



# FOUNDATIONS

**COUNSELING & CONSULTING OF WYOMING, LLC**

**515 E. Carlson Suite 104, CHEYENNE, WY 82009**

**PHONE 307-638-4092 FAX 307-635-3967**

## **FCCWY Intake & Orientation Booklet** **Admissions Policies & Procedures**

## What is Foundations?

Foundations Counseling & Consulting of Wyoming, LLC is a private counseling center that provides outpatient substance abuse and dependence treatment, mental health treatment services, and domestic violence screening and treatment, to persons ages 18 and older. Our professional offices are located at 515 E. Carlson Suite 104, in Cheyenne, Wyoming. We provide comfortable, confidential meeting and interview rooms where individual, family and group services can be provided in a comfortable and professional atmosphere. Most services are provided between the hours of 9am and 5:30pm Monday – Friday, closed for lunch from 11am-12 noon, except for our IOP and drug court IOP programs, which are offered after hours.

We have witnessed the damage done to individuals, families, and society by drug abuse and mental health problems. However, we are believers in the power of the individual to change. We believe we can help effect that change. Our program is designed with all the right features. It is staffed with well-educated and trained counselors who are motivated to facilitate recovery. It is administered by capable managers who can provide and manage the resources that offer our clients the opportunity for change.

We are committed to helping our clients make positive change happen in their lives, and in our community.

These are the principles that form the basis of our treatment programs:

- No single treatment is appropriate for all individuals. □ Treatment needs to be readily available—no waiting.
- Effective treatment attends to multiple needs, not just drug addiction.
- Treatment for an adequate period of time is critical for effectiveness.
- Counseling using cognitive behavioral therapies is a vital component of virtually all effective treatments.

# **DESCRIPTIONS OF PROGRAMS AND SERVICES:**

## **Substance Abuse**

**ASAM Placement:** Foundations Counseling and Consulting of Wyoming, LLC, utilizes the American Society of Addiction Medicine (ASAM) placement criteria to determine proper placement, transfer, and continued stay conditions for its clients. The ASAM criteria, also known as the ASAM patient placement criteria, are the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-orientated and results-based care in the treatment of addiction. Today the criteria have become the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions. The ASAM criteria are required in over 30 states.

**Substance Abuse Evaluations (SAE):** An SAE is designed to determine if a person has a “problem” with drugs or alcohol. If a person does have a problem the evaluation determines how serious the problem is and recommends the appropriate level of care.

- Multiple screening tools are used to determine what level of care the client needs.
- The SAE will have clearly defined recommendations.
- We guarantee a two day turnaround as long as we have all collateral information.

**Level I Outpatient Treatment:** Level I is a curriculum-based, one hour-a-week, group therapy program for substance abuse.

- We offer multiple group times throughout the week
- We offer small group sizes
- Individual consultations are available

**Level II.1 Intensive Outpatient (IOP):** IOP is a more intensive, curriculum-based group therapy program calling for three hours a session, three times a week, comprehensive case management, and individual therapeutic appointments as appropriate.

- We offer evening classes and small group sizes
- Individual consultations are available
- Women’s only groups are available

**Aftercare:** After the IOP phase of treatment is complete, IOP transitions into aftercare, which meets as a group one time per week. In aftercare persons served learn to maintain to maintain their recovery in the long-term. Aftercare typically lasts about three months.

## **Marijuana Diversion**

Marijuana Diversion class is designed for clients charged with first time marijuana offenses. This is an education class, not therapy, and is offered in conjunction with the District Attorney’s office as a plea bargain option. Successful completion of this program will defer first time charges, and reduce time on probation. The program is a 12-week, curriculum-based education course focused specifically on marijuana, its effects on the body, its potential as a substance of abuse or dependence, and its potential to contribute to the development of cross-addictions.

## **Drug Court**

The Drug Court Program is specifically designed to offer an alternative to prison time for addicted persons facing felony charges related to their addiction. Rather than to simply discipline addicted individuals for their related offenses, it is instead intended to treat addicted offenders and give them the tools they need to change their lives. The philosophy of the Drug Court Program is that, by overcoming addiction, participants will lead healthier, more productive, crime-free lives, rather than remain in “the using life.”

The Drug Court Program combines substance abuse treatment with comprehensive probationary supervision. Treatment is offered at the Intensive Outpatient level (ASAM Level II.I), and includes dedicated case management and a significant amount of individual therapeutic contact. Foundations Counseling and Consulting of Wyoming, LLC, works in tandem with the Department of Probation and the Laramie County Court system, and numerous resource agencies throughout the community to help participants navigate the legal, therapeutic, and practical challenges they face.

Participants are required to attend a weekly court review during which time the judge reviews their progress in treatment. Drug Court therapists from Foundations Counseling and Consulting of Wyoming, LLC, attend all court sessions and often testify on behalf of participants.

Therapists involved in the Drug Court program act as advocates for their clients and as advisors to the court. They attend weekly staffing meetings along with representatives of the Court, Probation, the Public Defender’s Office, the District Attorney’s office, and the Drug Court administrative team to discuss the progress of participants on a case-by-case basis.

## **Anger Management**

Anger Management offenses are based upon the inability to behave appropriately when angry. This can happen to anyone at any time and is not confined strictly to domestic relationships. Anger is an emotion constructed of other negative underlying feelings. The goal of our anger management program is to help participants identify those underlying feelings and behave appropriately without converting them to anger.

- Helps participants to recognize their underlying negative emotions.
- Helps participants to identify their physical reactions to negative feelings.
- Helps participants to control the intensity of their emotions.
- Helps participants practice a full range of appropriate emotional behaviors.

## **Domestic Violence**

### **Treatment for Victims:**

Treatment for victims of Domestic Violence encompasses all areas of abuse, including emotional, physical, and sexual.

- ☐ We provide victims with training in self-defense
  - We help victims to build self-esteem and become independent
  - We teach victims about the differences between healthy and unhealthy relationships, how to recognize warning signs of abuse in all its forms, and how to cope with trauma
  - We teach victims about assertiveness, effective communication skills, and setting boundaries
  - We teach victims about sexual health and how to have a healthy, safe sex life
  - We connect victims with community resources and work closely with advocacy groups to ensure that victims will thrive as healthy, independent adults

## **Treatment for Offenders:**

Domestic Violence treatment is not the same as anger management treatment, though anger management is a *part of* domestic violence treatment. Domestic violence offenses are based upon power and control issues and are confined strictly to domestic relationships. Anger management offenses are based upon the inability to behave appropriately when angry. This can happen to anyone at any time and is *not* confined strictly to domestic relationships.

**Domestic Violence Evaluation:** Treatment begins with evaluation. In the process of evaluating domestic violence offenders, we:

- Determine if the client needs treatment or education using two different risk assessment tools.
- Screen for mental health and social adjustment issues.
- Obtain background information on the offense.
- Do a quick drug and alcohol screen because of the high coincidence of drug and alcohol issues in domestic violence cases (80%)
- Refer the client to the correct level of care based on our findings.

**Domestic Violence Treatment:** Domestic violence treatment at Foundations Counseling and Consulting of Wyoming, LLC, is not a one size fits all program. Instead we offer three different levels of care. These levels vary in intensity but all focus on the following.

- We help clients understand and let go of power and control.
- We help to improve communication skills within relationships. □ We help clients learn anger management skills.
- We help increase the client's problem solving skills. *Both Men's and Women's domestic violence treatment groups are available.*

## **Mental Health**

**Mental Health Evaluation:** Treatment begins with an evaluation.

- We use a wide range of evaluation tools to diagnose mental health disorders.
- We can custom select the evaluation tools to meet the individual needs of the client.
- We provide clear and concise recommendations and treatment planning guidelines.

**Group Mental Health therapy:** Group mental health therapy is issue-focused and, as with all programs at Foundations Counseling and Consulting of Wyoming, LLC, is curriculum-driven.

**Individual Mental Health Therapy:** We offer individual therapy for a wide range of mental health disorders:

- Mood Disorders (Bipolar disorders, Depressive disorders)
- Anxiety Disorders (Phobias, Obsessive Compulsive disorder, Generalized Anxiety Disorder, Post-Traumatic Stress Disorder)
- Impulse Control Disorders
- Adjustment Disorders

### **After-Hours Services (call 307-631-6672)**

Foundations provides access to after-hours services through an emergency on-call phone number which can be called in the event that an emergency consultation is required. In the event of a medical emergency or difficulty involving danger to self or others, please call 911 first, then call the on-call counselor.

## **REQUIREMENTS FOR SUCCESSFUL COMPLETION OF PROGRAMS AND CRITERIA FOR DISCHARGE:**

- All programs offered through Foundations Counseling and Consulting of Wyoming, LLC, are curriculum-based. Satisfactory completion of all relevant curriculum is required before a client is eligible for graduation.
- Satisfactory attendance at all groups (see attendance policies) and drug screenings (if applicable) are a requirement for graduation.
- It is a requirement for successful discharge that all clients enrolled in treatment programs at Foundations Counseling and Consulting of Wyoming, LLC, remain sober throughout the *entirety* of their time in treatment. This is true whether the treatment program is specifically related to substance abuse or not.
- Successful discharge of a client from a treatment program is at the sole discretion of the client's therapist. A client will not be successfully discharged, and no referring agency will be notified of a client's successful discharge, without a therapist's prior approval. This means that, regardless of whether a client has met the above conditions, *he or she will not be discharged until his or her therapist makes a professional judgment that discharge is appropriate.*
- Therapists at Foundations Counseling and Consulting of Wyoming, LLC, retain the right to discharge their clients unsuccessfully from any treatment program according to their professional judgment at any time, and to refer unsuccessful clients to a higher, or more appropriate level of care.
- All clients retain the right to voluntarily withdraw from any treatment program at Foundations Counseling and Consulting of Wyoming, LLC, at any time; however, voluntary self-discharge prior to completion will not be recorded or reported as successful discharge.

### **Standards of Conduct for staff:**

Employees of foundations Counseling & Consulting of Wyoming, LLC are held to the highest standards of personal and professional behavior. Therapy Staff adhere to the nationally accepted code of ethics for their discipline, as noted in the Disclosure Statement below. In addition, all staff are bound by the following rules:

- Staff are prohibited from accepting gifts of any kind from consumers obtaining services at Foundations.
- Staff may not sell, purchase, or barter material goods of any kind with consumers.
- Staff are prohibited from engaging in social relationships with clients outside the confines of therapy.

The staff of Foundations Counseling & Consulting of Wyoming, LLC, would like to welcome you to a positive therapeutic experience. We will strive to treat you with respect and dignity throughout your time with us. If you are unhappy with how you have been treated, feel free to ask our receptionist to arrange a visit with the Director.

## **COST OF SERVICES:**

**Foundations accepts Medicaid (Title 19) and most major insurances. Self-pay rates are listed below.**

Payment for services are expected at the time services are rendered, we may agree to bill third party payers for services, clients are responsible for payment if their insurance or third party denies payment.

<b>Domestic Violence Evaluation*</b>	<b>\$150.00</b>
<b>Domestic Violence Evaluation with Substance abuse evaluation*</b>	<b>\$200.00</b>
<b>Substance Abuse Evaluation*</b>	<b>\$150.00</b>
<b>Mental Health Evaluation*</b>	<b>\$150.00</b>
<b>Anger Management Evaluation*</b>	<b>\$150.00</b>
<b>Marijuana Diversion Program</b>	<b>\$50.00/Week</b>
<b>Level I Treatment</b>	<b>\$35.00/Hour</b>
<b>Intensive Outpatient Treatment</b>	<b>\$35.00/Hour</b>
<b>Domestic Violence Treatment</b>	<b>\$35.00/Session</b>
<b>Domestic Violence Victims' Group</b>	<b>\$35.00/Session</b>
<b>Anger Management Treatment</b>	<b>\$35.00/Session</b>
<b>Individual Therapy</b>	<b>\$95.00/Hour</b>

\*We require a \$50.00 non-refundable deposit when you make the appointment for an evaluation. This \$50.00 deposit will go towards your final payment for that evaluation.

## Rules for Treatment Groups

The following rules will be observed at all times in any and all of the treatment groups and individual counseling sessions at Foundations Counseling & Consulting of Wyoming, LLC excluding the Marijuana Diversion Group:

1. Attendance at all group sessions is mandatory. In the event of a genuine emergency, you must notify your group facilitator by phone as soon as you become aware of the problem. Whether or not you will be excused is at the sole discretion of your group facilitator. Each absence will be made up at the end of the curriculum on an individual basis at a rate of one makeup session per week (i.e., for each group you miss, you will be in the program for an additional week).
2. No more than three (3) absences will be allowed (for any reason, *including emergencies*) during the course of treatment. Anyone with more than three absences from group and (3) absences from random testing will be given an unsuccessful discharge from the program and referred to a more appropriate level of care.
3. Group/individual counseling begins promptly at the designated time. Late arrivals will not be tolerated. If you arrive after group has begun, you may not be allowed to attend, and you will be charged with an absence.
4. Do not show up for group/individual counseling under the influence. Foundations staff reserves the right to spot test for drug and alcohol usage at any time. Coming to group under the influence will be sanctioned, and may be cause for unsuccessful discharge, reevaluation, and/or referral to a higher level of care.
5. There will be no physical contact between group participants, therapists or staff at any time. Fraternalization between clients of an intimate nature is prohibited as it distracts the client's attention from treatment. Violation is cause for discharge. Readmission is contingent upon consultation with the Clinical Director.
6. Confidentiality must be maintained at all times. It is prohibited for clients to speak to others not involved in group about the identity or issues of other group members. Doing so will subject the violator to discharge from the program.
7. Any violent behavior, threat, and/or perceived threat of violence against persons or property will not be tolerated. Aggressive body language, cursing, swearing, name-calling, etc. will not be tolerated. Failure to comply with these rules will result in your removal from the program and notification will be sent to the District Attorney.
8. If it is discovered that a client is in possession of drugs, alcohol, or weapons while on the premises, he or she will be asked to leave with the contraband immediately. The exception is prescription medications carried for the purpose of timely dosing.
9. No cell phone use allowed during group. ***Leave your cell phone in your car.***
10. Come prepared. Bring your notebook, pen and pencil, and be ready to participate. Homework *must* be completed prior to class. Failure to come to class with homework completed will result in dismissal from class and you will be charged with an absence.
11. No negative contracting. Protecting other members from being discovered or assisting them in breaking program rules can result in discharge from the program.
12. If, during the course of treatment you become ill and are prescribed a medication, you must notify your doctor or other medical personnel that you are in treatment for drug/alcohol addiction and refrain from taking controlled substances. Any medication that is prescribed must be reported to your therapist.
13. All Participants are required to test as directed by their therapist. Hot UA's and BA's will be reported to the referring authority by the Drug Testing Contractor, and the participant will be dismissed until sober.
14. If it is determined that a relapse has occurred, a new ASAM-PPC will be prepared and the client may be referred for a higher, more intensive level of treatment if warranted.
15. If it has been determined that a relapse has occurred, you will be required to revise your relapse prevention plan.



# Client Rights\*

## All clients have the following rights while in our treatment program:

1. The right to impartial access to treatment, regardless of race, religion, sex, ethnicity, age, physical impairment, type of mental health or substance abuse disorder, or sources of financial support.
2. The right to have personal dignity and privacy recognized and respected in the provisions of all care and treatment.
3. The right not be restrained or secluded by our staff while in our facilities for treatment.
4. The right to appropriate treatment and related services in a setting, and under conditions, that are most supportive of each client's personal liberty, that restricts such liberty only to the extent necessary for the client's treatment and safety needs.
5. The right to an individualized written treatment plan, the right to treatment based on such plan, and the right to periodic review and updating of the treatment plan as frequently as clinically indicated, and the right to participate in the treatment planning process.
6. The right not to participate in experimental treatment in the absence of the client's informed, voluntary, written consent. The right to appropriate protection in connection with such participation, including the right to reasonable explanation of procedures to be followed, the benefits to be expected, the relative advantage of alternative treatments, the potential discomforts and risks of such treatment, and the right and opportunity to revoke such consent.
7. The right to confidentiality of written and verbal communications between clients and staff, and the right to have all information recorded in the client's records are the responsibility of all staff.
  - a. The fact of being a consumer of treatment services is held as confidential information except as limited by 42 CFR, Part 2, which are regulations of the Federal Government relating to the confidentiality of alcohol and drug abuse patient records.
  - b. The right, except as limited by 42 CFR, Part 2, to have confidential client information only revealed or released with the client's informed and written consent. Exceptions granted by 42 CFR include cases of imminent life-threatening physical danger to the client or others; crimes committed on program premises or against program personnel, instances of legally reportable child or adult abuse or neglect, and release of information to qualified state and federal personnel and to authorized peer reviewers under written oath of confidentiality. Confidential information may also be released, pursuant to court order, which meets the requirements of 42 CFR, Part 2, and to the extent necessary to defend against a lawsuit initiated by or on behalf of a client.
8. The right to access, upon request, his/her records, except that the client may be refused access to:
  - a. Information in such records provided by a third party under assurance that such information shall remain confidential, and
  - b. Specific material in such records, if the professional responsible for the treatment services concerned, has made a determination, in writing, that such access would be detrimental to the client's health or well-being, or to the client-therapist relationship
9. The right to assert grievances with respect to infringement of client's rights, including the right to have such grievance heard by the program.
10. The right to referral, as appropriate, to other providers of mental health or substance abuse services upon discharge, as well as to legal entities, self-help support services, and advocacy support services as needed throughout the course of treatment.
11. The right to a fair hearing on the State Level for actions or omissions by Foundations Counseling & Consulting Of Wyoming, LLC. that result in denial, suspension, or termination of services or otherwise in the delivery or nondelivered of services, or that result in inadequate quality of services.
12. The right, should other rights of the clients be limited or denied because of clinical contradictions, to have such limitations or denials fully documented in the client's clinical record.
13. The right to freedom from abuse, exploitation, or retaliation for any reason whatsoever.

\*Any restriction of rights that are made necessary by the client's individual needs will be addressed in the treatment plan and reviewed with the client. Any restrictions of client's rights will be made in accordance with state and federal laws. Personal rights will only be restricted in order to address client needs or facilitate the safe delivery of services.

# Grievance Procedure

Any client of Foundations Counseling & Consulting of Wyoming, LLC, who feels he/she have a grievance regarding their treatment, the operations of Foundations Counseling & Consulting of Wyoming, LLC., or a specific staff member, is encouraged to follow the procedure below in order to resolve the problem. *Filing a grievance WILL NOT, in any way, result in any retaliatory behavior or barriers to service at Foundations Counseling and Consulting of Wyoming, LLC.*

1. The client/complainant will first attempt to discuss the matter directly with the individual(s) directly implicated in the grievance. If the matter cannot be resolved through direct discussion, the client is encouraged to file a formal grievance complaint. A client may request a grievance form from at any time from any staff member.
2. If the client has not been able to achieve successful resolution of the matter by discussing it directly with the individual(s) involved, he/she should then discuss this situation with his/her therapist. The therapist shall be responsible to document the nature of the grievance (including the formal grievance filed by the client) and steps taken to resolve the matter.
3. If the client does not find the grievance to be resolved following step 2, or if the individual implicated in the grievance is also the client's therapist, the therapist shall be responsible to refer the grievance to the Executive Director. The Executive Director shall review the grievance and shall have five (5) working days to begin an investigation. The Executive Director may interview staff and clients and may schedule an interview with the individual presenting the grievance. The Executive Director shall provide a written statement of findings and a decision regarding the grievance to the client within a reasonable amount of time. If the person implicated in the grievance is also the Executive Director, the task of investigating the complaint will fall to the next-highest ranking member of the management team who is *not* implicated in the grievance.
4. If the client does not find the grievance to be resolved following step 3, or if there are no members of the management team who are not implicated in the grievance, the matter shall be referred to the agency's appointed ombudsman, who will begin an independent investigation of the matter and provide a written statement of findings regarding the grievance and a decision with recommended follow-up actions to all parties involved within a reasonable amount of time. Foundations utilizes the following Ombudsman service, provided through the Wyoming Guardianship Program:

**Substance Abuse and Mental Health Ombudsman**  
**PO Box 2778 Cheyenne,**  
**WY 82003**  
**samhop.wy@gmail.com**

5. If the client believes his/her grievance has not been satisfactorily resolved at this point, he/she may submit the grievance to:

**Wyoming Behavioral Health Division 6101**  
**N. Yellowstone Rd.**  
**Ste. 186C**  
**Cheyenne, WY 82002 (307)**  
**777-7115**

Please Note: Foundations maintains a posted referral list of entities available for legal representation as well as advocacy agencies for clients to utilize as needed. Ask any staff member for direction to the posted list.

# Reasonable Accommodation Policy

## Policy

Foundations Counseling & Consulting of Wyoming, LLC, is committed to the fair and equal treatment of people with disabilities. Reasonable accommodation is the key to this non-discrimination policy. While many individuals with disabilities can participate in treatment without accommodation, other clients face barriers to treatment without the accommodation process. It is the policy of Foundations Counseling & Consulting of Wyoming, LLC, to reasonably accommodate qualified individuals with disabilities unless the accommodation would impose an undue hardship. In accordance with the Americans with Disabilities Act, accommodations will be provided to qualified individuals with disabilities when such accommodations are directly related to participating in treatment.

Foundations fully permits the use of service animals on its premises.

## Definition

**Disability:** For purposes of determining eligibility for a reasonable accommodation, a person with a disability is one who has a physical or mental impairment that materially or substantially limits one or more major life activities.

## Reasonable accommodation

A reasonable accommodation is a modification or adjustment to a counseling group, or individual counseling session that makes it possible for a qualified individual with a disability to enjoy an equal opportunity to participate.

Examples of accommodations may include acquiring or modifying equipment or devices; modifying curriculum materials; making facilities readily accessible.

Reasonable accommodation applies to three aspects of treatment:

1. To assure equal opportunity in the counseling process;
2. To enable a qualified individual with a disability to participate successfully in counseling; and 3. To enable a client with a disability to enjoy equal benefits and privileges of treatment.

## Procedure

1. Foundations Counseling & Consulting of Wyoming, LLC, will inform all clients that this accommodation policy can be made available in accessible formats.
2. The client shall inform his or her counselor of the need for an accommodation either in writing by requesting a reasonable accommodation form from the administrative assistant at the reception desk or, if unable to do so, by verbally requesting that a request be filed on his or her behalf.
3. The Counselor, after receiving and reviewing the request, may request documentation of the individual's functional limitations to support the request, as permitted by law. Any medical documentation will be collected and maintained on separate forms and in separate, locked files. No one beyond the staff members to whom the medical information is directly relevant will be told about or have access to that information unless the disability might require emergency treatment.
4. When a qualified individual with a disability has requested an accommodation, the counselor shall, in consultation with the individual:

- Discuss the purpose and essential functions of the group or individual session. Completion of a step-by-step job analysis may be necessary.
- Determine the precise limitation.
- Identify the potential accommodations and assess the effectiveness each would have in allowing the individual to participate in treatment.
- Select and implement the accommodation that is the most appropriate for both the individual and the counselor. While an individual's preference will be given consideration, Foundations Counseling & Consulting of Wyoming, LLC, is free to choose among equally effective accommodations and may choose the one that is less expensive or easier to provide.
- The Counselor will work with the client to obtain technical assistance, as needed.
- The Counselor will provide a decision to the client within a reasonable amount of time.
- If no accommodation can be made to overcome the existing barriers or if the accommodation would cause an undue hardship on the operation of the business, the counselor shall determine whether referral to another counseling center may be an appropriate accommodation.

## **Informed Consent**

### **An evaluation at Foundations Counseling & Consulting of Wyoming, LLC is:**

1. A procedure undertaken in order to determine whether or not you may have a behavioral health, mental health, or psychological condition, a substance abuse or dependency problem.
2. A diagnostic procedure only.
3. Satisfies a court order for an evaluation of a specific type.

### **An evaluation at Foundations Counseling & Consulting of Wyoming, LLC is *not*:**

1. Psychological treatment, psychotherapy, drug or alcohol treatment, social work, or counseling, etc.
2. A cure or remedy for any sort of disease, condition, or difficulty.
3. A substitute for treatment, counseling, or classes, which may have been ordered by a court of competent jurisdiction.

***Notice: Anything you communicate to your evaluator may appear in the completed written evaluation, and may become part of the legal record of your case. Therefore, please be certain that the information you give your evaluator is accurate and complete. After the final evaluation report has been completed and copies have been distributed, no changes will be made for any reason.***

# Disclosure Statement & Consent to Treat

I agree to receive outpatient psychological treatment from Foundations Counseling & Consulting of Wyoming, LLC. I understand that service programs, such as this one, are not exact sciences, and that not everyone is helped by these programs. Yet, I also understand that such programs have a greater chance of being successful when I am willing to fully take part in my treatment. I have been fully informed about my right to confidentiality and the exceptions to that right.

## PROFESSIONAL DISCLOSURE STATEMENT

**James Nelson, M.A.**, Licensed Professional Counselor #1388

M.A., Post-Secondary School Counseling/Agency Counseling, University of Northern Colorado, 1994 B.A.,  
Psychology, Cultural Anthropology, University of Northern Colorado, 1975

**Julie Nelson, M.A.**, Licensed Professional Counselor #1352

M.A., Agency Counseling, University of Northern Colorado, 1994 B.S.,  
Business, Colorado State University, 1979

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This Disclosure Statement is required by the Mental Health Professions Licensing Board and the Wyoming Board of Psychology, 1800 Carey Ave, Fourth Floor, Cheyenne, WY 82002. Foundation Counseling & Consulting of Wyoming, LLC, offers comprehensive mental health services, including, but not limited to individual counseling, group therapy, family counseling, psychological and substance abuse testing and assessments, case management, and crisis intervention. We strive to maintain the highest quality of service. Counseling relationships are professional in nature. Sexual intimacy between client and therapist is never appropriate.

Therapists follow the ethical guidelines of their profession. Both Mr. Nelson and Ms. Nelson adhere to the ethical code of the American Counseling Association. A copy may be obtained online at [www.COUNSELING.ORG/RESOURCES/ACA-CADE-OF-ETHICS.PDF](http://www.COUNSELING.ORG/RESOURCES/ACA-CADE-OF-ETHICS.PDF)

You have the right to information regarding your diagnosis and treatment, and to participate in the treatment planning process. Psychotherapy is an inexact science and improvement cannot be guaranteed. Files will be maintained for 7 years from date of discharge, or 7 years beyond the age of majority, whichever is later. You have the right to confidentiality. Confidential information may be disclosed in situations including, but not limited to, the following circumstances: a) when you have provided written consent to disclose information;

- b) If mandated by a court of law;
- c) If disclosure is required to prevent clear and imminent danger to you or others; and/or
- d) If potential or actual occurrence(s) of physical/sexual abuse of minors, persons with disabilities and/or senior citizens is disclosed.

## **Liability Release**

Whereas, the undersigned "Applicant" wishes to participate in a therapeutic activity associated with Foundations Counseling & Consulting of Wyoming, LLC.'s counseling programs, and in consideration of Foundations Counseling & Consulting Wyoming, LLC.'s action allowing the Applicant to participate:

The Undersigned acknowledges that during the said activity the Applicant has requested participation in, certain risks and dangers may occur. These include, but are not limited to, the hazards of: accident or illness, the forces of nature and travel by automobile, or other conveyance, all of which are inherent in all off-sight activities conducted for any purpose.

I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. I acknowledge that I have read the above, understand the risks involved, and consent to participate in the therapeutic activity at my own risk.

The Undersigned further acknowledges that due to these risks may also include loss or damage to personal property, physical or psychological damage and/or injury, not excluding fatality, due to accidents that may occur, including accidents resulting from the planned activity or other incidental occurrences. The Undersigned further understands that in participating in the activity, they will be exposed to elements of nature, including possible temperature extremes and inclement weather. It is the participants responsibility to dress appropriately.

In consideration of, and as a condition of participation in such activity and for the services and meals arranged for me by Foundations Counseling & Consulting of Wyoming, LLC., its Stockholders, Directors, Officers, Employees, Agents and/or Associates, I have and do hereby assume all of the above risks and any other risk incidental to the nature of the program, including risks that are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss otherwise, which I now have or which may arise from or in connection with my program or participation in any other activities arranged for me by Foundations Counseling & Consulting of Wyoming, LLC., its Stockholders, Directors, Officers, Employees, Agents, and/or Associations, and their heirs, executors, and administrators. The terms hereof, and my signature on this document, shall serve as a release and assumption of risk, shall bind my heirs, representative, executors, administrators, successors, and assigns, and for all members of the family, including any minors accompanying me. I also state that I am not, nor will I be under the influence of any chemical substances, including alcohol. I fully understand that my participation in this activity organized by Foundations Counseling & Consulting of Wyoming, LLC. is entirely voluntary and it is my choice to participate.

## **Notice of Privacy Policies**

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

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**(Compliance with 42 CFR, Part 2 and 45 CFR, if applicable)**

**PLEASE REVIEW THIS DOCUMENT CAREFULLY.**

If you have any questions about this Notice, please contact our Clinical Director by calling 307.638.4092 or writing to Attn: Clinical Director, 213 W18th St, Cheyenne, WY 82001

### **WHO WILL FOLLOW THIS NOTICE**

This Notice of Privacy Practices describes our practices and those of:

- ❖ Any health care professional authorized to enter information into your file.
- ❖ Foundations Counseling & Consulting of Wyoming, LLC, and any subsidiary companies.
- ❖ All employees, staff, and other personnel of Foundations Counseling & Consulting of Wyoming, LLC, and related companies.
- ❖ All entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or operations purposes described in this notice.

### **OUR COMMITMENT TO YOUR PRIVACY**

We understand that medical information about you and your health is personal and we are committed to protecting that information. We are committed to protecting medical information about you. We create a record of the care and services that you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records generated by us. Other Health Care Facilities providing health care services to you may have different policies or notices regarding their uses and disclosures of your medical information.

This Notice will tell you about the ways in which we may use and disclose medical information about you. This Notice will also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

*We are required by law to:*

- make sure that medical information that identifies you is kept private
- give you this Notice of our legal duties and privacy practices with respect to medical information about you □ follow the terms of the Notice that is currently in effect.

## **CONFIDENTIALITY OF ALCOHOL AND SUBSTANCE ABUSE CLIENT RECORDS**

The confidentiality of alcohol and drug abuse client records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser unless one of the following conditions is met: (1) the client consents in writing; (2) the disclosure is allowed by a court order; (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

## **HOW WE ARE REQUIRED BY LAW TO DISCLOSE MEDICAL INFORMATION ABOUT YOU**

- ❖ *As Required By Law*, we will disclose medical information about you when required to do so by federal, state or local law, such as:
- ❖ *To Avert a Serious Threat to Health or Safety*. We will use and disclose medical information about you when we have a “Duty to Report” under state or federal law; because we believe that it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- ❖ *Public Health Risks*. We will disclose medical information about you for public health reporting required by federal or state law. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a Client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- ❖ *Health Oversight Activities*. We will disclose medical information as required by law to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
- ❖ *Lawsuits and Disputes*. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.
- ❖ *Law Enforcement*. We may release medical information if asked to do so by a law enforcement official: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; or (5) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- ❖ *For Specific Government Functions*. We may disclose your medical information for the following specific government functions: (1) health information of military personnel, as required by military authorities; (2) health information of inmates, to a correctional institution or law enforcement official; and (3) for national security reasons.
- ❖ *Protective Services for the President and Others*. We will disclose medical information about you to authorized federal officials so that they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.



## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following information describes different ways that we may use or disclose your health information without your authorization. For each category of use or disclosure we will explain what we mean and give examples to help you better understand each category. Although we cannot list every use or disclosure within a category, we are only permitted to use or disclose your health information without your authorization if it falls within one of these categories.

If your health information contains information regarding your mental health or substance abuse treatment or certain infectious diseases (including HIV/AIDS tests or results), we are required by state and federal confidentiality laws to obtain your consent prior to certain disclosures of such information. Once we have obtained your consent on the Admission/Registration Agreement, we will treat the disclosure of such information in accordance with our privacy practices outlined in this Notice.

- ❖ **For Treatment.** We may use medical information about you to provide you with medical or mental health treatment or services. We may disclose medical information about you to doctors, psychologists, nurses, social workers, therapists, or other Foundations personnel who are involved in your treatment. We may also disclose medical information about you to people outside Foundations, such as other health care providers involved in providing medical treatment for you and to people who may be involved in your medical care, such as family members, clergy, or others that we use to provide services that are part of your care.
- ❖ **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from Foundations, or other health care providers from whom you receive treatment, may be billed to, and payment may be collected from, you, an insurance company or a third party. For example, we may need to have your health plan information about treatment you received at Foundations so your health plan will pay us or reimburse you for your treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- ❖ **For Health Care Operations.** We may use or disclose medical information about you for Foundations operations or to another health care provider or health plan, if you have a relationship with that health care provider or health plan. These uses and disclosures are necessary to run Foundations and make sure that all of our Clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Clients to decide what additional services Foundations should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, social workers, therapists, nurses, psychologists, technicians, and other personnel for review and learning purposes.
- ❖ **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or care at Foundations.
- ❖ **Individuals Involved in Your Care or Payment for Your Care.** We may release certain limited information about you to a friend or family member who is involved in your treatment or care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- ❖ **Treatment Alternatives/Benefits.** We may use and disclose medical information to tell you about or recommend possible treatment options, alternatives or health-related benefits or services that may be of interest to you.

## **SPECIAL SITUATIONS.**

We also may use or disclose your protected health information in the following special situations without your authorization. These situations include:

- ❖ **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to appropriate foreign military authority.
- ❖ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- ❖ Workers' Compensation. We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding medical information we maintain about you:

- ❖ Right to Inspect and Copy. You have the right to inspect and copy medical information about you that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Clinical Director of Foundations Counseling & Consulting of Wyoming, LLC. If you are requesting a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, under some circumstances you may request that the denial be reviewed. Another licensed health care professional chosen by Foundations Counseling & Consulting of Wyoming, LLC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- ❖ Right to Amend. If you feel that medical 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 Foundations Counseling & Consulting of Wyoming, LLC. To request an amendment, your request must be made in writing and submitted to the Clinical Director of Foundations Counseling & Consulting of Wyoming, LLC. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the clinic;
- Is not part of the information which you would be permitted to inspect and copy; or  Is accurate and complete.

- ❖ Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a specific treatment session you had. However, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Clinical Director. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- ❖ Right to Request Confidential Communications. You have the right to request that any and all confidential communications regarding your medical information be sent by alternative means or to an alternative location. For example, you may request that we contact you only in writing or by telephone at home or at work. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. Please make any such requests in writing to our Clinical Director. Your request must specify how or where you wish to be contacted.

- ❖ Right to an Accounting of Disclosures Made. You have a right to receive an accounting of disclosures of your medical information we have made after November 21, 2007 for purposes other than disclosures (1) for our treatment, payment or health care operations, (2) to you or based upon your authorization and (3) for certain government functions. To request an accounting, you must submit a written request to our Clinical Director. You must specify the time period, which may not be longer than six years.

- ❖ *You have the right to a paper copy of this Notice.* You have the right to obtain a paper copy of this Notice from us upon request, even if you have agreed to accept this Notice electronically. To obtain a paper copy of this Notice, please contact our Treatment Director. (All clients and evaluation subjects are automatically given a copy of this notice prior to treatment.)

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for the medical information we already have about you as well as any information we receive in the future. The Notice will contain on the first page, in the top right-hand corner, the effective date. We will post a copy of the current notice in each of our facilities. In addition, every time you register at or are admitted to Foundations, LLC programs for treatment as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

### **COMPLAINTS**

You may contact us, or the Secretary of the United States Department of Health and Human Services, if you believe your privacy rights have been violated. To file a complaint with Foundations Counseling & Consulting of Wyoming, LLC, contact our Clinical Director. All complaints must be submitted in writing.

**No retaliatory actions will be taken against you for filing a complaint.**

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your authorization. If you provide us with permission to use or disclose medical information about you by signing a written authorization, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

## **Communicable Diseases & Drug Use**

**Requirement:** *The Wyoming Department of Public Health, Mental Health and Substance Abuse Services Division* has mandated that service providers provide information to their clients about the hazards of acquiring and spreading communicable diseases as a result of using illicit drugs, and direct them to locations where they may receive screening and access to health care.

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### **Rationale behind the Requirement:**

*Using drugs is an important risk factor for disease. Drug use is associated with such risk behaviors as the sharing of contaminated needles and other drug paraphernalia, and unsafe sexual practices that contribute to the transmission of certain infectious or communicable diseases such as hepatitis, TB and HIV. Therefore, it is particularly important for current or former drug users to be aware of the risks and to be screened for the presence of these diseases and conditions.*

There has been a steady increase in the incidence of hepatitis B, despite the availability of a vaccine. The prevalence of hepatitis C in drug users, and in injection drug users specifically, is also high. The association between syphilis and drug use has been substantiated by retrospective studies and is particularly strong among cocaine users.

Many drug users are reluctant to become involved with traditional medical providers because of previous poor treatment and insensitive care. As a result, they may not seek testing for and treatment of infectious/communicable diseases. Further, lack of access to health care, either due to financial or other socioeconomic reasons, may mean that drug users may have had minimal or no medical care before entering a treatment service.

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### **Basic prevention information for persons with high-risk drug use or sexual practices:**

- Stop using and/or injecting drugs.
- Complete substance abuse treatment.
- The surest way to prevent the spread of human immunodeficiency virus infection and other sexually transmitted diseases is to have sex with only one uninfected partner or not to have sex at all.
- Use latex condoms correctly and every time to protect themselves and their partners from diseases spread through sexual activity.
- Get vaccinated against hepatitis B, and if appropriate, hepatitis A.

Persons who should be tested routinely (referred to local public health agency or private physician) for hepatitis C virus (HCV) infection are:

- Persons who ever injected illegal drugs, including those who injected once or a few times many years ago and do not consider themselves as drug users.
- Persons who received a transfusion of blood or blood components before July 1992.
- Children born to HCV-positive women. □ HIV+ persons.

Persons who should be tested routinely (referred to local public health agency or private physician) for hepatitis B (HBV) infection are:

- Persons who have injected illegal drugs.
- Persons entering methadone treatment programs. If there is no serologic evidence of prior HBV infection, hepatitis B vaccine should be administered.

Persons who should be tested routinely (referred to public STD clinic or private physician) for syphilis infection are:

- Persons entering drug treatment programs. Screening should be repeated every year if at-risk behavior continues, or earlier if signs and symptoms suggestive of syphilis infection occur.

Persons who should be tested routinely (referred to public STD clinic or private physician) for gonorrhea infection are:

- Persons with indications of infection or for those who have had sexual contact with infected individuals.

Persons who should be tested routinely (referred to public STD clinic or private physician) for herpes infection are:

- Persons with genital, rectal, or oral ulcers.

Persons who should be tested routinely (referred to public STD clinic or private physician) for HIV infection are:

- Persons entering drug treatment programs. Persons who are HIV-negative, should receive follow-up screening and risk-reduction counseling.

**If you have any of these risk factors, please contact:**

**Wyoming Department of Health  
Preventive Health and Safety Division  
Communicable Disease Section  
HIV/AIDS/Hepatitis Program  
6101 Yellowstone Road, Suite 510  
Cheyenne, WY 82002  
Telephone: (307) 777-5932  
Fax: (307) 777-8547**

## **Smoking Cessation Program**

Foundations is a non-smoking facility. Use of any form of tobacco product is prohibited while in our offices. This includes but is not limited to:

- Cigarettes
- Cigars
- Electronic Vaporizers
- Chewing tobacco

If you would like to be referred to the **Smoking Cessation Program** please let one of Foundations Staff know.

To voluntarily participate in the **Smoking Cessation Program** contact 1-800-784-8669 for further information on group times and locations.

## **Breathalyzer and Urinalysis Consent**

If it is suspected that I may have consumed alcohol or used illegal drugs, Foundations Counseling and Consulting, LLC. requires me to take a breathalyzer test and/or a urinalysis test. Therefore, all clients must consent to the following:

1. I will submit to tests of urine and/or breath immediately upon the request of staff; any testing requested will be conducted by Foundations Drug Testing, LLC;
2. If participating in a program of classes that includes a drug and/or alcohol testing component, I will enroll in a random reporting system with Foundations Drug Testing, LLC., and submit urine and/or breath samples to be tested on the days that I am selected to test;
3. I will provide required payment for all testing services I receive;
4. I will comply completely with all collection procedures;
5. I will not attempt to intentionally contaminate or falsify samples.

I agree to comply with all the stipulations outlined above. Failing to provide this permission may result in the termination of the services provided by Foundations Counseling & Consulting of Wyoming, LLC.