



### **Domestic Violence Treatment Program Participation Steps**

- Fill out patient registration and other client intake paperwork with FourPoints Health clinic receptionist or through the patient portal on our website. This will input your information into our system for assignment to a counselor.
- Your assigned counselor will call you for an introduction and orientation about the program.
- Schedule an appointment with your counselor to complete the required background check. This includes filling out the background check form, having your fingerprints taken, and paying the initial fee. (You will not be able to enter the program until this step is complete.)
  - Bring all documentation related to your need for domestic violence services with you to your fingerprint visit. This may include court orders, court reports, case plans, police reports, etc. *Your acceptance into the program may be delayed while we wait for necessary documentation.*
- Go online to [fourpointshealth.org](http://fourpointshealth.org), in the yellow bar at the top of the page, under “Patient Portal”, find and click on “Tele-behavioral Health Consent Form”, fill out and submit. Click on “Program Participation and Agreement”, review, sign, and submit. If you do not understand the agreement or have questions, please contact your counselor.
- Attend your initial assessment appointment.
- Attend all individual sessions and groups as scheduled.
- Complete all recommended groups and individual sessions.
- You will receive a certificate of completion after you have completed the recommended number of groups or individual sessions AND have your counselor’s approval of program completion. You can provide this to the courts or other agencies as you see fit.

**Cedar City**

440 North Paiute Dr.  
435.867.1520

**Richfield**

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**Kanosh**

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**St. George**

1449 N 1400 W Unit 19  
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**Shivwits** Ivins

6109 West 3700 North  
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## **Domestic Violence Prevention Program Client Treatment Responsibilities**

### **Counselor Responsibilities**

- Require clients to complete appropriate documentation, including signing group rules and appropriate release forms, prior to attending groups or individual sessions.
- Provide a domestic violence initial interview and assessment with written recommendations.
- Provide domestic violence treatment in a professional manner.
- Treat all clients with respect.
- Hold clients accountable for their responsibilities.

### **Client Responsibilities:**

- (When applicable) Access the necessary technology to attend online individual appointments and online groups, prior to the scheduled appointment time. This requires both video and audio capabilities and access to the Zoom application.
- Complete all initial documentation required by counselor prior to attending evaluation, groups, or individual sessions.
- Review and sign Group Rules, Tele-behavioral Health Consent form, and a release of information for any and all applicable agencies (i.e. courts, adult probation and parole, DCFS).
- Complete a background check, with appropriate payment, prior to being approved to enter the program.
- Attend all scheduled appointments or provide 24 hours advance notice for cancellation.
- Attend initial assessment interview and provide all required documentation.
- Understand that regular attendance is mandatory. Three unexcused absences are grounds for termination from the program. Simply calling in to say you will be unable to attend is not considered an excused absence. A doctor's note would be considered an excused absence. Regardless of the circumstances, please notify counselor if you will be missing a group to see if other arrangements are available, understanding that you may not be able to make alternative arrangements for that group.
- Pay for all services prior to or at time of the service.
- Be cooperative and engaged throughout the assessment interview, throughout individual sessions, and throughout group sessions.
- Conduct self in a respectful manner to all FourPoints Health staff and group members at all times.
- Request necessary documentation in a timely manner, allowing for at least 2 weeks for any written communication with outside organizations.
- Understand that providing proof of attendance for assessment and groups to the courts or outside agencies is your responsibility. If you require written proof, you must provide a request to the counselor with at least two weeks advance notice.



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- Understand that my counselor may require me to attend additional groups or individual sessions based on my progress or lack thereof, prior to providing me with a certificate of completion.
- Understand that a certificate of completion only means that I have satisfied the requirements of participating in the program. It does not prevent me from having additional requirements of the courts, or other agencies, and does not prevent me from being ordered to complete the program again in the future.

**Disrespectful behavior to staff or group members will result in your immediate termination from services at FourPoints Health.**

I, \_\_\_\_\_ have read and understand the above listed responsibilities and agree to abide by them in order to participate in the program. I understand that not completing required documentation in a timely manner will delay my ability to participate in the program and may have negative consequences with the courts or other agencies. I further understand that lack of participation, attendance and/or being terminated from the program may have negative consequences with the courts or other agencies. I understand that I am responsible for those outcomes.

Client: \_\_\_\_\_

Date: \_\_\_\_\_



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