



FEE SCHEDULE FOR IDEAL BALANCE 02.13.2020

Service	COST BY DURATION			Self Pay Rates (if paid same day of service)		
	15 Minutes	30 Minutes	60 Minutes	15 Minutes	30 Minutes	60 Minutes
Diagnostic Evaluation			\$280.00			\$133.00
Individual Session	\$50.00	\$100.00	\$200.00	\$23.00	\$46.00	\$92.00
Group Session			\$120.00			\$34.00
Family Session		\$95.00	\$190.00		\$45.00	\$90.00
Case Management/Care Coordination	\$40.00	\$80.00	\$160.00	\$12.00	\$24.00	\$48.00
Peer Counseling	\$12.50	\$25.00	\$50.00	\$12.30	\$24.60	\$49.20



## Confidentiality Between Clients

In order for all clients to feel safe and trusted while attending outpatient substance use disorder services at Ideal Balance, a high level of confidentiality must be maintained at all times. Ideal Balance requires that confidentiality of all clients be maintained fully at all times.

In order to maintain such a high level of confidentiality, Ideal Balance asks that you do not allow those who are not attending outpatient substance use disorder services to enter this agency. This would include family members who may drive you to our agency, significant others, etc. This reduces the risk of confidentiality being broken by someone who has not signed the below agreement.

For others who fall under this agreement, Ideal Balance does not allow for your friends, co-workers, or others to enter any area within Ideal Balance with or without you, except for the waiting area, unless there is a valid consent form, signed by you, in your clinical file. We ask that all clients and non-clients check-in at the front desk

For clients, please be assured that all who have access to your records has signed an oath of confidentiality which is placed in their employee file. Also, all visitors who enter this agency (to provide educational services, family members attending family sessions, etc.) are required to sign an oath of confidentiality which remains on file at all times.



## Grievance Procedure

I have been offered a copy of the “Washington State’s Behavioral Health Benefits Book” at assessment/admission which includes the following information about the grievance system.

Per Washington State Health Care Authority, a grievance is “an expression of dissatisfaction about any matter other than:

1. The reduction, suspension, or termination of a previously authorized service;
2. The denial, in whole or in part, of payment for a service;
3. The failure to provide services in a timely manner, as defined by the state; or
4. The failure of a managed care organization (MCO) to act within the time frames provided in 42 C.F.R. 438.408(b).

Examples of grievances may be the following but is “not limited to: the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect consumer/client rights.”

At Ideal Balance, we strive to provide a consistent, caring, and respectful therapeutic experience; however; at times, a client will need to express a grievance. We will do our utmost to provide an agreeable genuine resolution to a grievance.

There are several appropriate routes of grievance resolution.

1. When client has a grievance, client will do the following:
  - a. Take grievance to Ideal Balance Clinical Supervisor (process if client does not have Medicaid)
  - b. Then this person will discuss a plan of correction or action with the person that has a grievance. The plan will be implemented and the client will verify whether they are satisfied with the resolution.
  - c. Then if client is satisfied with the resolution provided by Clinical Supervisor, the Clinical Supervisor will provide information to Ideal Balance Administrator for Kennewick/Yakima offices.
  - d. If grievance is not resolved, the client and Clinical Supervisor will meet with the Administrator. An additional resolution plan will be made and followed through. If grievance is not resolved, proceed to Step 2.
2. If Ideal Balance is unable to provide an acceptable resolution of the grievance for the client, the client may file a grievance directly with their assigned Managed Care Organization using the following methods of communication:

<b>Molina Healthcare</b> Call: 1-800-869-7165 Write to: Molina Healthcare of Washington Attn: Member Appeals PO Box 4004 Bothell, WA 98041-4004 Email: WAMemberServices@MolinaHealthcare.com	<b>Community Health Plan of Washington</b> Call: 1-800-440-1561 Write to: Community Health Plan of Washington Attn: Customer Service 1111 Third Avenue, Suite 400 Seattle, WA 98101 Fax: 206-521-8834 Email: customercare@chpw.org
<b>Coordinated Care</b> Call: 1-877-644-4613	<b>Amerigroup</b> Call: 1-800-600-4441

Write to: Coordinated Care Grievance Department 1145 Broadway, Suite 300 Tacoma, WA 98402 Fax: 1-877-212-6668	Write to: Amerigroup Washington Attn: Grievances 705 5 <sup>th</sup> Ave S., Suite 300 Seattle, WA 98104
<b>United Healthcare</b> 1-800-624-8822 Write to: United Healthcare – ATTN: Appeals and Grievances Department MS. CA 124-0160 Cypress, CA 90630-9972 Fax: 1-866-704-3420	

3. If client is unable to get grievance resolved by their Managed Care Organization, a grievance can also be filed directly with the Health Care Authority by calling 1-800-562-3022.

**Notice that all materials can be provided in differing languages**

**All written materials are available in English and available upon request**

យើងផ្តល់សម្ភារៈឈាបលក្ខណ៍អក្សរជាភាសាខ្មែរ និងភាសាដទៃទៀត តាមសំណើសុំ ។  
Cambodian

所有書寫資料均有中文版本，根據要求提供。  
Chinese

모든 안내서는 요청 시 한국어로 제공될 수 있습니다.  
Korean

ໝັ້ງສິດສອນທຸກໆຢ່າງມີໄວ້ໃຫ້ເປັນພາສາລາວ ແລະ ມີໄວ້ໃຫ້ຕາມຄໍາຂໍອງຂໍ  
Laotian

Все материалы имеются в письменном виде на русском языке, и их можно получить по требованию.  
Russian

Todos los materiales se pueden obtener en español y están disponibles a solicitud.  
Spanish

Tất cả các tài liệu đều có sẵn bằng tiếng Việt và cấp cho khi được yêu cầu  
Vietnamese

Waxaad qoraallada oo idil ku helayso af Soomaali haddii aad codsato.  
Somali

Усі письмові матеріали доступні в українській та надаються за запитом  
Ukrainian

በጽሑፍ የተዘጋጁ ሰነዶች በምስክር ወረቀት ተተርጉሞቻቸው ይሰጥሉ እናም በጠየቁን ጊዜም ግንኙንት ይችላሉ  
Amharic

جميع المواد المكتوبة متاحة باللغة العربية، وتتوفر عند الطلب  
Arabic

ਸਾਰੀਆਂ ਲਿਖਤੀ ਸਮੱਗਰੀਆਂ ਅੰਜਾਬੀ ਵਿੱਚ ਉਪਲਬਧ ਹਨ ਅਤੇ ਬੇਨਤੀ ਕਰਨ 'ਤੇ ਮਿਲ ਸਕਦੀਆਂ ਹਨ  
Punjabi

## Client Rights

A. Ideal Balance, PLLC will develop a statement of individual participant rights applicable to the service categories the agency is licensed for, to ensure an individual's rights are protected in compliance with RCW 71.12, 70.96A, 71.05, and 71.34. In addition, the agency must develop a general statement of individual participant rights that incorporates at a minimum the following statements.

You have the right to:

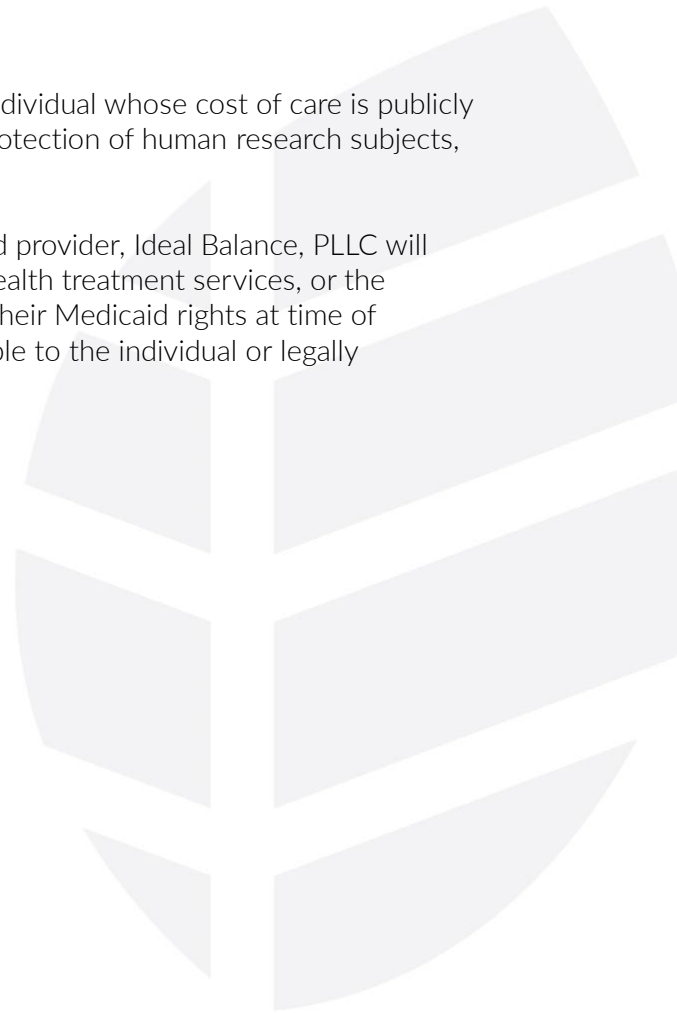
1. Be admitted to treatment without regard to race, color, creed, national origin, religion, sex, sexual orientation, age, or disability, except for bona fide program criteria.
2. Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice;
3. Be reasonably accommodated in the event of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences.
4. Be treated with respect, dignity and privacy
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 opportunity to request amendments or corrections
9. Receive a copy of agency complaint and grievance procedures and to lodge a complaint or grievance with the provider if you believe your rights have been violated
10. File a complaint with the department when you feel the agency has violated a WAC requirement/regulation for behavioral health agencies

B. Ideal Balance PLLC will ensure the applicable individual participant rights described in A above are:

1. Provided in writing to each individual on or before admission
2. Available in alternative formats for individuals who are blind
3. Translated to the most commonly used languages in the agency's service area
4. Posted in public areas
5. Available to any participant upon request

C. Ideal Balance, PLLC will ensure all research concerning an individual whose cost of care is publicly funded is done in accordance with WAC 246-341-0605, protection of human research subjects, and other applicable state and federal rules and laws.

D. In addition to the requirements in this section, as a Medicaid provider, Ideal Balance, PLLC will ensure an individual seeking or participating in behavioral health treatment services, or the person legally responsible for the individual, is informed of their Medicaid rights at time of assessment/admission and in a manner that is understandable to the individual or legally responsible person.





## HIPAA & CFR 42 PATIENT NOTICE

CONFIDENTIALITY OF ALCOHOL/DRUG ABUSE PATIENT INFORMATION – THIS NOTICE DESCRIBES HOW MEDICAL/DRUG/ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED & DISCLOSED & HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

GENERAL INFORMATION: Information regarding your health care, including payment for health care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d et seq., 45 CFR Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 CFR. Part 2. Under these laws, Ideal Balance may not say to a person outside of Ideal Balance that you attend the program, nor may Ideal Balance disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law. Ideal Balance must obtain your written consent before it can disclose information about you for payment purposes. For example, Ideal Balance must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before Ideal Balance can share information for treatment purposes or for health care operations. However, federal law permits Ideal Balance to disclose information without your written permission:

- (1) Pursuant to an agreement with a qualified service organization/business associate;
- (2) For research, audit or evaluations;
- (3) To report a crime committed on Ideal Balance premises or against Ideal Balance personnel;
- (4) To medical personnel in a medical emergency;
- (5) To appropriate authorities to report suspected child abuse or neglect;
- (6) As allowed by a court order.

For example, Ideal Balance can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care for you, as long as there is a qualified service organization/business associate agreement in place. Before Ideal Balance can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing or verbally.

YOUR RIGHTS: Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Ideal Balance is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

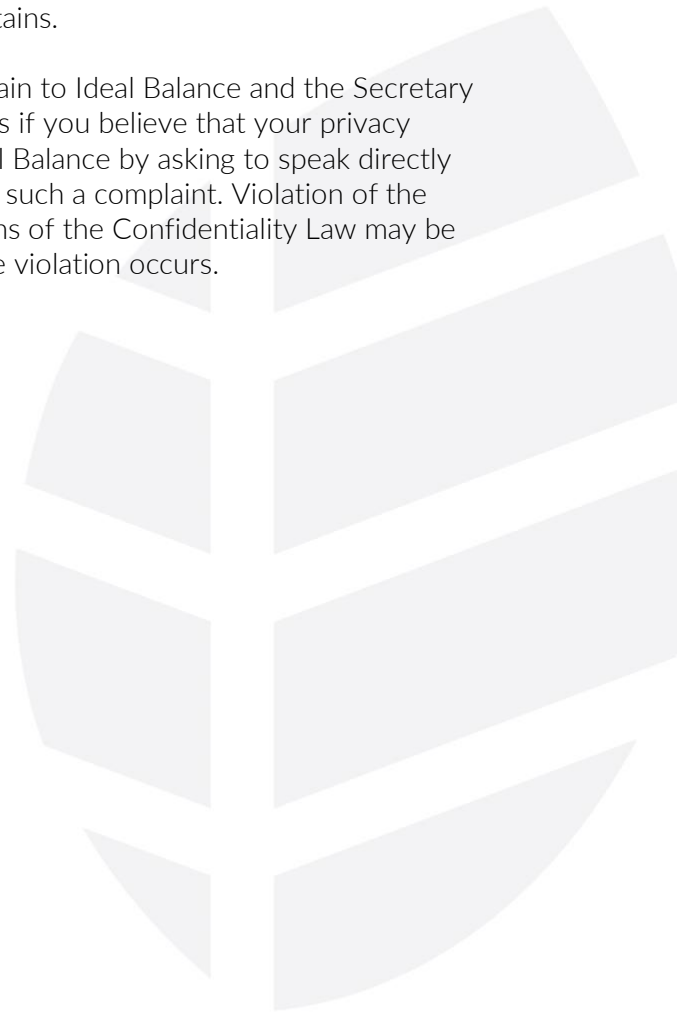
You have the right to request that we communicate with you by alternative means or at an alternative location. Ideal Balance will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by Ideal Balance, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil or administrative proceeding or in other limited circumstances. Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Ideal Balance records and to request and receive an accounting



of disclosures of your health-related information made by Ideal Balance during the six years prior to your request. You also have the right to receive a paper copy of this notice.

IDEAL BALANCE'S DUTIES: Ideal Balance is required by law to maintain the privacy of your health care information and to provide you with a notice of its legal duties and privacy practices with respect to your health information. Ideal Balance is required by law to abide by the terms of this notice. Ideal Balance reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains.

COMPLAINTS and REPORTING VIOLATIONS: You may complain to Ideal Balance and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA, you may report to Ideal Balance by asking to speak directly to the Administrator. You will not be retaliated against for filing such a complaint. Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.







## COUNSELOR DISCLOSURE STATEMENT

Treatment Approach/Philosophy: This agency believes in providing individualized and evidenced based treatment. We see addiction as a maladaptive pattern of behavior that affects an individual's biological, psychological and social functioning. We utilize evidenced based/best practices curriculum in all phases of treatment. Approaches that are implemented at this agency are stages of change model, Motivational Interviewing, Cognitive Behavioral Therapy, Rational Emotive Behavioral Therapy, Matrix Model and the Mapping by Texas Christian University. We realize that the most effective treatment for addiction includes group and individual sessions. Also, accessing sober support (self-help) outside of treatment can be helpful in sustaining recovery. Ideal Balance strives to make improvements as science changes and the research continues. We commit to providing cutting-edge addiction treatment.

Counselor Education and Training: IDEAL BALANCE is approved and certified by the Department of Health (DOH) to provide alcohol and other drug addiction treatment. As a state approved agency, its staff has met certain qualifications as set forth by RCW 18.205. The credentials of each counselor are monitored and regularly inspected by the DOH to verify that counselors continue to meet requirements.

In the course of treatment at this agency, a client may receive counseling from any or all of the following clinicians. Their registration certification numbers and a brief description of their qualifications are listed below:

Counselor Name	Certification/Start	Education/Training/Position
Penny S Bell, SUDP	CP00006097/4.2007	Substance Use Disorder Professional (SUDP) Administrator – All Locations
Alyssa Gomez, SUDP (Kennewick/Off-Site Locations)	CP60297766/10.2012	Substance Use Disorder Professional (SUDP) Clinical Supervisor
Christine Sundholm, SUDP (Off-Site Locations)	CP60312415/10.2013	Substance Use Disorder Professional (SUDP) Clinical Supervisor
Kimberly Hunt, SUDP (Off-Site Locations)	CP60916001/03.2019	Substance Use Disorder Professional (SUDP)
Kristine McClure, SUDP (Off-Site Locations)	CP00000347/11.1999	Substance Use Disorder Professional (SUDP)
Melanie McCollum, SUDP (Off-Site Locations)	CP00001196/05.2000	Substance Use Disorder Professional (SUDP)
Lisa Dixon SUDP (Off-Site Locations)	CP60923722/04.2019	Substance Use Disorder Professional (SUDP)
Kimberly Aurand, SUDP (Off-Site Locations)	CP00006144/04.2007	Substance Use Disorder Professional (SUDP)
Jesse James, SUDP (Off-Site Locations)	CP00006269/06.2007	Substance Use Disorder Professional (SUDP)
Danielle Akins, SUDP (Off-Site Locations)	CP60870067/09.2018	Substance Use Disorder Professional (SUDP)
Lisa Driscoll, SUDP (Off-Site Locations)	CP60235888/02.2012	Substance Use Disorder Professional (SUDP)

The following is a list of the acts of unprofessional conduct in RCW 18.130.180 including the name, address, and contact telephone number within the department of health.

#### UNPROFESSIONAL CONDUCT

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18.130.180

Unprofessional conduct.

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) 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 scope of practice as defined by law or rule;
- (13) Misrepresentation 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 patients, 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.

**Department of Health (DOH) Contact Information to file a complaint:**

Online: <http://www.doh.wa.gov>

Telephone: (360) 236-4700

Email: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

Address to file complaint:

**Department of Health**

Health Systems Quality Assurance (HSQA)

Complaint Intake

PO BOX 47857

Olympia, WA 98504-7857





## Mandatory Reporting Confidentiality of Alcohol & Drug Abuse Patient Records (42CFR Part 2)

It is your right to know that there are circumstances and certain crimes or harmful acts that mandate the counseling staff to report per: ORS 419B.005 – 419B-05D.

The Ideal Balance staff knows and respects the importance of confidentiality and will protect your rights to their fullest.

Being mandatory reporters, and without a valid release of information, Ideal Balance staff can only disclose the following information without your consent:

1. You pose a threat to yourself (you verbalize or demonstrate self-harm)
2. You pose a threat to others (you verbalize or demonstrate harm to others)
3. You report that a child, adult dependent or developmentally disabled person is experiencing abuse in the forms of physical, mental, emotional, sexual abuse/neglect
4. You file charges against the person registered or certified under the law
5. The counselor/agency receives a court order, signed by a judge, to provide information (a subpoena is not sufficient in this matter)
6. Child Protective Services/ Department of Human Services provides documentation that there is an open investigation for allegations of child abuse/neglect in which you are named

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

Federal law and regulations do not protect any information about a crime committed by a patient either at the program site or against any person who works for the program or about any threat to commit such a crime.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations)

I have read and understand the above requirements that mandate the counseling staff at Ideal Balance to disclose and/or report information to the proper authorities.

## Program Rules

I understand if I am NOT court ordered, all language pertaining to courts does not apply

1. IDEAL BALANCE promotes total abstinence from all non-prescribed mind/mood altering substances. We highly encourage you to stop all use of any mind-altering substances, including caffeine and nicotine. Ideal Balance would like you to experience a life free from all substance use. If court referred, you are mandated to maintain total abstinence from any non-prescribed substance use and any use must be reported to the courts within 72 hours.
2. Ideal Balance maintains a Nicotine-Free agency – no use of any nicotine product is allowed on the premises at any time. Violating this rule is reason for immediate discharge from Ideal Balance- this includes E-Cigarettes. This does not include nicotine replacement products which are FDA approved.
3. Attendance is a critical part of your treatment program at this agency. You will need to discuss any need to be absent with your primary counselor to determine if you will be excused. All unexcused absences will be reported to your Ideal Option physician.
4. You agree to maintain the confidentiality of all other clients of this facility. Confidentiality is protected by federal laws and regulations. Breach of anyone's confidentiality may result in immediate discharge from this program and legal repercussions.
5. You agree to be part of a no tolerance policy regarding violent and/or threatening behavior. Any acts of violence will most likely result in immediate discharge and possible legal charges.
6. Some insurance companies require you attend this counseling in order to get your medication from Ideal Option covered. If you choose to stop attending, your insurance company will be notified which may result in your medication no longer being covered.
7. You are encouraged to engage in community-based self-help groups such as AA, NA, or SMART Recovery. If you are court ordered to attend such meetings, you will need to provide verification of attendance to your primary counselor. DUI convictions require clients to participate in self-help groups and provide verification of attendance within the first 60 day of treatment.
8. You agree to meet your monthly financial responsibility. You agree to provide the necessary documentation to verify income, insurance cards, etc. when requested. Failure to meet your financial obligation will be reported to your referral source and you will run the risk of being financially suspended from services until your account is current.
9. You agree to develop and adhere to your individualized service plan. This plan may include group, family, and individual sessions. You will work with your counselor in developing your plan.

10. If this level of care at Ideal Balance seems ineffective for you, staff will work with you to connect you with other services which may better benefit your recovery. Staff will work with you in making these changes. All changes to your program must be reported to your court referral.

## HIV/AIDS BRIEF RISK INTERVENTION

### Blood Borne and Air Borne Pathogens

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The Human Immunosuppressant Virus (HIV) caused Acquired Immune Deficiency Syndrome (AIDS). Infection of the virus results from contact with blood, semen or vaginal fluids, during unprotected oral, anal, or vaginal intercourse, as well as contact with injectable drug paraphernalia.

Intravenous (I.V.) drug users and heterosexual females account for most of the current HIV infections across the United States. The highest risk behaviors for becoming infected are: (1) Having unprotected sex (sexual contact without a condom), (2) Sharing infected and unbleached injectable drug paraphernalia with I.V. drug users, or (3) Having sexual contact with I.V. drug users.

It is possible to have no symptoms of HIV infection for up to ten years or more after the date of infection. Because a person infected with HIV may have no symptoms for such an extended period of time, it may be impossible to know a person is HIV positive without diagnostic testing. Thus, it is important to protect yourself at all times. Everyone who is HIV positive is infectious, and should be protecting themselves from re-infection with other diseases, as well as protecting others around them from HIV infection.

You can protect yourself and reduce your exposure to HIV by doing the following:

- Do not have sexual contact with any injectable drug user.
- If you have sexual contact with someone, use a latex condom.
- Do not use drugs. If you do use drugs, do not share needles, cotton, bottle cap, spoon, etc. You must clean injectable drug paraphernalia with bleach and water before sharing paraphernalia to reduce the risk of HIV infection.
- Consider having the HIV Antibody test completed. This test can be anonymous and is available at the local Health Department at a minimal cost.
- Consider having the HIV Antibody test if you are pregnant or planning to father a child as an infected mother can pass the virus to her unborn child and an infected father can pass the virus to the mother.

Managing your risks regarding other blood born pathogens is also important, such as Hepatitis B and air borne pathogens, such as Tuberculosis. Consult your treatment team, physician, or your local Health Department if you have further questions.

If you feel you are at risk for having been exposed to HIV and/or blood borne and air borne pathogens, please feel free to discuss this with clinical staff so that we may refer you for further information and/or treatment.

## Referral for Substance Use Disorder Providers

I have been informed of my right to be referred to an approved Substance Use Disorder Treatment provider that offers services consistent with the assessment recommendations.

### DOH Approved Outpatient SUD Treatment Agencies for Adults

Benton/Franklin County		
First Step Community Counseling Services	415 N. Morain St, Kennewick	509-735-6900
Somerset Counseling Center	1305 Mansfield, Ste 6, Richland	509-943-1624
Comprehensive Healthcare	2175 St. Andrews Loop, Ste D, Pasco	509-412-1051
Chelan County		
Center for Alcohol and Drug Treatment	327 Okanogan St., Wenatchee	509-662-9673
Columbia Counseling	610 N. Mission Ave, Ste 106, Wenatchee	509-888-2741
New Hope Recovery	238 N Chelan Ave, Wenatchee	509-293-7724
Clark County		
Vancouver Treatment Solutions	2009 NE 117 <sup>th</sup> St., Ste 101, Vancouver	360-566-9112
Cowlitz Tribal Treatment Vancouver	7700 NE 26 <sup>th</sup> Ave, Vancouver	360-947-2247
Catholic Community Services	9300 NE Oak View Dr, Ste A, Vancouver	360-567-2211
Cowlitz County		
Kelso Treatment Solutions WCHS Inc	305 Pacific Ave South, Ste C, Kelso	360-425-5378
A New Safehaven	1441 11 <sup>th</sup> Ave, Longview	360-577-4340
Columbia Wellness, Wellness and Recovery Center	720 14 <sup>th</sup> Ave, Longview	360-423-0203
Sunrise Services Inc Oak Harbor	530 NE Midway Blvd, Oak Harbor	360-544-3800
Island Assessment and Counseling Ctr	520 E Whidbey Ave, Ste 205, Oak Harbor	360-675-5782
Sea Mar Behavioral Health Oak Harbor	31640 State Route 20, Ste 1, Oak Harbor	360-679-7676



King County		
Therapeutic Health Services Eastside Branch	1412 140 <sup>th</sup> Place NE, Bellevue	425-747-7892
New Life Recovery Solutions	12330 NE 8 <sup>th</sup> St, Ste 100, Bellevue	425-454-2238
Northwest Recovery Centers	17600 Talbot Road South, Ste 3, Renton	425-254-2899
Skagit County		
Sea Mar Behavioral Health Outpatient Services	1010 E College Way, Mount Vernon	360-542-8920
Sunrise Services Inc	2500 E College Way, Mount Vernon	360-336-3762
Lifeline Connections Mount Vernon Office	2105 Continental Place, Ste A, Mount Vernon	360-399-6900
Snohomish County		
Catholic Community Services Recovery Center Everett	2610 Wetmore Ave, Everett	425-258-5270
Evergreen Recovery Centers	2732 Grand Ave, Everett	425-259-5842
Center for Human Services Silver Lake	10315 18 <sup>th</sup> Ave, Unit 112, Everett	206-362-7282 x8834
Spokane County		
Pioneer Center East	3400 W Garland Ave, Spokane	509-325-2355
YFA Connections	22 South Thor St, Spokane	509-532-2000
Riverside Recovery Center Inc	3710 N Monroe St, Spokane	509-328-5234
Thurston County		
Behavioral Health Resources Tumwater	6128 Capitol Blvd SE, Olympia	360-754-5729
Right Step Inc	3925 8 <sup>th</sup> Ave SE, Ste A, Lacey	360-923-9585
South Sound Clinic of Evergreen Treatment Services	6700 Martin Way East, Ste 117, Olympia	360-413-6910
Comprehensive Healthcare – Walla Walla	1520 Kelly Place, Ste 234, Walla Walla	509-524-2920
Serenity Point Counseling Services LLC	919 S 2 <sup>nd</sup> Ave, Walla Walla	509-529-6036

Whatcom County		
Lifeline Connections Bellingham	4120 Meridian St, Ste 220, Bellingham	360-922-3030
Catholic Community Services Recovery Center/Bellingham	515 Lakeway Drive, Bellingham	360-676-2187
Sea Mar Behavioral Health Bellingham	3350 Airport Drive, Bellingham	360-734-5458
Whitman County		
Palouse Recovery Center LLC	1240 Southeast Bishop Blvd, Ste P, Pullman	509-334-0718
Palouse River Counseling Center	340 Northeast Maple St, Pullman	509-334-1133
Yakima County		
Apple Valley Counseling Service	611 West A St, Yakima	509-452-1000
Comprehensive Healthcare	402 South 4 <sup>th</sup> Ave, Yakima	509-575-4084
Merit Resource Services – Yakima	315 North 2 <sup>nd</sup> St, Yakima	509-469-9366

### DOH Approved Residential Treatment Agencies for Adults

Sundown M Ranch	2280 SR 821, Selah, WA	509-457-0990
Pioneer Center East	3400 W Garland Ave, Spokane, WA	509-325-2355
Triumph Treatment Services (Inspirations/JOTC/PPW)	120 S. 3 <sup>rd</sup> St, Yakima, WA	509-204-3098
Lifeline Connections	1601 E Fourth Plain Blvd, Bldg. 17, Vancouver, WA	360-397-8246 (x 7580)
Pioneer Center North 1960 Thompson Drive, Sedro Woolley	1960 Thompson Drive, Sedro Woolley, WA	360-856
Center for Alcohol and Drug Treatment	327 Okanogan St, Wenatchee, WA	509-662- 9673