



ZAREPHATH

creative healthcare solutions

Parent / Guardian Welcome Pack

To Whom It May Concern;

Thank you for the opportunity to serve you and your family! Zarephath is committed to providing the best possible services to our member families. To ensure our commitment to you and your family we welcome your input, suggestions and want you to know we care about what you think.

Zarephath maintains employee guidelines that are above and beyond Arizona requirements and we take pride in our clinical supervision and training program. It is our number one priority to provide a safe & positive experience from start to finish in all the services provided.

We believe communication is the key to any successful relationship and we look forward to speaking with you and your family soon. Thank you again for the opportunity to serve!

Sincerely,

Mark A. Williams
CEO

Z A R E P H A T H

4856 East Baseline Road, Suite 103 Mesa, Arizona 85206

P 855-810-2484 F 855-771-1332 E info@zrpath.com



Care Consent

(Print Client's Name)

I, _____ (Print Parent/Guardian Name) have legal custody or am an authorized representative of the above-mentioned person and hereby authorize him/her to participate in the care of *Zarephath, Inc.*

I understand that while in care, my child will take part in off-site outings. I authorize my child to participate in these outings and to be transported by *Zarephath* and all *Zarephath* employees, agents or contractors.

I understand that there are cameras that record video and audio in the common areas of the respite homes that aid in the safety and protection of my child. The recordings are kept internally and are destroyed after a short period.

While every effort will be made to maintain a safe environment, I understand that a mishap may take place while in care. Should an emergency arise, I hereby authorize any licensed physician, emergency medical technician, hospital, or other medical facility to x-ray; examine; use anesthetic or perform any medical or surgical procedure deemed necessary to treat or relieve any injuries. I agree to be responsible for any charges not covered by applicable insurance. I also authorize my signature to be considered consent for medical billing, specifically submitting Medicaid services (claims) that have been provided for my child. I will not hold *Zarephath* or any *Zarephath* employees, agents or contractors thereof liable for compensation.

Parent/Guardian Signature: _____

Date: _____

Insurance Provider: _____

Medications Needed: Yes No

Allergies to Medications: _____

Food/Other Allergies: _____

1st Guardian Name & Phone: _____

2nd Guardian Name & Phone: _____



Self-Administration of Medication Policy and Procedure

(Print Client's Name)

- 1) While in attendance at Zarephath, clients should take medications prescribed by a physician.
 - a. Over the counter medication may NOT be taken.
 - b. Staff will always monitor self-administration of medications.
 - c. All clients must have a "Consent to Self-Administer Medications" signed by the parent or guardian.
 - d. Medication for self-administration will be kept in a locked container except during drug dispensation.
- 2) **Only medications in the original pharmacy container with the client's name on it will be accepted by staff for client administration.**
- 3) Self-Administration of Medication
 - a. Staff will prompt clients if they fail to request their medication at the prescribed time.
 - b. If medications are prescribed in a periodic manner rather than specified times, a customary time schedule for self-administration will be established in consultation with the client's parents.
 - c. Staff supervised client dispensing medication
 1. Prior to the client taking medication, staff will confirm that the client has prepared the proper dosage per prescription
 - d. Prior to consuming the medication, the client will state the time and number of pills to be taken, the name of the medication and its purpose.
 1. If the client is unable to provide the information, staff will prompt the client and have the information repeated by the client.
 2. If the client cannot appropriately self-administer the medication, the parent will be contacted.
 - e. Staff will log monitoring of client self-administration of medication. Any failure of a client to take their prescribed medication will be logged by attending staff, and the parent/guardian will be notified of the deviation from the prescribed regimen.

Consent to Self-Administration of Medication

I have read the above policy and understand the procedures for self-administration of medication for my child. I agree to abide by the policy and consent to Zarephath agents, employees, or contractors to monitor the self-administration of medication for my child.

Parent/Guardian or Client (if 18 years old or older)

Date

Client Identifier: _____

Revised 7/20/2020 – Page 2



Health Information Disclosure

(Print Client's Name)

Consent for use and disclosure of personal health information for payment or health care.

I understand and agree that Zarephath may use and disclose protected health information including but not limited to name, address, health history, symptoms, examination and test results, diagnosis and payment or health care operations.

I understand that I must consent to this use and disclosure to receive services through Zarephath.

I understand that Zarephath reserves the right to change its privacy practices and will email/mail a copy of any revised notice to the address I've provided.

I understand that I have the right to request that Zarephath restrict how protected health information is used or disclosed to carry out payment or health care operations. I further understand that Zarephath is not required to grant any request to restrict the use or disclosure of information. If, however, Zarephath agrees to a requested restriction, the restriction is binding on Zarephath.

I agree that I have the right to revoke this Consent in writing, except to the extent Zarephath has relied upon it.

I agree that I am giving out this permission to ensure Continuity of Care with the CFT.

I agree that my OK will end when we no longer need services from Zarephath.

Parent/Guardian or Client (if 18 years old or older)

Date

Zarephath Staff Signature

Date



Consent to Release Protected Health Information (PHI)

(Print Client's Name)

Protected Health Information (PHI) means information about your health. Federal and state laws protect the privacy of your PHI. The laws say we cannot give anyone other than your doctors and others who may be taking care of you your PHI unless you say it is **OK**. By signing this paper, you give us your **OK**. We will only give out the PHI that you say we can share. And, we will only give it to the people or agencies that you list. Any questions? Call Zarephath at (855) 810-2484

I, _____ have legal custody of the above-mentioned person.
(Print Parent/Guardian Name)

Who can the PHI be given to? (Emergency Contact)

Emergency Contact (NOT parent/guardian)	Relationship to Client	Phone Number

What PHI can we share?

We will **only** share the PHI that you **OK**.

Treatment Plans Medication Logs Assessments/Evaluations Progress Notes/Incident Reports

Why are you giving out this PHI & when does my OK end?

You are giving out PHI to ensure Continuity of Care with the CFT. Your OK will end when you no longer need services from Zarephath.

Your Rights and Important Facts

- You do not have to share your information. You will still get benefits and treatment even if you do not give us your OK to share your PHI.
- You can take back your **OK**. You must tell us in writing. Mail it to Zarephath, Inc., 4856 E Baseline Rd Ste 104 Mesa, AZ 85206
- What if you take back your **OK**? This will not take back the PHI that we have already shared. But we **will not** share any more of your PHI.
- If we share your PHI with the people or agencies that you named, they may share it with others if allowed under the law.
- You have a right to get a copy of this signed **OK**. If you need another copy, call Zarephath at (855) 810-2484.
- If you do not understand, or have questions, we can help. Call Zarephath at (855) 810-2484.

NOTICE TO ANYONE OTHER THAN THE PATIENT

You should get a copy of this signed paper. Remember, Protected Health Information (PHI) means any information about your health in the past, present, or future. It includes facts like your address and date of birth. A full definition of PHI is at 45 CFR §160.103. This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), or under state statute on confidentiality of HIV/AIDS and other communicable disease information (A.R.S. 36-664(H)) you are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2 and A.R.S 36-664(H). A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Parent/Guardian or Client (if 18 years old or older)

Date

Check this box if **TELEPHONIC CONSENT** was given - signature to be obtained at future contact

Zarephath Staff Signature

Date

Client Identifier: _____



Consent to Release Protected Health Information (PHI)

(Print Client's Name)

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I, _____ have legal custody of the above-mentioned person.
(Print Parent/Guardian Name)

Who can the PHI be given to? (Referring Agency)

Referring Agency	Relationship to Client	Phone Number

What PHI can we share?

We will **only** share the PHI that you **OK**.

Treatment Plans Medication Logs Assessments/Evaluations Progress Notes/Incident Reports

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Parent/Guardian or Client (if 18 years old or older)

Date

Check this box if **TELEPHONIC CONSENT** was given - signature to be obtained at future contact

Zarephath Staff Signature

Date

Client Identifier: _____



Admission Requirements

(Print Client's Name)

I, _____ have legal custody of the above-mentioned person.
(Print Parent/Guardian Name)

I acknowledge receipt of the following documents on Date: _____

1. A list of resident rights
2. An explanation of any fees that the client is required to pay
3. The current contact information for all contracted agencies customer service/grievance & appeals
4. A copy of the agency's grievance policy and procedure
5. A written description of the dress code
6. A written description of the house rules;

Parent/Guardian or Client (if 18 years old or older)

Date

Zarephath Staff Signature

Date



Admission Orientation

(Print Client's Name)

I, _____

Acknowledge taking part in the below orientation on Date: _____

- a) Introduction of staff to guardian(s)
- b) An explanation of the behavioral health services the agency provides
- c) A description of the expectations for the client's behavior and of any program rules
- d) Review program and describe what a typical activity/outing and review what to expect
- e) DISCHARGE PLAN: When natural supports options can be utilized safely and without major incident. When the client is discharged the client will continue to receive ancillary services at the referring agency according to the CFT.
- f) An explanation that services are available in preferred language and an explanation on how to access language assistance services

I understand and agree to follow all rules and staff directives while I am at Zarephath, I also understand the above (A - F) items and have been given a complete explanation of each.

Parent/Guardian or Client (if 18 years old or older)

Date

Zarephath Staff Signature

Date



Permission & Preference for Communication

(Print Client's Name)

Preference for Communication of Schedule Services

Which communication method would you prefer to be notified of scheduled services?
Please check 1 or more if you wish to receive multiple copies of the notice.

- Email
- SMS (Text)
- USPS Mail

*Zarephath must have permission (except for mail) to communicate via your preferred method.

Voice Mail Messages

- I give Zarephath permission to leave a voice mail with information related to services provided to the client.
- I do not authorize voice mail messages.

E-Mail Messages

- I give Zarephath permission to e-mail information related to services provided to the client.

Email address: _____

- I do not authorize e-mail messages.

SMS (Text) Messages

- I give Zarephath permission to text information related to services provided to the client

Mobile Number: _____

- I do not authorize text messages.



Crisis Plan

(Print Client's Name)

In response to the following behaviors:

- Tantrums
- Property Damage
- Physical Aggression
- Inappropriate Physical Boundaries
- Bullying

Zarephath will follow the steps outlined below.

Step 1

- a) Redirect with verbal cues and prompts.
- b) Isolation from activity and/or peer with staff supervision.
- c) 1:1 to review behavior expectations and rules

Step 2

- a) Call parent or guardian for early discharge and/or on-call Zarephath supervisor or the appropriate Network Crisis line to staff the case.

Step 3

- a) Removal of client from respite stay by parent or guardian.

See Phone Contract List for Appropriate Crisis Line Phone Number

Zarephath 24 Hour Availability Line Phoenix (480) 510-7013

Zarephath 24 Hour Availability Line Tucson (520) 668-8791

**** If the client is an eminent danger to self or others, immediately call 911 ****

Parent/Guardian or Client (if 18 years old or older)

Date

Client Signature

Date



Does your family meet medical necessity for respite care?

(Print Client's Name) _____

Please Ask yourself the following questions:	Yes	No
1. Does your child(ren) have a behavioral health diagnosis?		
2. Does your child require medications to assist with behavior management?		
3. Does your home environment feel stressful or chaotic?		
4. Does your child(ren) struggle to make friends or socialize appropriately?		
5. Is finding temporary care for your child(ren) a problem?		
6. Have you noticed that your own relationships with friends and/or family have become more distant?		
7. Have you noticed signs of caregiver burnout (mood swings, inability to relax, anxiety, and/or strained relationship with others)?		
8. Is it important that you and your spouse enjoy an evening alone together, or with friends, without the children?		
9. Do you feel that your other children are not getting enough time with you due to your child with special needs?		
10. If you had appropriate care for your child with special needs, would you use the time for a special activity with your other children?		
11. Do you think that you would be a better parent if you had a break every now and then?		
12. Are you concerned that in the event of a family emergency there is no one with whom you would feel secure about leaving your child?		
13. Would you be comfortable going to a trained and reputable respite provider?		
14. Do you think respite services would be a benefit to you and your family?		
15. Would you utilize respite services to provide yourself an opportunity to 'recharge your battery'?		

*****If you answered "yes" to several of these questions, you and your family likely meet medical necessity requirements and are eligible for respite services.**

Talk with your Child and Family Team about adding this service to your treatment plan.

Signs & Symptoms of Caregiver Burnout

- Mood swings, short temperedness
- Changes in eating, weight loss or gain
- Altered sleeping patterns, inability to rest or relax
- Disinterest in social activities
- Consistent problems with relationships
- Hopelessness & guilt, anxiety & fear

Ways to Prevent Caregiver Burnout

- Recognize the signs of stress and exhaustion
- Schedule personal time regularly
- Maintain good health habits
- Seek respite care for loved ones
- Join a caregiver support network
- Identify a confidant or speak with a therapist



Client Language Preference: English Spanish Other _____
 Guardian Language Preference: English Spanish Other _____
 Would you like a copy in any other language Yes No Language _____

PART D: BEHAVIORAL HEALTH SERVICE PLAN - RESPITE

Client: _____ AHCCCS ID#: _____ Program: **Zarephath Respite** Today's Date: _____

RECOVERY GOAL/PERSON-FAMILY VISION: To increase positive family functioning and maintain safety in the home and provide much needed break to family unit to help maintain placement.

INDIVIDUALS AT SERVICE PLAN MEETING:

PRESENTING NEEDS:

CLIENT'S STRENGTHS (to be utilized to meet all goals):

Target Date for Review of Progress: _____ **Estimated Length of Stay:** _____

IDENTIFIED GOALS and OBJECTIVES <small>(Current measure = on a scale of 1 to 10, where is the client in meeting this objective prior to entry into the program.)</small>	Previous	Current <small>(1 = Poor, 10 = Perfect)</small>	INTERVENTIONS to MEET OBJECTIVES <small>Specific; Services; and Frequency</small>	Desired <small>(+2)</small>	Measure Met <small>(Y/N)</small>
1 Increase positive social skills and peer interactions by 2 points.			- Respite Care: Frequency 1-12 times in a 90-day period, not to exceed 600 hours per year - Transportation Services as needed - Life Skills Training: As needed up to 8 times a month - (If Applicable) Assist in the self-administration as directed by the Doctor's prescription, per Zarephath policy 1-12 times in a 90-day period		
2 Improve stress level in home environment by 2 points.					
3 Improve ability to complete independent living skills by 2 points					
4 Client is currently on Medication <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Increase skills in the Self-Administration of Medications to help maintain continuity of care and develop self-care skills by 2 points.					

DISCHARGE PLAN (add discharge date if known): When natural supports can be utilized safely and without major incident. When the client is discharged the client will continue to receive ancillary services at the referring agency according to the CFT. Document any additional information, if applicable, below

Yes, I agree with the goals & services included in my service plan and I have received a copy of the Resident Rights and Responsibilities. No, I disagree with the types and/or levels of some or all the services included in my service plan. By checking this box, I will receive the services that I have agreed to receive and may appeal the treatment team's decision to not include all the types and/or levels of services that I have requested. *

Check this box if **TELEPHONIC CONSENT** was given - signature to be obtained at future contact

Parent/Guardian _____ Date: _____ BHT _____ Date: _____

BHP Rev _____ Date: _____ Other _____ Date: _____

DRESS CODE

Females

1. Shorts of modest and appropriate length may be worn; bottom of shorts must be at or below fingertip when arm is fully extended down.
2. No spaghetti straps, tube tops, or halter-tops. A bra must be worn at all times.
3. Tops that are low cut or that reveal cleavage are unacceptable.
4. A one-piece or tankini swimsuit is best for public swimming. A “cover up” top must be worn over all two-piece bathing suits, or any that is deemed immodest or inappropriate by staff.
5. Extremes in styles of dress such as see-through clothing, exposed midriffs, or clothing normally considered as undergarments are not acceptable.
6. All flesh between the shoulder area and three inches above the knee must be covered at all times (day and sleep wear as well). All under garments must be kept covered and out of sight.
7. If wearing a dress, skirt, or nightgown, shorts must be worn underneath.
8. Apparel that advertises or depicts alcohol, drugs, nudity, tobacco products, satanic themes, gang membership/colors, obscene language, violence, obscene graphics, and /or phrases that are offensive to others will NOT be permitted.

Males

1. A shirt must be worn at all times, day or night.
2. No excessively baggy or sagging pants/shorts are allowed.
3. All undergarments including muscle shirts and tank tops should be covered by clothing and should not be visible
4. Boys/men swim shorts are best for public swimming, a t-shirt may be worn; NO SPEEDOS.
5. No boxer or undergarments (this includes tank tops or muscle shirts) can be used as sleep ware. T-shirt & shorts or pajamas only.
6. All flesh between the shoulder area and 3 inches above the knee must be covered at all times. All under garments must be kept covered and out of sight.
7. Apparel that advertises or depicts alcohol, drugs, nudity, tobacco products, satanic themes, gang membership/colors, obscene language, violence, obscene graphics, and /or phrases that are offensive to others will NOT be permitted.

****Clients must adhere to dress code. If necessary, client may be asked to change into appropriate attire****

HOUSE RULES

CONTINUED VIOLATION OF THE HOUSE RULES WILL RESULT IN A BEHAVIOR CONTRACT

1) Respect all property

Jumping or climbing on furniture is not allowed. The games, cars, toys, video games, movies, etc. are property of the house. They are to remain inside the house. Treat them and other client's property the way you would want your property treated.

2) Respect all personal boundaries

Keep your hands to yourself. No touching others for any reason. No horseplay or wrestling allowed. No Threats, Bullying, Verbal harassment, or Abuse of any kind will be tolerated.

3) Shoes must be removed upon entering the house and placed into the appropriate bin.

4) Walking only is permitted inside of the house – No Running

5) Children are not allowed to go into the kitchen alone.

Plenty of snacks are provided, and three meals per day. If you would like a snack please just ask and a team member will help you. Eat in only designated areas.

6) Children may play in the back yard only with supervision.

7) Certain rooms are “private” – DO NOT ENTER!

- a) Girl's room – NO BOYS ALLOWED
- b) Boy's room – NO GIRLS ALLOWED
- c) Team Member's Room & Garage – DO NOT ENTER
- d) No clients allowed in their room if more than 1 person is awake w/out a Staff present, no exceptions!
- e) Changing clothes is only permitted in the bathroom, bedroom doors are to remain open at all times.

8) In order to respect all youth and create a safe environment

Any inappropriate conversation topics will not be allowed. This includes, foul language, cursing, gang-related, violent, racial, any and all sexually related topics, and any other conversation topic deemed inappropriate by team members.

9) No Teen or Mature Rated video games or games w/ fighting, guns or violence or any other games deemed inappropriate by staff.

We encourage clients to keep all Games, iPods, toys, etc. at home for safekeeping. Zarephath provides lots of fun entertainment.

10) Clients must wear seatbelts during transport - NO EXCEPTIONS!

Clients that do not meet age or height restrictions will be required to use a booster seat

11) The following items are not allowed on site:

Lighters, cameras/internet devices, pocketknives or other sharp objects, mirrors, cigarettes, drug paraphernalia, drugs, or other items that could present a safety hazard ~ based on the discretion of staff.

12) Clients must be in bed by the designated bedtimes

- a) 8:00pm for clients 0-5 years of age
- b) 9:00pm for clients 5-8 years of age (as long as not at birth-5 house)
- c) 10:00pm for clients 9-12 years of age
- d) 11:00pm for clients 13 and older

Zarephath Policy

Policy Name: Client Fees	Licensing Reference: R9-10-703	Approval Signature:
	Policy 703.10	Title: Program Manager
	Effective Date: July 1, 2014	Review Date: July 1, 2017

Policy

It is the policy of Zarephath at the time of admission all clients are informed of any potential fees that may incur while receiving services from Zarephath.

It is also the policy of Zarephath to comply with all applicable standards mandated by local, state and federal funding/regulatory agencies, including but not limited to, ADHS/DBHS and the RBHA.

Procedure

- A. Zarephath **does not collect** any client fees from any Zarephath clients for services rendered.
Therefore Zarephath **does not refund** any client fees.
- B. Zarephath staff shall ensure that a notice of any changes in fee schedule or payment criteria will be provided to each client and/or his designated financial representative thirty (30) days before the change becomes effective.

Zarephath Policy

Policy Name: Client Complaint / Grievance	Licensing Reference: R9-10-703	Approval Signature:
	Policy 703.6	Title: Program Manager
	Effective Date: July 1, 2014	Review Date: July 1, 2017

Policy

It is the policy of Zarephath to provide clients, guardians, any concerned persons, and community members the opportunity to present concerns and complaints.

Procedure

1. A copy of the Complaint Policy shall be prominently displayed at each service site.
2. At intake into clinical services, each client will receive a copy of the Complaint Policy and an acknowledgement of receipt of this policy shall be placed in the Client record, and educated on where to obtain a complaint form.
3. Clients/guardians can file a complaint with Zarephath or their referral agency.
4. Any complaints must be filed within thirty (30) days of the alleged rights violation or condition. Should assistance be requested in filing a complaint, Zarephath staff will provide the necessary assistance.
5. Zarephath shall document and track all complaints.
6. All communications regarding complaints are to be held in confidence in compliance with Arizona State laws.
7. Knowledge and communication is limited to persons directly involved in the problem solving process.
8. All complaints and outcomes shall be kept confidential.
9. Any written complaint decision shall be kept separate from the client's medical record.

Zarephath's Procedure for Clients/Guardians/Concerned Persons/Community Members to File Complaints Regarding Clinical Services:

You can initiate a Complaint/Grievance by selecting any one of the means listed below:

A. You can file/voice a complaint directly with Zarephath staff; to do so:

1. Obtain a Complaint Form from a Zarephath staff member.
2. Complete the top portion (Nature of Complaint and Desired Resolution/Outcome) of the Complaint Form. You may request assistance from a Zarephath staff member.
3. The Zarephath staff member shall document the date the complaint was received on the Complaint Form and begin developing a proposed resolution to the complaint.
4. Within ten (10) days from the date Zarephath received the complaint, the complainant will be provided a meeting with the supervisor of the service site. The site supervisor shall document the proposed resolution on the Complaint Form.
5. If the complainant accepts the proposed resolution, the matter will be closed. The site supervisor shall document the proposed resolution by obtaining the signature of the complainant (i.e., client, guardian, concerned person or community member) on the Complaint Form and will route the completed form to the Zarephath staff responsible for monitoring Quality Management issues.
6. If the complainant rejected proposed resolution, the complaint shall be forwarded to the Program Manager or his/her designee.
7. The Program Manager or his/her designee will schedule an appointment with the complainant to discuss the complaint for resolution.
8. All decisions made by the Program Manager are final.

B. You can bypass the Zarephath staff and direct your complaint to ADHS/DBHS staff:

C. You can bypass the Zarephath staff and direct your complaint to the RBHA staff

Community Partnership of Southern Arizona
Grievance and Appeals
4575 East Broadway
Tucson, AZ 85711
(520) 325-4268

Mercy Maricopa Integrated Care
24 hours a day, 7 days a week

602-586-1841
1-800-564-5465 (toll-free)
Hearing impaired TTY/TDD 711

Pascua Yaqui Tribe
7474 S. Camino De Oeste
Tucson, AZ 85746
520-883-5000

Cenpatico Arizona
Cenpatico's Customer Service Department or Cenpatico's Grievance and Appeals Department
(866) 495-6738

- D. You can bypass the RBHA staff and direct your complaint to staff at the appropriate contracting agency or your assigned case manager/therapist
- E. Zarephath will not tolerate any retaliation actions towards any client, guardian, or concerned party for any concerns/complaints made to Zarephath personnel.

Zarephath Policy

Policy Name: Resident Rights	Licensing Reference: R9-10-711	Approval Signature:
	Policy 711	Title: Program Manager
	Effective Date: July 1, 2014	Review Date: July 1, 2017

Policy

It is the policy Zarephath to promote and protect resident rights. It is also the policy of Zarephath to comply with all applicable standards mandated by local, state and federal funding/regulatory agencies, including but not limited to, ADHS/DBHS and the T/RBHA.

Procedure

A. Zarephath will ensure that resident rights are:

1. Posted and available at each facility
2. At the time of admission, or prior, a resident or resident's guardian receives a written copy of the requirements in subsection (B) and the resident rights in subsection (E)
3. Resident rights will provided:
 - i. During orientation process
 - ii. Each resident is informed that the resident rights are posted on the wall at the entrance of each facility

B. Zarephath will ensure that:

1. Every resident is treated with dignity, respect, and consideration,
2. A resident is not subjected to:
 - i. Abuse;
 - ii. Neglect;
 - iii. Exploitation;
 - iv. Coercion;
 - v. Manipulation;
 - vi. Sexual abuse;
 - vii. Sexual assault;
 - viii. Seclusion;
 - ix. Restraint;
 - x. Retaliation for submitting a complaint to the Department or another entity;
 - xi. Misappropriation of personal and private property by the facility's personnel members, employees, or volunteers

- xii. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs, except as established in a fee agreement signed by the resident and guardian;
 - xiii. Treatment that involves the denial of:
 1. Food,
 2. The opportunity to sleep, or;
 3. The opportunity to use the toilet;
2. Except as provided in subsection (C) and (D), and unless restricted by the resident's guardian, a resident is allowed to:
 - i. Associate with individuals of his/her choice, receive visitors, and make telephone calls as needed;
 - ii. Have privacy during correspondence, communication, visitation, and personal hygiene;
 - iii. Send and receive mail, as applicable.
 3. A resident or guardian:
 - i. Except in an emergency, either consents to or refuses treatment;
 - ii. May refuse or withdraw consent for treatment before treatment begins, unless the treatment is court-ordered according to A.R.S., Title 36, Chapter 5 or A.R.S. 8-341.01; is necessary to save the resident's life or physical health; or is provided according to A.R.S. 36-512;
 - iii. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
 - iv. Is informed of:
 1. Zarephath's policy in regards to health care directives, and
 2. The resident complaint process;
 - v. Except as otherwise permitted by law, provides written consent to the release of information in the resident's:
 1. Medical record, or
 2. Financial records.
- C. Zarephath is licensed for a capacity of less than 10 residents and if a Behavioral Health Professional (BHP) determines the resident's treatment will require the resident to be restricted in participating in activities in subsection (B)(3), the BHP shall:
1. Document a purpose in the resident's medical record that supports the restriction of activity,
 2. Inform the resident and guardian of the reason for restriction,
 3. Inform the resident and guardian of the right to file a complaint and the procedure for filing a complaint
- D. Zarephath will ensure that if licensed for 10 or more residents and a BHP determines a need for a resident's activities in subsection (B)(3) to be restricted, the BHP will comply with the requirements in subsection (C)(1) through (3).

E. A resident has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that:
 - a. Supports and respects the resident's individuality, choices, strengths, and abilities;
 - b. Supports the resident's personal liberty and only restricts the resident's personal liberty according to a court order, by the resident, or the guardian's general consent, or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the resident's treatment needs;
3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
 - a. A resident may be photographed when admitted to facility for identification and administrative purposes;
 - b. For a resident receiving treatment according to A.R.S. Title 36 Chapter 37; or
 - c. For video recordings used for security purposes that are maintained only on a temporary basis;
4. Not to be prevented or impeded from exercising the resident's civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is not able to exercise a specific right or category of rights;
5. To review, upon written request, the resident's own medical record according to A.R.S. 12-2293, 12-2294, 12-2294.01;
6. To be provided locked storage space for the resident's belongings while the resident receives treatment;
7. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
8. To be informed of the requirements necessary for the resident's discharge or transfer to a less restrictive physical environment;
9. To receive a referral to another health care institution if the facility is not authorized or not able to provide the services needed for the resident;
10. To participate or have guardian participate in the development of a treatment plan or decisions concerning treatment;
11. To participate or refuse to participate in research or experimental treatment; and
12. To receive assistance from a family member, guardian, or other individual in understanding, protecting, or exercising the resident's rights.

F. Zarephath will provide assistance to an individual in understanding his/her resident rights in his/her preferred language and assist an individual who has a physical or other disability to become aware of resident rights.