

# VALLEY | CITIES

Behavioral Healthcare

## CLIENT HANDBOOK

### Outpatient Services

#### **VISION**

Valley Cities Behavioral Health Care envisions healthy communities where every person can achieve their fullest potential.

#### **MISSION**

COMPASSION. CONNECTION. COMMUNITY.

[www.valleycities.org](http://www.valleycities.org)

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## **WELCOME TO VALLEY CITIES!**

For the past 50 years, our mission at Valley Cities has been to provide the highest quality mental health and substance use disorder treatment services. We help individuals and families live healthier and more productive lives by providing care that is flexible and tailored to each person's needs. Our philosophy of care is client-centered and focuses on recovery, resiliency, and wellness. We view your recovery as a deeply personal and unique process of healing. Our multi-disciplinary teams are here to support you with integrated, whole person care. We welcome the opportunity to work alongside you and look forward to providing services that will help you achieve your goals.

## **GETTING STARTED**

You may request to start services by walking into any of our outpatient clinic locations (back page of this booklet) or by calling (253) 833-7444. Valley Cities offers both in-person and virtual (telehealth) appointment options.

## **BENEFITS AND PAYMENT**

We will verify your insurance and benefits before any appointments are scheduled. We will ask for a copy of your insurance card as verification. You may also be asked to show your state issued driver's license or identification card.

If payment for services is required by your insurance, all payment, including coinsurance, copayments, or deductibles are due at the time of an appointment.

In the event that your insurance benefits change, a

sliding fee scale (based on your income and household size) may be available. All sliding-scale services must be deemed necessary and approved by Valley Cities. Please note that all sliding- scale discounts are a limited resource and may not be available at the time you request them.

If there are any questions or concerns about your benefits, you may use one of the following resources or speak to one of our staff.

<https://www.kingcounty.gov/depts/health/locations/health-insurance/coverage/eligibility.aspx>

Washington State Health Care

Authority Telephone: 1 (800) 562-3022

TTY: 1 (855) 627-9604

Email: [askmagi@hca.wa.gov](mailto:askmagi@hca.wa.gov)

## **SERVICES WE OFFER**

Each of our clinics offers a wide variety of services beyond what is listed below. Please speak with a staff member for details about which services are available at your clinic.

- Case Management
- Employment Services
- Group Services
- Medication Management/Prescriptions
- Peer Support
- Substance Use Disorder Programs
- Therapy
- Veteran Services
- Wraparound

## **Resource Rooms**

The Resource Rooms at Valley Cities are volunteer-run and contain educational materials and various resources regarding mental health and substance use treatment and recovery.

Hours and availability vary by location, please call ahead to ensure the resource rooms are open, (253) 833-7444.

## **CRISIS SERVICES**

In the event of a life-threatening emergency, please call 911 immediately. Valley Cities' daytime and after-hours crisis services do not replace 911 emergency services such as police, fire, or emergency medical services.

### **During business hours (8:30am – 5pm):**

If you experience a non life-threatening mental health crisis during business hours, you may directly contact a member or your care team by phone or come to the clinic to be seen by an available staff member. You may also call (206) 408-5283 to speak with a daytime crisis specialist.

### **After business hours (after 5pm, weekends, holidays):**

If you experience a non life-threatening mental health crisis after business hours, call Crisis Connection at (206) 461- 3222, or toll-free at 1 (866) 427-4747. They will contact the Valley Cities after-hours crisis team who will follow- up with you.

## **MAKING APPOINTMENTS**

After each appointment, please schedule your next appointment with the Front Desk before you leave. You may also call the Appointment Line at (253) 833-7444. If

you leave a voice mail, it will be returned within 1 business day.

## **INTERPRETER SERVICES**

Valley Cities can arrange for interpreter services at your appointments, free of cost to you. Please speak to a staff member if you would like to request this service.

## **NO SHOWS /CANCELLATIONS/LATE ARRIVALS**

We ask that you arrive on time and attend all scheduled appointments. Should you need to cancel an appointment, please give at least 24 hours advance notice. There will be no financial penalty for no-showing or cancelling an appointment. If you cancel on the same day as a scheduled appointment or no-show an appointment two appointments in a row (consecutive), staff will work with you to create an individualized plan that will best support you in regularly attending appointments.

If you arrive more than 15 minutes late for an appointment, staff will make every effort to see you for the remainder of the scheduled appointment time. Depending on a staff's availability, you may be asked to reschedule the appointment.

## **CHILDREN IN WAITING AREA**

Children under 13 years of age are not to be left unattended in Valley Cities waiting areas.

## **FEEDBACK**

Valley Cities values your feedback on the services we

provide. Your care team may periodically ask you for feedback on how we are doing. We also may ask that you take part in an annual survey about services at Valley Cities. Suggestion boxes are available in each of our clinic lobbies. We encourage you to give feedback at any time, especially when you feel that our services could be improved in specific ways. For complaints and concerns, please follow the complaint process outlined below in this booklet.

## **COMPLAINTS**

You have the right to express concerns about any aspect of your experience with Valley Cities. Your concerns may be taken to any staff member, either verbally or in writing. We encourage you to discuss concerns directly with the involved staff member, but you may also request a discussion with their supervisor or any other staff member of your choice.

We will make every effort to resolve your concerns right away and within our organization. You may also submit a Valley Cities Complaint form which can be provided to you upon request.

## **GRIEVANCES**

At any time and for any reason, you have the right to submit a grievance about your experience at Valley Cities. If your services are funded through Medicaid, you have the right to submit a grievance to your assigned Managed Care Organization (MCO). If your services are not funded through Medicaid, you have the right to submit a grievance to the King County Behavioral Health and Recovery Division (KCBHRD). You may also submit a report to the Department of Health if you feel that Valley Cities has violated a Washington State

Administrative Code (WAC) that regulates behavioral health agencies.

If you, your family, significant other or appointed advocate voices a complaint or files a grievance against Valley Cities, neither you nor that person will be punished or retaliated against. Punishment or retaliation for voicing a complaint or filing a grievance is against the law and will not be tolerated.

You may also contact the King County Behavioral Health Ombuds Program at 800.790.8049 (Ext 3). They offer support and advocacy services to individuals receiving behavioral health services in King County.

Organization	Contact Information
Amerigroup	(800) 600-4441 <a href="mailto:WA-Grievance@amerigroup.com">WA-Grievance@amerigroup.com</a>
Community Health Plan of WA	(800) 440-1561 <a href="mailto:AppealsGrievances@chpw.org">AppealsGrievances@chpw.org</a>
Coordinated Care	(877) 644-4613 <a href="mailto:WAQualityDept@Centene.com">WAQualityDept@Centene.com</a>
Molina Healthcare	(800) 869-7165 <a href="mailto:WAMemberServices@MolinaHealthcare.com">WAMemberServices@MolinaHealthcare.com</a>
UnitedHealthcare	(877) 542-8997 <a href="mailto:WACS_Appeals@uhc.com">WACS_Appeals@uhc.com</a>
King County Behavioral Health and Recovery Division/BH-ASO	(800) 790-8049 <a href="mailto:BHRDComplaintsGrievances@kingcounty.gov">BHRDComplaintsGrievances@kingcounty.gov</a>

You may also file a grievance with the Washington State Department of Health:

Website:

<https://fortress.wa.gov/doh/opinio/s?s=ComplaintFormHPF>

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

Phone: (360) 236-4700



Mail: Washington State Department Health  
Health Systems Quality Assurance  
Complaint Intake  
P.O. Box 47857  
Olympia, WA 98504-7857

Valley Cities is a Joint Commission accredited agency. If you would like to contact the Joint Commission regarding a concern, you may do so. Matters of billing, insurance, payment disputes, personnel issues, or labor relations are not within the Joint Commission's scope. Please be aware that The Joint Commission does not resolve individual complaints but will evaluate complaints based on accreditation standards.

Website:

[www.jointcommission.org/report\\_a\\_complaint.aspx](http://www.jointcommission.org/report_a_complaint.aspx)

Email: [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)

Phone: (800) 944-6610

Fax: (630) 792-5636

Mail: The Joint Commission  
Attn: Office of Quality Monitoring  
One Renaissance Blvd.  
Oakbrook Terrace, Illinois 60181

## **CULTURALLY RELEVANT SERVICES AND NON- DISCRIMINATION**

Valley Cities takes all reasonable steps to ensure that services are acceptable to persons of diverse backgrounds. We do not discriminate based on race, religion, gender, color, ethnic and cultural background, national origin, sexual orientation, age, marital status, ancestry, political ideology, use of guide or service animals, use of Section 8 rent certificate, parental status, physical, mental or sensory disability, HIV status, military service, or ability to pay.

If you feel that you have experienced discrimination at Valley Cities, you may file a complaint with the Office of Civil Rights (OCR). The OCR has multiple way to submit a complaint which can be found at:

[https://www.hhs.gov/civil- rights/filing-a-complaint/complaint-process/index.html](https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html)

If you do not have access to the internet, you may mail a complaint to the OCR:

Centralized Case Management Operations  
U.S. Department of Health and Human Services200  
Independence Avenue, S.W.  
Room 509F HHH Bldg. Washington, D.C. 20201

## **CONFIDENTIALITY**

State and federal laws protect your privacy. Generally, the information you pass on to Valley Cities staff is not discussed outside of your treatment team.

Valley Cities will not disclose information that you have given unless

- You sign a release of information authorizing us to disclose this information (parents of children twelve (12) and under are responsible for providing this permission).
- Your clinician thinks you are in danger of harming yourself or someone else.
- Your clinician is coordinating care with other healthcare providers.
- Your clinician has any reason to suspect a child, a developmentally disabled person, or an elderly person is being abused or neglected.
- The release of information is court

ordered or otherwise legally required.

- To medical personnel in the event of a medical emergency.
- Other reasons for release as allowed or required by law, specified in the Valley Cities Notice of Privacy Practices, and the Washington State Department of Health pamphlet What to Expect from Your Licensed Mental Health Counselor

## **CODE OF CONDUCT**

At Valley Cities, we highly value the safety and wellbeing of our staff and clients. Please take note of the following guidelines:

- Violent, disruptive, or threatening behavior will not be tolerated.
- Damage to Valley Cities property will not be tolerated and may result in criminal prosecution.
- No weapons are allowed on Valley Cities property.

Valley Cities reserves the right to refuse, modify, or terminate services to ensure the safety and wellbeing of staff and clients.

## **SERVICE ANIMALS/PET POLICY**

According to the Americans with Disabilities Act (ADA), a service animal is defined as “any animal individually trained to work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals to an impending seizure or protecting individuals during one, and alerting individuals who are

hearing impaired to intruders, or pulling a wheelchair and fetching dropped items.” In compliance with the ADA, service animals are welcome in all agency buildings. A service animal is not a pet. If you have a disability and use a service animal as an auxiliary aid, you always have a responsibility to care for and be in full control of the animal. This generally means that the animal must be leashed or in a carrier when you are in common areas and the animal is expected to be well behaved. If a service animal is unruly or disruptive, we may ask you to remove the animal from the immediate area. Remember, you are liable for any damage the animal causes.

## **DRUG AND SMOKE FREE POLICY**

Drugs and/or alcohol are not allowed on Valley Cities property. All Valley Cities property, including buildings and parking lots, are smoke, nicotine, marijuana, and tobacco-free. Clients will not be allowed to attend appointments while smoking, vaping, using tobacco, marijuana, or under the influence of alcohol or drugs.

## **YOUR RIGHTS AS A BEHAVIORAL HEALTH CLIENT**

As a person who receives behavioral health services, you have the right to:

- 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.
- Receive services without regard to race, creed, color, national origin, religion, gender, sexual orientation, age, religion, or disability.
- Practice the religion of your 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.

- Have your privacy protected.
- Develop a plan of care and be offered services that meet your unique needs.
- Participate in decisions regarding your mental healthcare.
- Receive services in a barrier-free accessible location.
- Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, or cultural differences.
- Be free of any harassment or exploitation, including but not limited to physical abuse, financial exploitation, and sexual harassment or exploitation.
- Receive the amount and duration of services you need.
- Request information about the structure and operation of the agency.
- Receive emergent or urgent care
- Receive crisis services and a list of crisis phone numbers.
- Be free from the use of seclusion or restraints except as allowed under law in secure treatment facilities.
- Receive age and culturally appropriate services.
- Be provided a certified interpreter and translated material at no cost to you.

- Understand available treatment options and alternatives.
- Refuse any proposed treatment.
- Receive an explanation of all prescribed medications including expected benefits and possible side effects.
- Be informed of your right to create and maintain a mental health advance directive, receive help in creating and maintaining one, and decide who will make medical decisions for you if you cannot make them.
- Receive quality services that are medically necessary.
- Have a second opinion from a qualified health care professional.
- Choose a mental health care provider or choose one for your child who is under thirteen years of age.
- Make changes at any time to your providers or case managers and receive the service of an Ombuds in filing a grievance, appeal, or fair hearing.
- Have all clinical and personal information treated in accordance with state and federal confidentiality regulations.
- Request and receive copy of your medical records, ask for changes and be informed of the cost for copying, if any.
- Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections.
- Be free from retaliation.

- Request a copy of agency complaint and grievance procedures and to lodge a complaint with Valley Cities, or file a grievance with your Managed Care Organization (MCO) or King County Behavioral Health and Recovery Division (KC-BHRD) at any time if you believe your rights have been violated.

Organization	Phone number
Amerigroup	1 (800) 600-4441
Community Health Plan of Washington	1 (800) 440-1561
Coordinated Care of Washington	1 (877) 644-4613
Molina Healthcare of Washington, Inc.	1 (800) 869-7165
United Healthcare Community Plan	1 (877) 542-8997
King County Behavioral Health and Recovery Division/BH- ASO	1 (800) 790-8049

- File an appeal based on a King County Behavioral Health and Recovery Division (KC-BHRD) written Notice of Action for a King County Administrative Services Organization (BH-ASO) or locally funded service. File an appeal based on a written Notice of Adverse Benefit Determination for a Medicaid funded service.
- To access the King County Ombuds for help regarding your rights regardless of insurance status, income level, ability to pay and county of residence. To reach the Office of the Ombuds, call 1 (800) 790-8049 ext. 3.

- Submit a report to the Department of Health when you feel Valley Cities has violated a Washington Administrative Code (WAC) requirement regulating behavioral health agencies.

Client rights for those covered under BH-ASO Contracts are available on BHRD's website

<https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/services/Client%20Rights.aspx>

For Medicaid funded clients, client rights are available in Washington Apple Health: Integrated Managed Care (HCA19-046) Booklet located here in 15 languages: <https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/apple-health-client-booklets>

These rights are prominently posted in our clinic waiting rooms.

## **NOTICE OF ACTION/ADVERSE BENEFIT DETERMINATIONS**

If you receive a written Notice of Action from King County Behavioral Health and Recovery Division (BHRD) regarding Administrative Services Organization (ASO) funded services, you may appeal the decision by contacting the King County Behavioral Health Ombuds at (800) 790-8049 (Ext 3) or contacting BHRD Client Services at 1 (800) 790-8049. You may also request that Valley Cities file this appeal on your behalf if you provide us written consent to do so.

If you receive a Notice of Adverse Benefit Determination for a Medicaid funded service, you may



appeal the decision by contacting your assigned WA State MCO.

Organization	Contact Information
Amerigroup	(800) 600-4441 (TTY 711)
Community Health Plan of WA	(800) 440-1561 (TTY 711) <a href="mailto:customercare@chpw.org">customercare@chpw.org</a>
Coordinated Care	(877) 644-4613 (TTY 711) <a href="mailto:WAQualityDept@Centene.com">WAQualityDept@Centene.com</a>
Molina Healthcare	(800) 869-7165 (TTY 711) <a href="mailto:WAMemberServices@MolinaHealthcare.com">WAMemberServices@MolinaHealthcare.com</a>
UnitedHealthcare	(877) 542-8997 (TTY 711) <a href="mailto:WACS_Appeals@uhc.com">WACS_Appeals@uhc.com</a>

## ADVANCE DIRECTIVES

An Advance Directive for Psychiatric Care allows you to state your choices and preferences regarding your mental health treatment if you become unable to make informed decisions. This directive allows others to have written instructions to follow should you experience a psychiatric emergency. You can provide a copy to be kept in your record so that it is available if needed. If you would like more information on Advance Directives, please speak with a staff member.

## VIDEO CAMERAS

Valley Cities' properties are equipped with video cameras to ensure facility safety and security.

## VALLEY CITIES INFORMATION

Website	<a href="http://www.valleycities.org">www.valleycities.org</a>
Appointments, Access, General Information	(253) 833-7444
TTY	(800) 833-6384
Release of Information/Medical Records	(253) 833-7444
Prescription Refills	(253) 833-7444
Daytime Crisis Services	(206) 408-5283
After-Hours Crisis Services	(206) 461 3222
Toll-free after-hours Crisis Services	(866) 427-4747

## COMMUNITY RESOURCES

Listed below are community resources that you may find helpful. It is by no means a complete list of the services that may be available to you. If you have additional questions about resources for services or referrals, speak with a member of your care team.

### **National Alliance on Mental Illness (NAMI):**

(703) 524-7600 website: [nami.org](http://nami.org)  
NAMI Washington (206) 783- 4288  
Website: [namiwa.org](http://namiwa.org)  
NAMI Seattle (206) 783-9264  
NAMI South King County (253) 854-6264

### **Alcohol and Drug Information/Treatment:**

Alcohol/Drug 24-hour Help Line (206) 722-3700  
Alcohol/Drug Teen Help Line (206) 722-4222  
Narcotics Anonymous (253) 872- 3494  
Website: [seattlena.org](http://seattlena.org)

Alcoholics Anonymous (AA) (206) 587-  
2838 Website: seattleaa.org

**Health and Dental Resources:**

Community Health Access Program (CHAP)  
(800) 756-5437  
HealthPoint (medical and dental services)  
(866) 893-5717  
NeighborCare Health (medical and dental services)  
(206) 548-5710

**Hospitals:**

St. Francis (253) 835-8100  
Valley Medical Center (425) 228-3450  
MultiCare Auburn Medical Center (253) 833-7711  
Harborview Medical Center (206) 744-3000

**King County Behavioral Health and Recovery Division:**

Client Services (206) 263-8997 or 1(800) 790-8049

**Crisis Resources:**

24 Hour Crisis Line 1 (866) 427-4747  
Crisis Connections  
Local: 2-1 1  
Toll Free: 1 (800) 621 4636  
TTY: (206) 461 3219  
Text: (877) 211.9724

The Trevor Project (LGBTQ Youth Crisis Line)  
866.488.7386

**Transportation:**

Hopelink Medicaid Transportation Reservation  
Number: (800) 923-7433  
TDD/TTY Line: (800) 246-1646

My Ride Line: 1 (800) 595-2172  
- Cancel or check status of ride

King County Metro (206) 553-3000

### **Family/Domestic Violence and Abuse:**

Adult Protective Services (877) 734-6277

Child Protective Services (800) 609-8764

End Harm Line (866) 363-4276

King County Sexual Assault Resource Center  
Phone: (425) 226-5062

24 Hour Resource Line: (888) 998-6423

Domestic Abuse Women's Network  
(425) 656-7867

YWCA Seattle | King | Snohomish (206) 461-4888

Child Care Resources (206) 329-1011  
or 1 (877) 543-0059

### **Other Resources:**

Lifelong AIDS Alliance (206) 328-8979

Social Security Administration (800) 772-1213

Veterans Affairs Medical Center (206) 762-1010

King County Resource Information & Referral  
Search

- Website: [www.wa211.org](http://www.wa211.org)
- Phone: 211 or (877) 211-9274

## VALLEY CITIES LOCATIONS

### **Auburn**

2704 "I" Street Northeast, Auburn, WA 98002

### **Bitter Lake**

929 N 130th St. Site 3, Seattle, WA 98133

### **Enumclaw**

1335 Cole Street, Enumclaw, WA 98022

### **Federal Way**

1336 S. 336<sup>th</sup> St., Federal Way, WA 98003

### **Federal Way Administration Building**

33405 8<sup>th</sup> Ave. S Suite 200, Federal Way, WA 98003

### **Kent**

325 West Gowe Street, Kent, WA 98032

### **Kent (Harrison Building)**

403 W Meeker St. Suite A, Kent, WA 98032

### **Meridian Center for Health (Northgate)**

10521 Meridian Ave. N., Seattle, WA 98133

### **Midway – Valley Cities & HealthPoint Partnership**

26401 Pacific Hwy S., Des Moines, WA 98198

### **Pike Place**

1537 Western Ave., Seattle, WA 98101

### **Recovery Place Kent Inpatient**

505 Washington Ave S, Kent, WA 98032

**Recovery Place Seattle at Beacon Hill Inpatient**

1701 18<sup>th</sup> Ave. S., Seattle, WA 98144

**Rainier Beach**

8444 Rainier Ave., Seattle, WA 98118

**Renton**

221 Wells Ave. South, Renton, WA 98057

**The Steven A. Cohen Military Family Clinic at Valley Cities**

6103 Mt. Tacoma Dr. Lakewood, WA 98499

*Valley Cities does not discriminate on the basis of race, color, sex, religion, nationality, creed, sexual orientation, marital status, age, or in the presence of any mental, physical or sensory disability, in providing and/or administering any program or service offered by the organization.*

that occurs during counseling. You are encouraged to talk about this with your counselor so you can come to a more comfortable resolution. If you don't feel the issue has been resolved you may wish to get a second opinion. You may also review the section of the law that describes forms of unprofessional conduct. Unprofessional conduct includes, but is not limited to:

- \* Misrepresentations or false advertising
- \* Incompetence, negligence or malpractice
- \* Violation of any state or federal code
- \* Willful betrayal of confidentiality

If for any reason you are unable to resolve such a concern with your counselor, you may wish to file a complaint with the Department of Health. Contact the Customer Service Center for assistance:

DOH Customer Service Center  
Phone: (360) 236-4700  
Fax: (360) 236-4818  
Web Site: WWW.DOH.WA.GOV/HSQA  
E-Mail: hpqa.csc@doh.wa.gov  
Address: 310 Israel Road S.E.  
Tumwater, WA. 98501

The Department of Health (DOH) regulates licensed counselors and associates. (18.225 RCW and WAC 246-809). The intent of the rules and laws is to protect the public and ensure the competence of those providing counseling services. Licensed counselors and associates act according to state law, DOH rules, codes of ethics of their national professional organizations, and national laws and regulations.

An advisory committee, made up of members from each of the four licensed counselor groups, and three public members, meets quarterly to provide advice to DOH.

The committee welcomes the public to attend these meetings. Contact DOH for meeting information.

The Health Systems Quality Assurance Division within DOH has information on all health care professionals in the state. This information includes credential status and current restrictions or disciplinary actions, since July of 1998. If you have a question about a provider, contact DOH.

#### **Provider Credential Search Website:**

<https://fortress.wa.gov/doh/Providercredentialsearch/>

#### **Licensed Counselor Websites:**

<http://www.doh.wa.gov/hsqa/Professions/MFT/Default.htm>

<http://www.doh.wa.gov/hsqa/Professions/MentalHealth/default.htm>

[http://www.doh.wa.gov/hsqa/Professions/Social\\_Worker/default.htm](http://www.doh.wa.gov/hsqa/Professions/Social_Worker/default.htm)

#### **Professional Codes of Ethics:**

For more information on ethics, please view the following websites and their ethics information.

American Association for Marriage & Family Therapy:  
[www.aamft.org](http://www.aamft.org)

American Counseling Association:  
[www.counseling.org](http://www.counseling.org)

American Mental Health Counselors Association:  
<http://AMHCA.org>

National Association of Social Workers:  
<http://www.naswdc.org/>

Clinical Social Work Association  
<http://www.clinicalsocialworkassociation.org/>



DOH 670-125 February 2011

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127. (TTY/TDD 1-800-833-6388)

# What to Expect from your Licensed

- Mental Health Counselors (LMHC)
- Marriage & Family Therapists (LMFT)
- Advanced Social workers (LASW)
- Independent Clinical Social Workers (LICSW)
- Mental Health Counselor Associate (LMHCA)
- Marriage and Family Therapist Associate (LMFTA)
- Social Work Associate – Advanced (LSWAA)
- Social Work Associate – Independent Clinical (LSWAIC)

**The term licensed counselor refers to LMHC's, LMFT's, LASW's, and LICSW's.**

**The term associate refers to the associate level counselors. This includes LMHCA's, LMFTA's, LSWAA's, and LSWAIC's. An associate has a graduate degree in a mental health field, and is gaining the supervision and supervised experience needed for licensure.**

**The goal of this brochure is to give general information about what you might expect from a Washington State licensed counselor or associate.**

**Our goal is to help you in have a positive counseling experience based on your ability to determine the type of services and the best provider to meet your needs.**

## What You Can Expect From Your Counselor or Associate:

Your licensed counselor or associate is required by law to provide you with a disclosure statement. It should have the following information:

- Qualifications
- Education
- Areas of expertise
- Valid license number
- Description of the types of counseling proposed
- Explanation of potential risks and benefits of such counseling.

They should:

- Inform you of the costs of your treatment, billing practices and how they maintain your medical records.
- Give you the opportunity to discuss matters of confidentiality, privacy, and release of information.
- Assist you in referrals to other professionals, if necessary or requested.
- Treat you with respect and dignity, especially in regard to age, color, culture, disability, ethnicity, gender, race, religion, sexual orientation, marital status, or socio-economic status.
- Keep confidentiality. Licensed mental health counselors, licensed independent clinical social workers and licensed marriage and family therapists have testimonial privilege. These providers may not disclose or testify about any information they learned about their client regardless of how they got the information. All information needed to provide the counseling service is considered privileged.

**Remember:** Your involvement in developing treatment goals, requesting a change in approach to treatment, or in decisions about termination of treatment is encouraged!

Once signed and dated by you and your licensed counselor or associate, the disclosure statement keeps it as part of your treatment record.

(Disclosure Information - WAC 246-809-700)

**Licensed counselor or associates** can diagnose and treat mental and emotional disorders. In doing so, they may work with individuals, couples, families, groups and organizations. Goals may include specific behavioral changes, symptom relief, personal growth, and/or the enhancement of well-being. If you have questions that require legal, medical, or other specialized knowledge outside the scope of practice of your licensed counselor or associate, you should be referred to another professional category for assistance with those questions.

You should be aware, that there are other credentialed professionals in the State of Washington that provide counseling services. Other credentialed counselors carry the designation certified counselor, certified adviser or agency affiliated counselor. They provide services but aren't required to meet the same academic/experience standards.

Each of the licensed counselor or associate categories has its own training, experience, supervision and continuing education requirements. The differences generally affect the types of services offered and the cost. Determining the best fit for you, your children, or your family will be your responsibility and challenge. You are encouraged to review the personal disclosure statement of the clinicians you are considering and to ask questions about your particular situation.

### To be a licensed counselor, your provider must have completed:

- A master's or doctorate degree from a program approved by DOH and accredited by nationally recognized standards;
- An approved exam;
- 3,000 to 4,000 hours of supervised post-graduate experience.
- 36 continuing education hours every two years, including six hours of law and ethics.

### To be an associate, your provider must:

- Have completed a master's or doctorate degree from a program approved by DOH and accredited by nationally recognized standards;
- Be under the supervision of an approved supervisor and gaining the experience requirements for full licensure.

## Confidentiality and Health Care Information Access and Disclosure

Your counselor will create records about your counseling process. These records are personal and sensitive. They should be properly documented, stored, retained and released only under specific circumstances. Your counselor should have a clear procedure to ensure confidentiality of your records. You have the right to expect that anything you tell your counselor will be held in confidence with just a very few exceptions:

- If you are involved in a civil or criminal lawsuit, a judge can order your file be turned over to the court;
- If you make statements that a child, elderly, or disabled person has been abused or neglected, law requires your counselor to report that information to the appropriate authorities.
- If you make statements that indicate you intend to harm yourself or others, your counselor may report that information to the appropriate authorities.

There also may be circumstances, such as inquiries from your insurance company, or a need for your counselor to consult with another of your healthcare providers. You will be asked to sign an authorization for release of information about your treatment. You should be informed of the reason for such disclosures and are encouraged to ask questions about anything that is unclear to you, prior to signing this authorization.

## Maintaining a Professional Relationship

Your relationship with your counselor should be professional in nature. Counseling deals with the most private aspects of your life. It is your counselor's responsibility to ensure an atmosphere of safety for you. Counselors should not invite you into a business venture, ask you for personal favors, subcontract with you for services, or engage in any sexual contact with you. If you are involved with a counselor in another relationship, such as a personal friend or a business relationship, you and your counselor should discuss the effect of these multiple relationships on services you may receive and take precautions for your own best interests.

Counseling often deals with difficult and emotional issues. There may be a time when you feel confused or troubled by something



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

***PLEASE REVIEW IT CAREFULLY***

This notice explains situations in which the HIPAA Privacy Rule allows Valley Cities to use and disclose your protected health information without your permission or authorization. Except as specified in this notice, your protected health information will not be shared without your permission or authorization. This notice describes Valley Cities' duty and commitment to protecting the privacy of your health information. You have rights related to the protection of your health information. One of your rights is to file a complaint with Valley Cities and the Department of Health and Human Services should you feel that your rights have been violated.

**If you have any questions about this notice, please contact our Privacy Officer at (206) 408-5172.**

Valley Cities understands that health information about you is personal and we are fully committed to protecting your medical and behavioral health information. Valley Cities creates a record of the care and services you receive. We need this record to provide you with quality care, to coordinate your care with others who are serving you, and to comply with certain legal requirements. This Notice of Privacy Practices applies to all records of your care that are generated and/or maintained by Valley Cities. You have a right to review and receive a copy of your record.

### **Our Responsibility to Protect Your Health Information**

Valley Cities is required by law 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. We must follow the duties and privacy practices described in this notice and make sure you have a copy of it.

Valley Cities hires contractors, subcontractors and other individuals known as business associates. In addition to Valley Cities staff, all business associates who may have access to your protected health information are required to follow the privacy practices described in this notice as part of their contract.

### **What is Protected Health Information?**

"Protected health information", or "PHI", means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, your employer, or a health care clearing house. It may include information about your past, present or future physical or behavioral health condition, the provision of your health care, and payment for your health care services.

### **Your Rights Related to Your Protected Health Information**

**Right to Inspect and Copy:** You have the right of access to inspect and obtain a copy of your protected health information that was originated by Valley Cities and is maintained in your clinical record. To receive a copy, you must submit a signed, written request. Any staff person can assist you with this by phone or in person.

Your request to inspect and receive a copy of your protected health information may be denied in certain, very limited circumstances. Your request can be denied if a licensed health care professional determines that the information included in your clinical record is reasonably likely to endanger the life or physical safety of yourself or another person, or is reasonably likely to cause substantial harm to you or another person.

If you are denied access to your information, you may request that the denial be reviewed. Another licensed health care professional chosen by Valley Cities will review your request and the denial. The person conducting your review will not be the person who denied your request. We will comply with the outcome of the review.

You may request that your protected health information be provided directly to another person or entity. We will ask that you complete a "Consent for Release of Information" form. This form must clearly identify the person or entity you wish to receive your records, specify what information you wish to share, must include the date of request and the expiration date of the request, and your signed consent. We may charge a reasonable fee for the preparation and materials involved in preparing your records for distribution. We are not required to honor an authorization until the fee is paid. Once all conditions of release are met, the release may take up to 30 days for processing.

**Right to Revoke Consent to Use or Disclose:** Except as outlined in this notice, Valley Cities will not use or disclose your protected health information without your written consent. If you have given us permission to use or disclose your information, you have the right to revoke your permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your protected health information as outlined in the written consent form. You understand that we are unable to take back any disclosures that have already been made and that we are required to retain our records of the care and services provided to you.

**NOTE:** Psychotherapy notes are not considered a part of your clinical record and therefore are not available for you to access, inspect or obtain a copy. Valley Cities clinicians do not write psychotherapy notes.

**NOTE:** If your protected health information is compiled for use in a civil, criminal, or administrative action/proceeding, this compilation of documents is not a part of your clinical record and therefore not be available for you to access, inspect or obtain a copy.

**Right to Amend:** If you feel that the healthcare information we have about you is incorrect or incomplete you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Valley Cities. To request an amendment, you must submit a written request and include a reason to support the request. We may deny your request if you ask us to amend information that was not created by Valley Cities, is not part of the clinical information kept by or for Valley Cities, is not part of the information that you would be permitted to inspect or copy, or if the information in your clinical record is accurate and complete.

If you disagree with an entry, you may make a separate entry that will be attached to your clinical record. Sign and date it and submit it with your signed, written request which provides a reason that supports your request.

**Right to an Accounting of Disclosures:** An "Accounting of Disclosures" is a list of each instance where your protected health information was disclosed without your written consent for any reason other than the allowable circumstances outlined in this notice. You have the right to request your Accounting of Disclosures. To do so, you must submit a signed, written request to the Medical Records department. Your request must state a time frame, which may not be longer than six years and may not include dates before April 2003.

**Right to Request a Restriction:** You have the right to request a restriction on our use or disclosure of your protected health information for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could request that we not disclose information about a medication you are taking. However, we are not required to agree with your request for a restriction. If we agree to the restriction, we may disclose your protected health information if it is needed to provide you with emergency treatment.

To request restrictions, you must submit a signed, written request to the Medical Records department. Your request must state what information you want to limit; whether you want to limit our use, disclosure, or both; and to whom you want the limits to apply. For example, you want us to limit disclosure of group attendance records to your spouse.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you in a confidential way. For example, you may request that we only call your cell phone and not your home phone, and whether or not we are allowed to leave voice mails on your phone. To request confidential communications, you must submit a signed, written request to the Medical Records department. Your request must specify how you wish to be communicated with and where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

### How We May Access, Use, and Disclose Protected Health Information Without Your Consent or Authorization

We must disclose your health information to you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice.

#### Treatment, Payment, Operations

We may use and disclose your protected health information without your consent or authorization if the use or disclosure is for your treatment, payment for services, or for Valley Cities business operations. A description and an example are given for each of these three categories below. However, there are many other examples that are not listed. Other situations that can be grouped under *treatment, payment, or business operations* may also be used and disclosed without your consent or authorization.

**NOTE:** If you are receiving services for the evaluation or treatment of a substance use disorder, additional specific rules apply to the use and disclosure of information related to these services. (See section entitled *Uses and Disclosures for Substance Use Disorder Information*.)

**For Treatment:** We may use and disclose your protected health information to professionals outside our organization who are involved in your care, such as your family physician, case manager, school counselor, or hospital, when the use or disclosure is necessary to coordinate your treatment needs. For example, a psychiatrist treating you for depression may need to know if you are being treated with other medications prescribed by your primary care physician to prevent any negative drug interactions with medications prescribed for the depression. Treatment providers within Valley Cities may share your protected health information in order to coordinate your needs, such as prescription refills, lab work, or housing services. We will only provide such information on a need-to-know basis.

**For Payment:** We may use and disclose your protected health information in order to bill for the services you receive so that we may collect payment. For example, we may give your protected health information to your insurance company, the King County BHO, or a third party, including Medicaid and Medicare so that they will pay us for the services we provided to you.

**For Health Care Operations:** We may use and disclose your protected health information to improve the overall business operations of our organization. This is necessary to ensure a high level of quality in the care that you and other clients receive at Valley Cities. For example, we may review your treatment and services to evaluate the performance of our staff in caring for you. We may also review your protected health information to clinicians, doctors, case managers or other staff for auditing or learning purposes.

**For Medical Emergencies:** We may use and disclose your protected health information in the event of a medical emergency. Information may be disclosed to medical personnel to aid in your treatment.

### Circumstances in Which Valley Cities is Permitted or Required to Use or Disclose Your PHI Without Written Authorization

Valley Cities will share your protected health information when the law requires that we do so, including the situations described below. We may also share your information with the Department of Health and Human Services if it needs this information to ensure that we're complying with the law.

**Law Enforcement:** We may use or share your protected health information with a law enforcement official, for law enforcement purposes, such as:

- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if we are unable to obtain the victim's agreement;
- About a death we believe may be the result of criminal conduct; or
- In emergency circumstances to report a crime, the location of crime victims, or the identity description or location of a person who committed a crime.

**Military and National Security:** If you are a member of the armed forces, we may use or share health information about you for special government functions such as military, national security, and presidential protective services.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose behavioral health care information about you in response to a subpoena, discovery request, or other lawful process.

**Inmates:** If you are an inmate of a correctional institution or in the custody of law enforcement, we may disclose your protected health information to the correctional institution or a law enforcement official.

**Workers Compensation:** We may use or share health information about you for workers' compensation claims.

**Individuals Involved in Disaster Relief:** We may disclose healthcare information about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location.

**Public Health Risks:** We may use and disclose your protected health information to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report births or deaths
- To report child, adult, or older adult abuse or neglect
- To report reactions to medications or problem with prescriptions
- To notify a person who may have been exposed to a disease or at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a person has been the victim of abuse or domestic violence. (We will only make this disclosure when required or authorized by law)
- To avert a serious threat to the health or safety of a person or the public

**Health Oversight Activities:** We may use and disclose your protected health information to a health oversight agency for activities authorized by law. Such activities may include audits, investigations or inspections by agencies such as King County BHO and the State of Washington. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Coroners, Medical Examiners and Funeral Directors:** We may share protected health information with a coroner, medical examiner, or funeral director when a client dies.

**Organ and Tissue Donation:** If you are an organ donor, we are permitted to share health information about you with organ procurement organizations.

**STD Information:** All health information related to sexually transmitted disease is kept strictly confidential and released only in conformance with the requirements of state law. Disclosure of any healthcare information referencing a client's STD status may only be made with the client's specific written authorization. A general authorization for the release of healthcare or other information is not sufficient for this purpose.

### Uses and Disclosures for Substance Use Disorder Information

The confidentiality of substance use disorder information is protected by stricter regulations than those for general health information. For example, we cannot share your substance use disorder information for treatment or payment purposes without your written consent. A client's substance use disorder records related to the diagnosis, treatment, referral for treatment or prevention is protected by federal law (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3) and regulation (42 CFR Part 2).

We may not disclose to anyone outside the SUD program that you attend the program or disclose any information identifying you as a substance abuser, unless:

- You consent in writing,
- It is allowed by a court order,
- It is made to medical personnel in a medical emergency,
- It is made to qualified personnel for research, audit or program evaluation,
- You commit or threaten to commit a crime either at the program or against any person who works for the program,
- It is made to appropriate authorities to report suspected child or adult/older adult abuse or neglect.

Violations of the federal law and regulations by a program are a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs, or to the Valley Cities Privacy Officer at (206) 408-5172.

### Additional Information

**Applicable laws that protect health information: The Federal Health Insurance Portability and Accountability Act of 1996 and the Omnibus Privacy Rules of 2013 (HIPAA – 45 C FR Part 160 and subparts A and E of Part 164) sets the minimum standards. For substance use care, the Federal law 42 CFR Part 2 offers more stringent rules. Additionally, Washington State laws for behavioral health care are, in many instances, stricter than the Federal laws. These laws are included in RCW 70.02 (Health Care Information Access and Disclosure).**

**Fundraising Activities:** We may contact you in an effort to raise money for the agency and its operations. This information will not be released outside Valley Cities. If you do not want the agency to contact you for fundraising efforts, you must notify our Privacy Officer in writing. You may call (206) 408-5172 to request further information.

**Research:** Valley Cities does not conduct research studies. Occasionally, however, we may be asked to participate in studies undertaken by the state or a university. In which case, any information shared will be de-identified or we will ask for your written consent prior to allowing the researcher access to your name, address, or other information that reveals who you are.

**Other Uses and Disclosures:** Disclosures for marketing purposes and disclosures that constitute a sale of protected health information require your authorization. Other uses and disclosures not described in this Notice will be made only with your written authorization.

**Filing a Complaint:** If you believe your privacy rights have been violated, you may contact the Valley Cities Privacy Officer at (206) 408-5172. You may file a complaint in writing and mail it to 325 W. Gowe Street, Kent, WA 98032. If we cannot resolve your concern, you also have the right to file a written complaint with the Department of Health and Human Services and/or the Office for Civil Rights. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

**You have a right to a paper copy of this notice.** If you received this notice from our website or via email, you may ask any staff member for a paper copy at any time.

**Changes to this notice:** Valley Cities has the right to make revisions or changes to this notice. Changes will become effective for your existing record of protected health information maintained by Valley Cities as well as information added to your

record in the future. When a change or revision is made to this notice, the current notice will be clearly posted at all Valley Cities clinics and it will contain the effective date at the bottom of each page.

## **Your Information. Your Rights. Our Responsibilities.**

### **NOTICE OF PRIVACY PRACTICES**

#### **King County Behavioral Health and Recovery Division**

***Effective Date: January 1, 2019***

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice also describes how substance use disorder information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Section 1 describes your rights; Section 2 describes our uses & disclosures for health information; Section 3 describes our uses & disclosures for substance use disorder information; Section 4 describes our responsibilities; and Section 5 is additional information.

### **Section 1: Your Rights**

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

- **Get a copy of health information.**
  - You can ask to see or get a copy of your 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 health information.**
  - You can ask us to correct your health information if you think it is incorrect or incomplete. Ask us how to do this.
  - We may say “no” to your request, but we’ll 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 consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.
- **Ask us to limit what we use or share.**
  - You can ask us not to use or share your 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.
  - We cannot share your substance use disorder information for treatment or payment purposes without your written consent.
- **Get a list of those with whom we’ve shared information.**
  - You can ask for a list (accounting) of the times we’ve 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 and health care operations and certain other disclosures (such as any you asked us to make). We’ll provide one

accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **Get a copy of this privacy notice.**
  - 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 health care 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 are violated.**
  - You can complain if you feel we have violated your rights by contacting us using the information on page 3.
  - You can file a complaint with the King County Department of Community and Human Services Privacy Officer by sending a letter to 401 Fifth Avenue, Suite 400, Seattle, WA 98104 or 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We will not retaliate against you for filing a complaint.

## Section 2: Our Uses and Disclosures of Health Information

### How do we typically use or share your health information?

- **Help manage the health care treatment you receive.**
  - We can use your health information and share it with professionals who are treating you, coordinating your care or assisting with housing placement (if you don't have housing).  
*Example: A provider sends us information about your treatment services so we can arrange for coverage or to coordinate additional services.*
- **Run our organization.**
  - We can use and disclose your information to run our organization and contact you when necessary.  
*Example: We use health information about you to develop better services for you.*
- **Pay for your health services.**
  - We can use and disclose your health information as we pay for your health services.  
*Example: We share information about you with the Washington State Department of Social and Health Services and Health Care Authority for payment of the services you receive.*

**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. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- **Help with public health and safety issues.**

We can share health information about you for certain situations such as:

- Preventing disease.
- 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 Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
- **Respond to organ and tissue donation requests, work with medical examiner or funeral director**
  - We can share health information about you with organ procurement organizations.
  - 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.
- **Other Uses and Disclosures**
  - Disclosures for psychotherapy notes, disclosures for marketing purposes and disclosures that constitute a sale of protected health information require your authorization. Other uses and disclosures not described in this Notice will be made only with your written authorization.

### **Section 3: Our Uses and Disclosures of Substance Use Disorder Information**

The confidentiality of substance abuse disorder information is protected by regulations that are stricter than the regulations for more general health information. For example, we cannot share your substance use disorder information for treatment or payment purposes without your written consent.

We are allowed or required by federal law to share your substance use disorder information without your written consent in the following ways:

- To medical personnel in a medical emergency.
- To appropriate authorities to report suspected child abuse or neglect.
- To report suspected criminal activity.
- For research, audit or evaluations.
- As allowed by a court order.
- Pursuant to an agreement with a qualified service organization.

Other uses and disclosures of your substance use disorder information not described in this Notice will be made only with your written consent.

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.

#### **Section 4: Our Responsibilities**

- We are required by law 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.
- 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

#### **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 and on our web site and we will mail a copy to you. For more information see: <https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse.aspx>.

#### **Section 5: Additional Information**

For more information see:

- [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).
- 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.

**King County Department of Community and Human Services  
Behavioral Health and Recovery Division  
Privacy Officer (206)-263-9000  
401 Fifth Avenue Suite 400, Seattle, WA 98104**

## YOUR RIGHTS AS A BEHAVIORAL HEALTH CLIENT

*As a person who receives behavioral health services, you have the right to:*

- 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.
- Receive services without regard to race, creed, color, national origin, religion, gender, sexual orientation, age, religion, or disability.
- Practice the religion of your 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.
- Have your privacy protected.
- Develop a plan of care and be offered services that meet your unique needs.
- Participate in decisions regarding your mental health care.
- Receive services in a barrier-free accessible location.
- Be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, or cultural differences.
- Be free of any harassment or exploitation, including but not limited to physical abuse, financial exploitation, and sexual harassment or exploitation.
- Receive the amount and duration of services you need.
- Request information about the structure and operation of the agency.
- Receive emergent or urgent care.
- Receive crisis services and a list of crisis phone numbers.
- Be free from the use of seclusion or restraints except as allowed under law in secure treatment facilities.
- Receive age and culturally appropriate services.
- Be provided a certified interpreter and translated material at no cost to you.
- Understand available treatment options and alternatives.
- Refuse any proposed treatment.
- Receive an explanation of all medications prescribed, including expected benefits and possible side effects.
- Be informed of your right to create and maintain a mental health advance directive, receive help in creating and maintaining one, and decide who will make medical decisions for you if you cannot make them.
- Receive quality services that are medically necessary.
- Have a second opinion from a qualified health care professional.
- Choose a mental health care provider or choose one for your child who is under thirteen years of age.

- Make changes at any time to your providers or case managers and receive the services of an Ombuds in filing a grievance, appeal, or fair hearing.
- Have all clinical and personal information treated in accordance with state and federal confidentiality regulations.
- Request and receive copy of your medical records, ask for changes and be informed of the cost for copying, if any.
- Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections.
- Be free from retaliation.
- Request a copy of agency complaint and grievance procedures and to lodge a complaint with Valley Cities or file a grievance with your Managed Care Organization (MCO) or King County Behavioral Health and Recovery Division (KC-BHRD) at any time if you believe your rights have been violated.

Organization	Phone number
Amerigroup	1-800-600-4441
Community Health Plan of Washington	1-800-440-1561
Coordinated Care of Washington	1-877-644-4613
Molina Healthcare of Washington, Inc.	1-800-869-7165
United Healthcare Community Plan	1-877-542-8997
King County Behavioral Health and Recovery Division/BH- ASO	1-800-790-8049

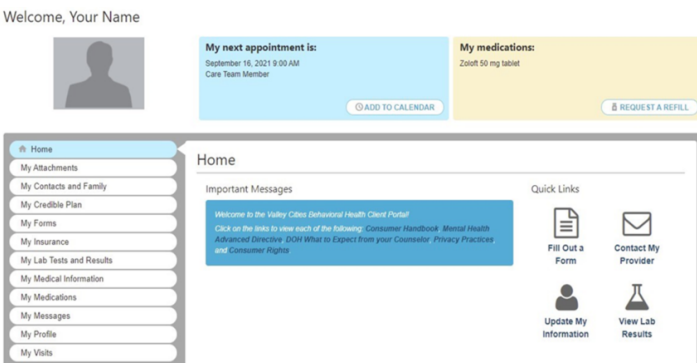
- File an appeal based on a King County Behavioral Health and Recovery Division (KC-BHRD) written Notice of Action for a King County Administrative Services Organization (BH-ASO) or locally funded service. File an appeal based on a written Notice of Adverse Benefit Determination for a Medicaid funded service.
- To access the King County Ombuds for help regarding your rights regardless of insurance status, income level, ability to pay and county of residence. To reach the King County Ombuds, call 1-800-790-8049 ext. 3.
- Submit a report to the Department of Health when you feel Valley Cities has violated a Washington Administrative Code (WAC) requirement regulating “behavioral health agencies.”

Client rights for those covered under BH-ASO Contracts are available on BHRD’s website <https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/services/Client%20Rights.aspx>

For Medicaid funded clients, client rights are available in the Washington Apple Health: Integrated Managed Care Booklet located here in 15 languages: <https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/apple-health-client-booklets>

# CLIENT PORTAL

- Request refills of medication
- Request new or cancel/reschedule visits
- Fill out and submit forms
- View upcoming appointments
- View your current medications
- View tests/lab results
- Proxy access for parents/ guardians
- View family contacts



Ask your Care Team Member how to sign up today!

<https://www.credibleportal.com/v2>

# 11 PRINCIPLES OF RECOVERY

1. Self-Direction: You direct the path that leads to your dreams and goals.
2. Person-Centered: Your recovery is all about you.
3. Empowerment: You have a voice and a choice in your recovery.
4. Holistic: Recovery encompasses your whole life, including mind, body, spirit, and community.
5. Non-Linear: Recovery is an ongoing process that takes a variety of directions and paths to get you where you want to be.
6. Strengths-Based: You have personal and unique strengths that can help you in your recovery.
7. Peer Support: Recovery involves a community of like-minded people to assist you as you meet your goals.
8. Respect: Everybody deserves to treat themselves with respect and to be treated with respect by others.
9. Responsibility: Recovery is not passive. It takes effort and accountability on your part as well as working with your care team.
10. Hope: The path to a healthier future requires hope and perseverance.
11. Resiliency: Through your struggles and adversities, you will be stronger by building resiliency to keep moving forward.

253.833.7444

[www.valleycities.org](http://www.valleycities.org)

# VALLEY | CITIES

Behavioral Health Care

## Mental Health Program

### Team-Based Care

At Valley Cities, we use a team-based model of care. There are different types of professionals that can meet with you and help you on your recovery goals.



Recovery:

*"A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."*

-SAMHSA definition

## CARE TEAM

### CASE MANAGERS:

Provide connections and referrals to other providers and agencies, help you access various benefits and resources, and provide coaching with managing money, maintaining housing, and managing health and wellness.

### THERAPISTS/CLINICIANS:

Provide therapy services and help you learn about mental health conditions and techniques for decreasing or managing symptoms.

### PEER SUPPORT

#### SPECIALIST/PARENT PARTNERS:

Have lived experience with mental health/substance use themselves and/or have children with mental health challenges. Peers hold hope by sharing their lived experience that recovery is possible.

#### PSYCHIATRY PROVIDERS:

Help with establishing mental health diagnoses when there are questions, and provide medication treatment to reduce mental health symptoms and to treat substance use disorders.

We also have substance use counselors, employment specialists, and some other specialty programs at Valley Cities. Please ask about our additional programs if you are interested!

## GROUPS, CLASSES, AND ACTIVITIES



### SUPPORT GROUPS:

Bring together people who are sharing a similar experience or challenge, so they can learn from each other and support each other.

Examples: grief and loss, African American women's support group, LGBTQ+, Employment, among others.

### CLASSES:

Teach you about mental health conditions and how to manage them.

Examples: depression, anxiety, coping skills, and healthy relationships, among others.

### ACTIVITY GROUPS:

Bring people together to learn and practice healthy or helpful activities, such as art, meditation, yoga or walking.

## CARE PACKAGES

For many clients, King County has assigned a High, Medium, or Low Level of Care.

Your Level of Care then determines the amount of services that you are able to access.

(Please note, the following does not apply to crisis or urgent situations.)

### HIGH LEVEL OF CARE:

- Individual meetings with therapist/clinician, case manager, and/or peer support specialist for 1.5 hours per week (on average), based on clinical recommendations
- Psychiatry services
- Unlimited groups, classes, and activities

### MEDIUM LEVEL OF CARE:

- Individual meetings with therapist/clinician, case manager, and/or peer support specialist once a week for 30 minutes or twice per month for one hour, based on clinical recommendations
- Psychiatry services
- Unlimited groups, classes, and activities

### LOW LEVEL OF CARE:

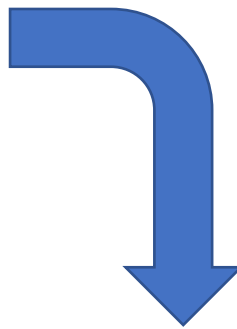
- Individual meetings with therapist/clinician, case manager, and/or peer support specialist twice a month for 30 minutes or once per month for 1 hour, based on clinical recommendations
- Psychiatry services
- Unlimited groups, classes, and activities

## Youth Services Roadmap

Thank you for trusting Valley Cities Behavioral Healthcare to help support you and your family on the road to recovery! Now that you have completed the mental health intake to qualify you for services with us, here is what you can expect moving forward:

### Session 1:

- Meet the Clinician
- Learn About Youth Therapy
- Ask Questions
- Take Home the Youth Biopsychosocial Assessment



Note: Some of the items in the Youth Biopsychosocial Assessment may be similar to questions you answered at intake. If you feel this is the case for a given portion of the assessment, please note this and move on to the next section.

### At Home and/or During Your Next Session:

- Complete the Youth Biopsychosocial Assessment and Answer Clarifying Questions from the Clinician

### Session 2 and Onward:

- Review Findings from Youth Biopsychosocial Assessment with Your Clinician
- Discuss Diagnosis and Collaboratively Plan Treatment
- Complete Releases of Information or Schedule Psychiatric Evaluation (if indicated)



# Preparing for Your Psychiatric Evaluation

## What is a psychiatric evaluation?

A psychiatric evaluation is a structured interview by a psychiatrist or a psychiatric nurse practitioner (ARNP) that takes about 60-90 minutes. You will be asked about your current symptoms, treatment history, and life experiences.

It can be hard to open up to a new person. Please share only as much as you're comfortable with. It will be used to make sure you're given the most fitting diagnosis. At the end of your appointment, your provider will talk about your mental health diagnoses with you and come up with the best fitting treatment plan. Sometimes, a second visit is needed to decide about diagnoses and best treatment.

## Is a psychiatric evaluation right for me?

- If switching care to Valley Cities, you'll need to have a psychiatric evaluation to get your medications prescribed here. The provider might suggest changes to your diagnoses or medications based on this evaluation.
- You may want a psych eval if you're interested in taking or learning about medications.
- You don't need a psych eval to start counseling or groups. You can start these therapies while waiting to have an evaluation.
- If you're not sure, you can talk to your counselor about it and decide to schedule a psychiatric evaluation later.

## How can I prepare for a psychiatric evaluation?

- Bring **all** medication bottles that you are taking (or a written list), including any herbs or supplements.
- Bring any past treatment records that you think might help the provider understand your history.
- It is helpful if you are able to write down a list of all the past psychiatric medicines you have tried, how long you took them, at what dose, and any effects (good or side effects).
- You can bring a family member or partner for support, or if you have trouble explaining your symptoms.
- You may have your blood pressure, heart rate, and weight checked, which is part of good medical care and may be needed to monitor certain medications.

## For youth:

- If the youth has an IEP or 504 plan, please give us a copy before the psych eval.
- If under the guardianship of DCYF, please give us a copy of the CHET screening and any other paperwork for the youth's DCYF case before the psych eval.
- For children under 13, a parent or legal guardian must come to the psych eval and follow-up appointments to give information, and permission for any medications that may be prescribed.

## Please note:

- We don't do disability evaluations or parenting/custody assessments.
- We do diagnose ADHD, but we don't do testing for Autism Spectrum Disorder or learning disabilities.
- Please talk to your primary care provider about getting an outside referral for this service.
- If you don't have a primary care provider please let us know and we will help you find one.
- For safety reasons, we do not prescribe a benzodiazepine at the same time that one or more of the following medications is being prescribed: stimulant medication for ADHD, opioid pain medication, methadone, Z hypnotic medications.

## Mandated Reporting:

All Valley Cities staff, including psychiatric providers, are mandated reporters and must report suspected abuse, abandonment, neglect, or financial exploitation of individuals under 18, disabled individuals, or a seniors to the appropriate authorities. We know that involvement of outside systems can be stressful or frightening, and we can talk with you about the effects of such a report if we have to make one.



## SUS DERECHOS COMO CLIENTE DE SALUD CONDUCTUAL

*Como persona que recibe servicios de salud conductual, tiene derecho a:*

- Ser tratado con respeto, dignidad y privacidad, aunque el personal puede realizar registros razonables para detectar y prevenir la posesión o el uso de contrabando en las instalaciones.
- Recibir servicios sin importar su raza, creencias, color, nacionalidad, religión, sexo, orientación sexual, edad, religión o discapacidad.
- Practicar la religión de su elección, siempre y cuando no atente contra los derechos y el trato a los demás, o el servicio de tratamiento. Rehusarse a participar en cualquier práctica religiosa.
- Recibir protección a su privacidad.
- Elaborar un plan de atención y recibir los servicios que satisfagan sus necesidades únicas.
- Participar en decisiones sobre su atención de salud mental.
- Recibir servicios en una ubicación accesible y libre de obstáculos.
- Recibir adaptaciones razonables en caso de que tenga una discapacidad sensorial o física, capacidad limitada para comunicarse, dominio limitado del inglés o diferencias culturales.
- Estar a salvo de cualquier tipo de acoso o explotación, incluidos el maltrato físico, la explotación financiera y el acoso o la explotación sexual.
- Recibir la cantidad y la duración de los servicios que necesita.
- Solicitar información sobre la estructura y funcionamiento de la agencia.
- Recibir atención de emergencia y de urgencia.
- Recibir servicios en caso de crisis y una lista de números telefónicos para crisis.
- Estar exento de reclusión o de restricciones, hasta donde lo permita la ley en los centros seguros de tratamiento.
- Recibir servicios apropiados para la edad y culturalmente.
- Recibir los servicios de un intérprete certificado y material traducido de manera gratuita.
- Comprender las opciones y alternativas de tratamiento.
- Rehusarse a cualquier sugerencia de tratamiento.
- Recibir una explicación de los medicamentos recetados, incluidos los beneficios esperados y los posibles efectos secundarios.
- Recibir información de su derecho a crear y mantener una directiva anticipada de salud mental, recibir ayuda al respecto y decidir quien tomará las decisiones médicas en nombre suyo si usted no puede hacerlo.
- Recibir servicios de calidad que sean médicamente necesarios.
- Recibir una segunda opinión de un profesional calificado de atención médica.
- Elegir a un proveedor de atención de salud mental para sí o para su hijo menor de trece años de edad.

- Realizar cambios en cualquier momento a sus proveedores o administradores de casos y recibir los servicios del defensor del pueblo para presentar una queja, una apelación o una audiencia justa.
- Supeditar toda su información clínica y personal a los reglamentos estatales y federales de confidencialidad.
- Solicitar y recibir un ejemplar de su historia clínica, solicitar cambios y estar informado del costo de las copias, si procede.
- Revisar su historia clínica en presencia del administrador o designado, y que se le brinde la oportunidad de solicitar enmiendas o correcciones.
- Estar exento de represalias.
- Solicitar un ejemplar de los procedimientos de quejas y reclamos de la agencia y presentar un reclamo ante Valley Cities, o bien presentar una queja ante su organización de atención administrada (Managed Care Organization, MCO) o ante la División de Salud Mental y Recuperación del Condado de King (King County Behavioral Health and Recovery Division, KC-BHRD) en cualquier momento si cree que se han violentado sus derechos.

Organización	Número de teléfono
Amerigroup	1-800-600-4441
Community Health Plan of Washington	1-800-440-1561
Coordinated Care of Washington	1-877-644-4613
Molina Healthcare of Washington, Inc.	1-800-869-7165
United Healthcare Community Plan	1-877-542-8997
División de Salud Mental y Recuperación del Condado de King/Organización de Servicios Administrativos de Salud Mental (Behavioral Health Administrative Services Organization, BH-ASO)	1-800-790-8049

- Presentar una apelación basada en una notificación de acción por escrito de la División de Salud Mental y Recuperación del Condado de King (KC-BHRD) para una organización de servicios administrativos del condado de King (BH-ASO) o un servicio financiado localmente. Presentar una apelación basada en una notificación de determinación adversa de beneficios por escrito para un servicio financiado por Medicaid.
- Acceder al defensor del pueblo del condado de King para obtener ayuda sobre sus derechos, independientemente de su situación del seguro, el nivel de ingresos, la capacidad de pago y el condado de residencia. Para ponerse en contacto con el defensor del pueblo del condado de King, llame al 1-800-790-8049, ext. 3.
- Presentar un informe al Departamento de Salud cuando considere que Valley Cities ha infringido un requisito del Código Administrativo de Washington (Washington Administrative Code, WAC) que regula las "agencias de salud mental".

Los derechos de los clientes para las personas cubiertas en virtud de contratos de BH-ASO están disponibles en el sitio web del BHRD: <https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/services/Client%20Rights.aspx>

Para los clientes financiados por Medicaid, los derechos del cliente están disponibles en Apple Health de Washington: Folleto sobre la atención gestionada integrada, disponible aquí en 15 idiomas: <https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/apple-health-client-booklets>

# VALLEY | CITIES

Behavioral Healthcare

## MANUAL DEL CLIENTE

### Servicios para pacientes ambulatorios

#### **NUESTRA VISIÓN**

En Valley Cities Behavioral Health Care creemos en la importancia de construir comunidades saludables en las que cada persona pueda alcanzar su máximo potencial.

#### **NUESTRA MISIÓN**

COMPASIÓN. **CONEXIÓN**. COMUNIDAD.

[www.valleycities.org](http://www.valleycities.org)

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## **BIENVENIDO A VALLEY CITIES**

Durante los últimos 50 años, nuestra misión en Valley Cities ha sido brindar servicios de tratamiento de salud mental y de tratamiento para el trastorno por consumo de sustancias de la más alta calidad. Ayudamos a que las personas y las familias tengan una vida más saludable y productiva mediante un servicio de atención flexible que se adapta a las necesidades individuales. Nuestra filosofía de atención se centra en el cliente y se enfoca en la recuperación, la resiliencia y el bienestar. Concebimos la recuperación de cada paciente como un proceso de curación profundamente personal y único. Contamos con equipos multidisciplinarios para brindarle apoyo mediante una atención integral de la salud. Agradecemos la oportunidad de trabajar junto a usted y esperamos poder ofrecerle servicios que lo ayuden a alcanzar sus objetivos.

## **CÓMO EMPEZAR A ACCEDER A LOS SERVICIOS**

Puede solicitar el inicio de los servicios acudiendo a cualquiera de nuestras clínicas ambulatorias (mencionadas en la última página de este manual) o llamando al (253) 833-7444. Valley Cities ofrece la opción tanto de citas presenciales como de citas virtuales (telemedicina).

## **BENEFICIOS Y PAGOS**

Verificaremos la cobertura de su seguro y sus beneficios antes de programar cualquier cita. Deberá presentar una copia de su tarjeta de seguro como parte del proceso de verificación. También deberá presentar su licencia de conducir o tarjeta de identificación emitida por el Estado.

Si su seguro no cubre el pago de los servicios, todos los pagos, incluidos el coaseguro, los copagos o los deducibles, vencen en el momento de la cita. En caso de que los beneficios de su seguro cambien, es posible que haya disponible una escala móvil de tarifas (según sus ingresos y el tamaño de familia). Todos los servicios de escala móvil

deben ser calificados como necesarios y aprobados por Valley Cities. Tenga en cuenta que todos los descuentos por escala móvil son un recurso limitado y es posible que no estén disponibles en el momento en que los solicite.

Si tiene alguna pregunta o inquietud sobre sus beneficios, puede utilizar los siguientes recursos o comunicarse con nuestro personal.

<https://www.kingcounty.gov/depts/health/locations/health-insurance/coverage/eligibility.aspx>

Teléfono del Departamento de Salud del Estado de Washington (Washington State Health Care Authority): 1 (800) 562-3022

Línea TTY: 1 (855) 627-9604

Correo electrónico: [askmagi@hca.wa.gov](mailto:askmagi@hca.wa.gov)

## **SERVICIOS QUE OFRECEMOS**

Cada una de nuestras clínicas ofrece una amplia variedad de servicios, además de los que se enumeran a continuación. Comuníquese con nuestro personal para obtener más detalles sobre los servicios que se encuentran disponibles en su clínica.

- Gestión de casos
- Servicios de empleo
- Servicios grupales
- Gestión de medicamentos o de recetas
- Apoyo de pares
- Programas para trastornos por consumo de sustancias
- Terapia
- Servicios para veteranos
- Programas Wraparound

## **Salas de recursos**

Las salas de recursos en Valley Cities son espacios administrados por voluntarios que contienen materiales educativos y diversos recursos relacionados con el tratamiento de la salud mental y del consumo de sustancias, y la recuperación.

Los horarios y la disponibilidad dependen de cada espacio, llame con anticipación al (253) 833-7444 para asegurarse de que la sala de recursos esté abierta.

## **SERVICIOS EN CASO DE CRISIS**

En caso de una emergencia que ponga en riesgo la vida, llame al 911 inmediatamente. Los servicios de crisis de Valley Cities, tanto durante el día como fuera del horario hábil, no sustituyen a los servicios de emergencia del 911, como los de policía, bomberos o los servicios médicos de emergencia.

### **Durante el horario hábil (de 8:30 a. m. a 5 p. m.):**

Si tiene una crisis de salud mental que no sea de emergencia durante el horario hábil, puede comunicarse directamente con su equipo de atención por teléfono o acudir a la clínica para que lo atienda un miembro del personal disponible. También puede llamar al (206) 408-5283 para comunicarse con un especialista en crisis durante el día.

### **Después del horario hábil (después de las 5 p. m., fines de semana o feriados):**

Si tiene una crisis de salud mental que no sea de emergencia después del horario hábil, llame a la línea de Crisis Connection al (206) 461-3222, o al número gratuito 1 (866) 427-4747. Ellos se pondrán en contacto con el equipo de crisis de Valley Cities fuera del horario hábil que se encargará de su seguimiento.

## **CÓMO PROGRAMAR UNA CITA**

Al finalizar cada cita, programe su próximo consulta en la recepción antes de salir. También puede llamar a la Línea de Gestión de Citas al (253) 833-7444. Si deja un mensaje de voz, le responderemos en el plazo de 1 día hábil.

## **SERVICIOS DE INTÉRPRETE**

Valley Cities puede coordinar la presencia de un profesional que proporcione servicios de interpretación en sus citas, sin costo alguno para usted. Comuníquese con nuestro personal si desea solicitar este servicio.

## **AUSENCIAS, CANCELACIONES O LLEGADAS TARDÍAS**

Le pedimos que llegue a tiempo y que asista a todas las citas programadas. Si necesita cancelar una cita, avise con al menos 24 horas de anticipación. No habrá ninguna penalización económica por no asistir o por cancelar una cita. Si cancela la consulta el mismo día de una cita programada o no se presenta a una cita dos veces seguidas (consecutivas), el equipo de atención trabajará con usted para crear un plan individualizado que lo ayude a asistir regularmente a las citas.

Si llega a una cita con más de 15 minutos de retraso, el personal hará todo lo posible por atenderlo durante el tiempo restante de la cita programada. Dependiendo de la disponibilidad del personal, se le puede solicitar que re programe la cita.

## **NIÑOS EN LA SALA DE ESPERA**

Los niños menores de 13 años no pueden permanecer sin supervisión en las salas de espera de Valley Cities.

## **COMENTARIOS**

En Valley Cities valoramos los comentarios de nuestros clientes sobre los servicios que ofrecemos. Su equipo de atención



médica puede solicitarle de manera regular su opinión sobre nuestro desempeño. También podemos pedirle que participe en una encuesta anual sobre los servicios de Valley Cities. Encontrará buzones de sugerencias disponibles en cada uno de los vestíbulos de nuestras clínicas. Sus comentarios son bienvenidos en todo momento y en especial cuando considere que nuestros servicios podrían mejorarse en determinados aspectos. Para presentar quejas e inquietudes, siga el proceso de reclamo que se indica en este manual.

## **CÓMO PRESENTAR UNA QUEJA**

Tiene derecho a expresar todas las inquietudes que tenga sobre cualquier aspecto de su experiencia con Valley Cities. Puede presentar sus inquietudes a cualquier miembro del personal, ya sea de forma verbal o por escrito. Le recomendamos que hable sobre sus inquietudes directamente con el miembro del personal implicado, pero también puede solicitar comunicarse con un supervisor o cualquier otro miembro del personal a su elección.

Haremos todo lo posible para resolver sus inquietudes de inmediato y dentro de los canales de nuestra organización. También puede presentar un formulario de reclamo de Valley Cities que le proporcionaremos si así lo solicita.

## **CÓMO PRESENTAR UN RECLAMO**

En cualquier momento y por cualquier motivo, tiene derecho a presentar un reclamo sobre su experiencia en Valley Cities. Si sus servicios se financian a través de Medicaid, tiene derecho a presentar un reclamo ante la Organización de Atención Médica Gestionada (Managed Care Organization, MCO) designada. Si sus servicios no se financian a través de Medicaid, tiene derecho a presentar un reclamo ante la División de Salud Conductual y Recuperación del Condado de King (King County Behavioral Health and Recovery Division, KC-BHRD). También puede presentar una denuncia al Departamento de Salud si considera que

Valley Cities ha infringido un artículo del Código Administrativo del Estado de Washington (Washington Administrative Code, WAC) que regula las agencias de salud conductual.

Si usted, un miembro de su familia, su pareja o su defensor designado presentan una queja o un reclamo contra Valley Cities, no habrá castigos o represalias para usted ni para esa persona. Los castigos o las represalias por presentar una queja o un reclamo son ilícitos y no serán tolerados.

También puede comunicarse con el Programa de Mediadores de Salud Conductual del Condado de King (King County Behavioral Health Ombuds Program) llamando al 800-790-8049 (Interno 3). Este programa ofrece servicios de apoyo y defensa a las personas que reciben servicios de salud conductual en el condado de King.

Organización	Información de contacto
Amerigroup	(800) 600-4441 <a href="mailto:WA-Grievance@amerigroup.com">WA-Grievance@amerigroup.com</a>
Community Health Plan of WA	(800) 440-1561 <a href="mailto:AppealsGrievances@chpw.org">AppealsGrievances@chpw.org</a>
Coordinated Care	(877) 644-4613 <a href="mailto:WAQualityDept@Centene.com">WAQualityDept@Centene.com</a>
Molina Healthcare	(800) 869-7165 <a href="mailto:WAMemberServices@MolinaHealthcare.com">WAMemberServices@MolinaHealthcare.com</a>
UnitedHealthcare	(877) 542-8997 <a href="mailto:WACS_Appeals@uhc.com">WACS Appeals@uhc.com</a>
King County Behavioral Health and Recovery Division/BH-ASO	(800) 790-8049 <a href="mailto:BHRDComplaintsGrievances@kingcounty.gov">BHRDComplaintsGrievances@kingcounty.gov</a>

También puede presentar un reclamo ante el Departamento de Salud del Estado de Washington (Washington State Department of Health):

Sitio web:

<https://fortress.wa.gov/doh/opinio/s?s=ComplaintFormHPF>

Correo electrónico: [hsgacomplaintintake@doh.wa.gov](mailto:hsgacomplaintintake@doh.wa.gov)

Teléfono: (360) 236-4700

Correo: Washington State Department Health  
Health Systems Quality Assurance  
Complaint Intake  
P.O. Box 47857  
Olympia, WA 98504-7857

Valley Cities es una agencia acreditada por la Comisión Conjunta (Joint Commission). Si desea contactarse con la Comisión Conjunta respecto a una inquietud, puede hacerlo. Los asuntos de facturación, seguros, conflictos sobre pagos, problemas con el personal o problemas sobre relaciones laborales no se encuentran dentro del ámbito de trabajo de la Comisión Conjunta. Tenga en cuenta que la Comisión Conjunta no resuelve quejas individuales, sino que evalúa las quejas en función de las normas de acreditación.

Sitio web: [www.jointcommission.org/report\\_a\\_complaint.aspx](http://www.jointcommission.org/report_a_complaint.aspx)

Correo electrónico: [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)

Teléfono: (800) 944-6610

Fax: (630) 792-5636

Correo: The Joint Commission

A la atención: Office of Quality Monitoring One  
Renaissance Blvd.  
Oakbrook Terrace, Illinois 60181

## **SERVICIOS QUE RESPONDEN A LAS NECESIDADES CULTURALES Y A LA NO DISCRIMINACIÓN**

En Valley Cities tomamos todas las medidas necesarias para garantizar que los servicios sean adecuados para personas de diversos orígenes. No discriminamos por motivos de raza, religión, género, color, origen étnico o cultural, nacionalidad, orientación sexual, edad, estado civil, ascendencia, ideología política, uso de animales guía o de animales de servicio, uso del certificado de alquiler subsidiado de la Sección 8, situación

de los padres, discapacidad física, mental o sensorial, infección por VIH, prestación de servicio militar ni capacidad de pago. Si considera que ha sufrido discriminación en Valley Cities, puede presentar un reclamo ante la Oficina de Derechos Civiles (Office of Civil Rights, OCR). La OCR dispone de múltiples formas para presentar un reclamo, que pueden encontrarse en el siguiente sitio web:

<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

Si no tiene acceso a Internet, puede enviar un reclamo por correo a la OCR en la siguiente dirección:

Centralized Case Management Operations U.S.  
Department of Health and Human Services 200  
Independence Avenue, S.W.  
Room 509F HHH Bldg. Washington, D.C. 20201

## **CONFIDENCIALIDAD**

Las leyes estatales y federales protegen su privacidad. Por lo general, la información que usted transmite al personal de Valley Cities no se utiliza fuera de su equipo de tratamiento.

Valley Cities no divulgará información que usted haya proporcionado, excepto en los siguientes casos:

- Si firma un permiso de divulgación de información que nos autoriza a revelar la información (los padres de niños menores de doce [12] años son responsables de proporcionar este permiso).
- Si su médico clínico considera que usted está en peligro de hacerse daño a sí mismo o a otra persona.
- Si su médico clínico necesita divulgar la información para coordinar la atención con otros proveedores de atención médica.
- Si el médico clínico tiene algún motivo para sospechar que un niño, una persona con discapacidades del

desarrollo o una persona mayor está sufriendo cualquier tipo de abuso o abandono.

- Si un tribunal ordena la divulgación de la información o si esta se requiere legalmente de alguna otra manera.
- Si el personal médico la necesita en caso de una emergencia médica.
- Si se cumplen otras razones para la divulgación, según lo permita o requiera la ley, especificadas en el Aviso de Prácticas de Privacidad de Valley Cities (Valley Cities Notice of Privacy Practices), y en el folleto del Departamento de Salud del Estado de Washington Qué esperar de su asesor de salud mental autorizado (What to Expect from Your Licensed Mental Health Counselor).

## CÓDIGO DE CONDUCTA

En Valley Cities, valoramos enormemente la seguridad y el bienestar de nuestro personal y de nuestros clientes. Tenga en cuenta las siguientes pautas:

- No se tolerará el comportamiento violento, disruptivo o amenazante.
- No se tolerarán los daños a la propiedad de Valley Cities; estos pueden resultar en un proceso penal.
- No se permite portar ni utilizar armas en las instalaciones de Valley Cities.

Valley Cities se reserva el derecho de rechazar, modificar o cancelar los servicios con la finalidad de garantizar la seguridad y el bienestar del personal y de los clientes.

## **NORMATIVA DE ANIMALES DE SERVICIO Y MASCOTAS**

De acuerdo con la Ley para Estadounidenses con Discapacidades (Americans with Disabilities Act, ADA), un animal de servicio se define como “cualquier animal entrenado de forma individual para trabajar o realizar tareas en beneficio de una persona con una discapacidad, que incluyen, entre otras, guiar a las personas con problemas de visión, alertar a las personas sobre una crisis epiléptica inminente o proteger a las personas durante uno de estos episodios, alertar a las personas con problemas de audición sobre la presencia de intrusos, tirar de una silla de ruedas y recoger objetos que se hayan caído”. Conforme a lo estipulado en la ADA, los animales de servicio son bienvenidos en todos los edificios de la agencia. Un animal de servicio no es una mascota. Si tiene una discapacidad y utiliza un animal de servicio como ayuda auxiliar, siempre tiene la responsabilidad de cuidar y tener el control total del animal. Por lo general, esto significa que el animal debe permanecer amarrado con correa o en un transportín cuando se encuentre en las zonas comunes, y se espera que el animal se comporte de manera adecuada. Si un animal de servicio es revoltoso o provoca disturbios, podemos pedirle que lo retire del área donde se encuentra. Tenga en cuenta que usted es responsable de cualquier daño que cause el animal.

## **NORMATIVA ANTIDROGAS Y ANTITABACO**

No se permiten las drogas ni el alcohol en las instalaciones de Valley Cities. Todas las instalaciones de Valley Cities, incluidos los edificios y los estacionamientos, son espacios libres de humo, nicotina, marihuana y tabaco. Los clientes no podrán asistir a las citas programadas mientras fuman, vaporizan, consumen tabaco o marihuana, o si se encuentran bajo los efectos del alcohol o de las drogas.

## **SUS DERECHOS COMO CLIENTE DE SALUD CONDUCTUAL**

Como persona que recibe servicios de salud conductual, tiene derecho a lo siguiente:

- Ser tratado con respeto, dignidad y privacidad, excepto cuando el personal necesite realizar un registro razonable para detectar y prevenir la posesión o el uso de contrabando en las instalaciones.
- Recibir servicios independientemente de la raza, el credo, el color, la nacionalidad, la religión, el género, la orientación sexual, la edad, las creencias o la discapacidad.
- Practicar la religión de su elección siempre y cuando esta práctica no infrinja los derechos y el trato hacia las demás personas, o el servicio de tratamiento. Los participantes tienen derecho a negarse a participar en cualquier práctica religiosa.
- Mantener protegida su privacidad.
- Desarrollar un plan de atención y recibir servicios que satisfagan sus necesidades individuales.
- Participar en las decisiones relacionadas con la atención de su salud mental.
- Recibir los servicios en un lugar accesible y sin obstáculos.
- Ser atendido de manera adecuada en caso de discapacidad sensorial o física, capacidad limitada de comunicación, dominio limitado del inglés o diferencias culturales.
- No ser objeto de ningún tipo de acoso o explotación, incluidos, entre otros, el abuso físico, la explotación financiera y el acoso o la explotación sexual.
- Recibir los servicios en la cantidad y con la duración que necesita.
- Solicitar información sobre la estructura y el funcionamiento de la agencia.
- Recibir atención de emergencia o urgencia.

- Recibir servicios de crisis y una lista de números de teléfono en caso de crisis.
- No ser objeto de reclusión o restricciones, con excepción de las permitidas por la ley en los centros de tratamiento seguros.
- Recibir servicios adecuados para su edad y cultura.
- Recibir los servicios de un intérprete certificado y material traducido sin costo alguno para usted.
- Comprender las opciones y alternativas de tratamiento disponibles.
- Rechazar cualquier tratamiento que se le haya propuesto.

1 Recibir una explicación de todos los medicamentos recetados, incluidos los beneficios esperados y los posibles efectos secundarios.

- Recibir información sobre su derecho a crear y mantener instrucciones anticipadas respecto a su salud mental, recibir ayuda para crear y mantener estas instrucciones y para decidir quién tomará las decisiones médicas en su nombre en caso de que usted no pueda hacerlo.
- Recibir servicios de calidad que sean médicamente necesarios.
- Obtener una segunda opinión de un profesional de la salud calificado.
- Elegir un proveedor de atención de la salud mental para usted o elegir uno para su hijo menor de trece años.
- Cambiar en cualquier momento sus proveedores o gestores de casos, y recibir el servicio de un mediador para presentar un reclamo, una apelación o una audiencia justa.



- Conseguir que toda su información clínica y personal sea tratada de acuerdo con las normas de confidencialidad estatales y federales.
- Solicitar y recibir una copia de su historia clínica, pedir que se realicen modificaciones y recibir información del costo de las copias, si corresponde.
- Revisar su historia clínica en presencia del administrador o de la persona designada, y tener la oportunidad de solicitar modificaciones o correcciones.
- No ser objeto de ningún tipo de represalia.
- Solicitar una copia de los procedimientos de quejas y reclamos de la agencia y presentar un reclamo ante Valley Cities, o presentar un reclamo ante su Organización de Atención Médica Gestionada o ante la División de Salud Conductual y Recuperación del Condado de King (KC-BHRD) en cualquier momento si considera que se han violado sus derechos.

Organización	Número de teléfono
Amerigroup	1 (800) 600-4441
Community Health Plan of Washington	1 (800) 440-1561
Coordinated Care of Washington	1 (877) 644-4613
Molina Healthcare of Washington, Inc.	1 (800) 869-7165
United Healthcare Community Plan	1 (877) 542-8997
King County Behavioral Health and Recovery Division/BH- ASO	1 (800) 790-8049

- Presentar una apelación basada en una Notificación de Acción por escrito de la División de Salud Conductual y Recuperación del Condado de King (KC-BHRD) para una Organización de Servicios Administrativos de Salud Conductual del Condado de King (King County Behavioral Health Administrative Services Organization, BH-ASO) o para un servicio financiado de manera local. Presentar una apelación basada en una Notificación de Determinación Adversa de Beneficios por escrito para un servicio financiado por Medicaid.
- Acceder al mediador del condado de King para obtener ayuda en relación con sus derechos, independientemente de la situación de su seguro, del nivel de ingresos, de la capacidad de pago y del condado de residencia. Para comunicarse con la Oficina del Mediador, llame al 1 (800) 790-8049, Interno 3.
- Presentar un informe ante el Departamento de Salud cuando considere que Valley Cities ha violado un requisito del Código Administrativo del Estado de Washington (Washington Administrative Code, WAC) que regula las “agencias de salud conductual”.

Los derechos de los clientes cubiertos por los contratos de la BH-ASO están disponibles en el sitio web de la BHRD

<https://www.kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/services/Client%20Rights.aspx>

Para los clientes financiados por Medicaid, los derechos del cliente se encuentran explicados en el folleto Washington Apple Health: Atención integrada gestionada (HCA19-046) disponible en 15 idiomas en el siguiente sitio web:

<https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/apple-health-client-booklets>

Estos derechos también se publican de forma destacada en las salas de espera de nuestras clínicas.

## **NOTIFICACIÓN DE ACCIÓN Y NOTIFICACIÓN DE DETERMINACIÓN ADVERSA DE BENEFICIOS**

Si recibe una Notificación de Acción por escrito de la División de Salud Conductual y Recuperación del Condado de King (Behavioral Health and Recovery Division, BHRD) en relación con los servicios financiados por la Organización de Servicios Administrativos de Salud Conductual (Administrative Services Organization, ASO), puede apelar la decisión comunicándose con el Mediador de Salud Conductual del Condado de King al (800) 790-8049 (Interno 3) o llamando a Servicio al Cliente de BHRD al 1 (800) 790-8049. También puede solicitar que Valley Cities presente esta apelación en su nombre si nos brinda su consentimiento por escrito para hacerlo.

Si recibe una Notificación de Determinación Adversa de Beneficios para un servicio financiado por Medicaid, puede apelar la decisión comunicándose con su MCO del estado de Washington designada.

Organización	Información de contacto
Amerigroup	(800) 600-4441 (TTY 711)
Community Health Plan of WA	(800) 440-1561 (TTY 711) <a href="mailto:customercare@chpw.org">customercare@chpw.org</a>
Coordinated Care	(877) 644-4613 (TTY 711) <a href="mailto:WAQualityDept@Centene.com">WAQualityDept@Centene.com</a>
Molina Healthcare	(800) 869-7165 (TTY 711) <a href="mailto:WAMemberServices@MolinaHealthcare.com">WAMemberServices@MolinaHealthcare.com</a>
UnitedHealthcare	(877) 542-8997 (TTY 711) <a href="mailto:WACS_Appeals@uhc.com">WACS_Appeals@uhc.com</a>

## **INSTRUCCIONES ANTICIPADAS**

Las instrucciones anticipadas para la atención psiquiátrica le permiten establecer cuáles son sus opciones y preferencias

en relación con el tratamiento de salud mental en caso de que usted no pueda tomar decisiones informadas. Este documento permite que otras personas tengan instrucciones escritas de los pasos que se deberán seguir si usted sufre una emergencia psiquiátrica. Puede proporcionar una copia para que se conserve en su historia clínica y para que esté disponible si se necesita. Si desea obtener más información sobre las instrucciones anticipadas, póngase en contacto con un miembro de nuestro personal.

## **CÁMARAS DE SEGURIDAD**

Las instalaciones de Valley Cities están equipadas con cámaras de seguridad que registran en video todo lo que sucede en estos espacios para garantizar la seguridad de las instalaciones.

## **INFORMACIÓN DE CONTACTO DE VALLEY CITIES**

Sitio web	<a href="http://www.valleycities.org">www.valleycities.org</a>
Citas, acceso, información general	(253) 833-7444
TTY	(800) 833-6384
Divulgación de información o historia clínica	(253) 833-7444
Renovación de recetas	(253) 833-7444
Servicios de crisis diurnos	(206) 408-5283
Servicios de crisis fuera del horario hábil	(206) 461 3222
Servicios de crisis después del horario hábil sin cargo	(866) 427-4747

## **RECURSOS COMUNITARIOS**

A continuación, encontrará una lista de algunos recursos comunitarios que pueden resultarle útiles. Esta enumeración no es en absoluto una lista completa de los servicios que pueden estar a su disposición. Si tiene preguntas adicionales sobre los distintos recursos para los servicios o las remisiones, comuníquese con un miembro de su equipo de atención.

### **National Alliance on Mental Illness (NAMI):**

(703) 524-7600 Sitio web: nami.org

NAMI Washington (206) 783-4288

Sitio web: namiwa.org

NAMI Seattle (206) 783-9264

NAMI South King County (253) 854-6264

### **Información sobre el consumo de alcohol y drogas, y tratamiento:**

Línea de ayuda con el alcohol y las drogas disponible  
las 24 horas (206) 722-3700

Línea de ayuda con el alcohol y las drogas para  
adolescentes (206) 722-4222

Narcóticos Anónimos (253) 872-3494

Sitio web: seattlena.org

Alcohólicos Anónimos (AA) (206) 587-2838 Sitio web: seattleaa.org

### **Recursos médicos y odontológicos:**

Programa de Acceso a Salud Comunitaria (Community  
Health Access Program, CHAP) (800) 756-5437

HealthPoint (servicios médicos y odontológicos)  
(866) 893-5717

NeighborCare Health (servicios médicos y  
odontológicos) (206) 548-5710

### **Hospitales:**

St. Francis (253) 835-8100

Valley Medical Center (425) 228-3450

MultiCare Auburn Medical Center (253) 833-7711

Harborview Medical Center (206) 744-3000

### **División de Salud Conductual y Recuperación del Condado de King:**

Servicio de Atención al Cliente (206) 263-8997 o  
1 (800) 790-8049

### **Recursos en caso de crisis:**

Línea de crisis disponible las 24 horas 1 (866) 427-4747

Crisis Connections

Número local: 2-1 1

Número gratuito: 1 (800) 621 4636

Línea TTY: (206) 461 3219

Mensajes de texto: (877) 211-9724

The Trevor Project (Línea de crisis para jóvenes LGBTQ)

866-488-7386

### **Traslados:**

Reserva de traslado de Hopelink Medicaid

Número: (800) 923-7433

Línea TDD/TTY: (800) 246-1646

Línea My Ride: 1 (800) 595-2172

- Para cancelar o verificar el estado del traslado

Metro del condado de King (206) 553-3000

### **Violencia y abuso familiar o doméstico:**

Servicios de protección para adultos (Adult

Protective Services) (877) 734-6277

Servicios de protección al menor (Child Protective

Services) (800) 609-8764

Línea End Harm (866) 363-4276

King County Sexual Assault Resource Center

(Centro de Recursos contra la Agresión Sexual  
del Condado de King)

Teléfono: (425) 226-5062

Línea de recursos disponible las 24 horas:

(888) 998-6423

Domestic Abuse Women's Network (Red de Mujeres contra el Maltrato Doméstico)  
(425) 656-7867

YWCA Seattle | King | Snohomish (206) 461-4888

Recursos de cuidado infantil (Child Care Resources)  
(206) 329-1011 o 1 (877) 543-0059

### **Recursos adicionales:**

Lifelong AIDS Alliance (206) 328-8979

Administración del Seguro Social (Social Security Administration) (800) 772-1213

Veterans Affairs Medical Center (Centro Médico de Asuntos de Veteranos) (206) 762-1010

Búsqueda de información de recursos y referencias del condado de King

- Sitio web: [www.wa211.org](http://www.wa211.org)
- Teléfono: 211 o (877) 211-9274

## **UBICACIONES DE VALLEY CITIES**

### **Auburn**

2704 "I" Street Northeast, Auburn, WA 98002

### **Bitter Lake**

929 N 130th St. Site 3, Seattle, WA 98133

### **Enumclaw**

1335 Cole Street, Enumclaw, WA 98022

### **Federal Way**

1336 S. 336<sup>th</sup> St., Federal Way, WA 98003

### **Federal Way Administration Building**

33405 8<sup>th</sup> Ave. S Suite 200, Federal Way, WA 98003

**Kent**

325 West Gowe Street, Kent, WA 98032

**Kent (Harrison Building)**

403 W Meeker St. Suite A, Kent, WA 98032

**Meridian Center for Health (Northgate)**

10521 Meridian Ave. N., Seattle, WA 98133

**Midway- Valley Cities & HealthPoint Partnership**

26401 Pacific Hwy S., Des Moines, WA 98198

**Pike Place**

1537 Western Ave., Seattle, WA 98101

**Recovery Place Kent Inpatient**

505 Washington Ave S, Kent, WA 98032

**Recovery Place Seattle at Beacon Hill Inpatient**

1701 18<sup>th</sup> Ave. S., Seattle, WA 98144

**Rainier Beach**

8444 Rainier Ave., Seattle, WA 98118

**Renton**

221 Wells Ave. South, Renton, WA 98057

**The Steven A. Cohen Military Family Clinic at Valley Cities**

6103 Mt. Tacoma Dr. Lakewood, WA 98499

*Valley Cities no discrimina por motivos de raza, color, sexo, religión, nacionalidad, credo, orientación sexual, estado civil, edad, ni debido a la presencia de cualquier discapacidad mental, física o sensorial, cuando se trata de prestar o administrar cualquier programa o servicio ofrecido por la organización.*