traumatic events take longer to work through and different therapy approaches vary in duration. Your treatment timeline is adjustable to suit your unique situation and to meet your personal needs.

Behavioral Health Director

Jill Malone, MSW, LSWAIC, SUDP, CMHS	**Independent Clinical Social Worker Associate**	**SC61473631**
	Substance Use Disorder Professional	**CP61081344**

Jill earned her Master of Arts degree in Addiction Studies and a Master of Social Work degree from Eastern Washington University, as well as undergraduate degrees in Psychology and Social Sciences. Jill has been in the field since 2018 and has experience working with Native American communities, justice social work with law enforcement, harm reduction, and with crisis response. Jill is an approved supervisor and licensed substance abuse counselor, and holds a Child Mental Health Specialist designation. As a clinical social work associate, she works under the supervision of approved supervisor Dr. Christopher J. Heckert, DSW, LICSW, CMHS (LW60695507). Jill uses various interventions including EMDR, CBT, CPT, TF-CBT and DBT.

Mental Health Team

Alicia Reed, MA, MHP, LMHC, CMHS	**Tribal Mental Health Clinical Supervisor**	**LH60800766**

Alicia graduated with a Master of Arts from Capella University in Counseling and Clinical Psychology. Having worked in human services for most of her career, she began treating mental health concerns in 2014. Alicia works with children, adults, and families and has extensive experience in crisis intervention and management, individual/couples/families counseling, and group counseling. Alicia has a Child Mental Health Specialist designation, and utilizes various treatment modalities including EMDR, DBT, CBT, TF-CBT, CPT, Family Systems, and cognitive behavioral play therapy.

Maria Shane, MS, LMHC, EMMHS, GMHS	**BHP Mental Health Clinical Supervisor**	**LH60488620**

Maria earned a Master of Science in Applied Behavioral Science with an emphasis in Systems Counseling, from Bastyr University in Kenmore WA. She has dedicated more than 15 years to the field of mental health, encompassing intensive case management, crisis intervention, and individual/couple/family and group therapy. Maria specializes in geriatric and Native American/Alaskan Native mental health. She utilizes various treatment modalities including EMDR, CBT and Family Systems.

Jay Mattson, MS, LMHCA	**Mental Health Counselor**	**MC61069118**

Jay earned a Bachelor of Arts in Psychology from Eastern Washington University and a Master of Science in Clinical Mental Health Counseling from Capella University. He has worked in the mental health field since 2014 and utilizes CBT, DBT, EMDR, Solution-focused, Narrative and Gestalt therapy. As a licensed mental health counselor associate, he works under the supervision of approved supervisors Maria Shane MS, LMHC, EMMHS, GMHS (LH60488620) and Alicia Reed, MA, MHP, LMHC (LH60800766) as he gains hours towards full licensure.

Sherry Tillinghast, MS, LMHC	**Mental Health Counselor**	**LH61004330**

Sherry earned a Bachelor of Arts in Criminal Justice from Northern Kentucky University, Master of Science in Criminal Justice from the University of Cincinnati, and Master of Science in Clinical Mental Health Counseling from Northern Kentucky University. She has been working as a mental health counselor since 2014. Sherry's theoretical orientation stems primarily from Reality Therapy/Choice Theory and she uses CBT, MI, Narrative, Solution Focused and EMDR.

Brett Pitts, MSW, LICSW, CMHS	**Mental Health Counselor**	**LW61538278**

Brett graduated from the University of Alaska Anchorage with a Bachelor of Arts in History and a Minor in Psychology and a Master of Social Work from Rutgers University. Brett has worked in mental healthcare since 2012, and holds a Child Mental Health Specialist designation (CMHS) through the Washington State Department of Health. Brett utilizes EMDR, DBT, CBT and CCPT.

Tracy Kazda, MA, LMHC	**Mental Health Counselor**	**LH61240643**

Tracy has been working as a mental health clinician since 2015 having earned a Bachelor of Arts in Psychology and Master of Arts in Counseling Psychology from Northwest University. Tracy uses a collaborative and integrated approach to therapy with the philosophy that counseling is not "one size fits all." She utilizes CBT, MI, and ACT. Occasionally, Tracy incorporates art therapy into sessions.

Sarah Gordon, M.A.Ed., LMHC, SUDPT	**Co-Occurring Mental Health/SUD Counselor**	**LH61560029**

Sarah earned her Masters of Arts in Education in Clinical Mental Health Counseling from Seattle University and her undergraduate degree from the University of Washington- Bothell, in Health Studies with a minor in consciousness studies. Sarah is a trauma informed and person centered therapist who utilizes EFT, CBT and DBT.

Starla J. Bressler, MA, LMHC	**Mental Health Counselor**	**LH61022554**

Starla earned her Masters of Arts in Counseling Psychology from City University Seattle and a Bachelor of Arts in Human Services from Western Washington University. Starla strives to use her experience along with honest and open communication to act as a positive support to help individuals fulfill their goals while engaged in the counseling process. Methods used in treatment will vary based on individual needs. Starla predominantly uses a Psychodynamic approach, CBT, REBT and bereavement therapies, along with some dream work.

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M. Tyler Tallman, MSW, MHP, CMHS, LSWAIC	**Mental Health Counselor**	**SC61417058**

Tyler graduated with a Master of Social Work from Widener University and received his undergraduate degree in Sociology. He has been working with children and teenagers for nearly a decade now and has been a child and family therapist for almost three years. Tyler operates from a strengths-based and trauma-informed perspective and frequently utilizes principles of CBT, DBT and MI to help his clients reach their goals. As an associate work towards licensure, he is working under the supervision of approved supervisor Alicia Reed, LMHC (LH60800766) while he finishes his hours.

Substance Use Disorder (SUD) Team		
Nicole Patina, AAC, SUDP	**Clinical Operations Manager**	**CP60601655**
Eric Posey, BA, SUDP	**SUD Youth and Gambling Counselor**	**CP00004972**
Chloe Guster, BA, SUDP	**Substance Use Disorder Professional**	**CP60998571**
Demri Stedman, SUDPT	**Lead SUD Counselor**	**CO61253745**
Kiera Blum, SUDP	**SUD Counselor**	**CP61567566**
Steven Craig II, SUDPT	**SUD Counselor**	**CO61594239**

Alex McConnaughy, AA-DTA, CPC	**Tribal Peer Support Counselor**	**CG61379231**

Medical Team		
Rachel Burrington, DNP, MN-CHN, ARNP, FNP-BC, CARN-AP	**Medical Director**	**AP60653186**

Unprofessional Conduct
RCW 18.130.180

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter: (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW; (2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof; (3) All advertising which is false, fraudulent, or misleading; (4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed; (5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction; (6) Except when authorized by *RCW 18.130.345, the possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself; (7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice; (8) Failure to cooperate with the disciplining authority by: (a) Not furnishing any papers, documents, records, or other items; (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority; (c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or (d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder; (9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority; (10) Aiding or abetting an unlicensed person to practice when a license is required; (11) Violations of rules established by any health agency; (12) Practice beyond the

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scope of practice as defined by law or rule; (13) is representation or fraud in any aspect of the conduct of the business or profession; (14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk; (15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health; (16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service; (17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW; (18) The procuring, or aiding or abetting in procuring, a criminal abortion; (19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority; (20) The willful betrayal of a practitioner-patient privilege as recognized by law; (21) Violation of chapter 19.68 RCW; (22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding; (23) Current misuse of: (a) Alcohol; (b) Controlled substances; or (c) Legend drugs; (24) Abuse of a client or patient or sexual contact with a client or patient; (25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for Clients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards; (26) Violation of RCW 18.130.420; (27) Performing conversion therapy on a patient under age eighteen.

If any acts of unprofessional conduct occur during your course of treatment, you are encouraged to contact the Washington State Department of Health to file a complaint online at https://fortress.wa.gov/doh/providercredentialsearch/ComplaintIntakeForm.aspx or at:

Health Systems Quality Assurance
P.O. Box 47877
Olympia, WA 98504-7877
Complaint Intake Unit (360) 236-2620
Customer Service (360) 236-4700

Funding Options & Program Fee Schedule

The Stillaguamish Behavioral Health Program's mission is to increase the availability of high quality behavioral health service to everyone in our community. Our goal is to empower all individuals seeking services by reducing as many financial barriers as possible.

Upon intake, a financial screening is completed. Individuals without insurance are referred to the local Community Service Office for Medicaid. If ineligible for Medicaid, individuals may qualify for the Snohomish County Subsidy Program for Substance Use Disorder services. To apply for this sliding fee program you must provide proof of income, (pay stubs, W-4, etc.), proof of ineligibility for Medicaid and a valid form of identification.

Clients may also pay for services, according to the below fee schedule. Please note this schedule lists the most commonly utilized services only. It is not exhaustive and additional fees may apply.

Substance Use Disorder	**Fee for Service**	50% Discount: Payment at Service
Assessment	$500.00	$250.00
Individual Session/ Intake	$160.00	$80.00
Groups	$100.00	$50.00
Presumptive Urine Drug Screen	$80.00	$40.00
Mental Health Counseling	**Fee for Service**	50% Discount: Payment at Service
Evaluation/Assessment	$500.00	$250.00
60 Minute Session	$200.00	$100.00
45 Minute Session	$150.00	$75.00
30 Minute Session	$100.00	$50.00

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Group Therapy	$100.00	$50.00*
*Addition of spouse to Love & Logic group will incur additional $100 fee for the series, if not otherwise enrolled in services.		
Medical & Psychiatric	**Fee for Service**	50% Discount: Payment at Service
Initial Visit- 60 Minute	$432.00	$216.00
Follow-Up Visit- 30 Minute	$227.00	$113.50
Follow- Up Visit- 15 Minute	$155.00	$77.50
Additional Psychotherapy – 30 Minute	$80.00	$40.00
Copy of Records: First 30 pages charged at $1.24 per sheet. Additional pages charged at $0.94 per sheet		

SBHP will file a claim for services rendered with your insurance carrier on your behalf. You are responsible for any part of the charges not covered or paid by your insurance carrier and will be billed directly for those services. We do not take advanced payments and do not issue refunds for services rendered.

Your Information. Your Rights. Our Responsibilities.

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.**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Stillaguamish Behavioral Health Program must take steps to protect the privacy of your "protected health information" (PHI). PHI includes information that we have created or received regarding your physical, behavioral, or mental health or payment for these services. It includes both your medical information and personal information such as your name, social security number, address, and phone number. We understand that medical information about you and your health is personal. By medical information, we mean all information gathered about your physical, behavioral, or mental health. We are committed to protecting the privacy of your PHI. We create a record of the care and services you receive during your enrollment. 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 Stillaguamish Behavioral Health Program.

Your Rights

You have the right to:
- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:
- Disclose your protected health information
- Provide mental health care
- Provide treatment of substance use disorders
- Market our services
- Raise funds

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Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Details about Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

You have the right to:

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, health care operations and certain other disclosures (such as any you asked us to make).

Get a copy of this privacy notice

5700 172nd St NE - Suite B Arlington, WA 98223
P: 360-435-3985 F: 360-435-7941

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights have been violated
- You can complain if you feel we have violated your rights by contacting us.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Details about Your Choices

For certain health information, you can tell us your choices about what we share.
Tell us what you want us to do, and we will follow your instructions. You have the right and choice to tell us how to share information with your family or others involved in your care.

Substance Use Disorder (SUD)- The confidentiality of substance use disorder records related to the diagnosis, treatment, referral for treatment or prevention, is protected by federal law and regulations (42 U.S.C 290dd-3 and 42 U.S.C. 290ee-3) and regulation (42 C.F.R. part 2). Generally, a chemical dependency program may not disclose to anyone outside the program that a client attends the program or disclose any information identifying a client as diagnosed with a substance use disorder unless:
- The client consents in writing, or
- The disclosure is allowed by a court order, or
- The disclosure is made to medical personnel in a medical emergency or to a qualified personnel for research, audit or program evaluation, or
- The client commits or threatens to commit a crime either at the program or against any person who works for the program

Without your consent, SUD information may be shared among SBHP staff having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of patients; payment functions, or health care operations functions.

Mental Health and Sexually Transmitted Infections- Washington state law (70.02 RCW) includes enhanced protections for information related to mental health treatment and the testing and treatment of sexually transmitted infections. We will not share this information without written consent except for legitimate treatment purposes, such as care coordination or referral from one provider to another.

Psychotherapy Notes- are a specific subset of information that includes notes created by a mental health professional documenting a conversation during a counseling session that are kept separate from the rest of a person's medical record. We will not share psychotherapy notes without explicit written consent. You may provide consent to share medical records, while still excluding the sharing of psychotherapy notes.

BY LAW, DISCLOSURE WILL BE MADE WITHOUT YOUR CONSENT IN CASES SUSPECTED OF ABUSE, NEGLECT, OR EXPLOITATION, OR WHEN NECESSARY TO PROTECT AGAINST AN EXISTING THREAT TO LIFE OR SERIOUS BODILY INJURY.

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Details about Our Uses and Disclosures

How do we typically use or share your health information?
Unless protected by federal law and regulations (42 U.S.C 290dd-3 and 42 U.S.C. 290ee-3) and regulation (42 C.F.R. part 2). We may use or disclose your protected health information without your authorization in the following circumstances:

Treat you
- We can use your health information and share it with other professionals who are treating you.

Run our organization
- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Bill for services
- We can use and share your health information to bill and get payment from health plans or other entities

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
- We can use or share your information for health research.

Comply with the law
- We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services, if the department wants to see that we are complying with federal privacy laws.

Work with a medical examiner or funeral director
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We never market or sell your personal information

Details about Our Responsibilities

- The law requires us to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

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- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. At any time, you may change your mind about giving us permission to share your information.

For more information visit: www.hhs.gov

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date of this Notice: May 1, 2023

If you have questions about this notice, please contact:
Jill Malone, MA, MSW, LSWAIC, SUDP
Stillaguamish Behavioral Health Director
360-631-5517
jmalone@stillaguamish.com

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