



Seeking Safety 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. Provide insurance information or complete a sliding fee scale application.
- Register for the first group if you are able to begin on 7/14/2020. Otherwise, schedule an individual orientation session with your counselor to review group rules and complete a program agreement.
- Go online to fourpointshealth.org, at the top of the page, click “Telehealth.” Under “Requirements for Behavioral Care Clients,” complete the “Tele-behavioral Health Consent Form,” “Electronic Communication Standards,” “Mental Health Informed Consent for Outpatient Services,” and this “Seeking Program Rights and Responsibilities” forms. You may also go to the clinic in person to complete the documents.
- Download Zoom on your computer or smartphone and make sure you have an internet connection.
- Check your email for session handouts or go to the clinic and get a printed copy.
- Call the office at (435) 867-1520 15-30 minutes before group to check in, provide payment, and get the Zoom meeting ID number and password to join the group meeting.
- Call to cancel if you are not able to attend a group.
- Do not attend group if you are under the influence of drugs or alcohol.
- Be respectful of the counselors and other group members at all times.
- Arrive on time and ready to work and stay for the duration of the group unless prior arrangements have been made.

Cedar City

440 North Paiute Dr.
435.867.1520

Richfield

440 South Main St.
435.893.6800

Kanosh

157 North Reservation Dr.
435.759.2610

St. George

1449 N 1400 W Unit 19
435.688.7572

Shivwits Ivins

6109 West 3700 North
435.688.7572



- Clients may be terminated from the program due to attending group under the influence of drugs or alcohol, being disrespectful toward counselors or other group members, being disruptive during group, or for consistently arriving late or leaving early without discussing this with a counselor in advance.

Seeking Safety Group Responsibilities

Counselor Responsibilities

- Require clients to complete appropriate documentation, including signing consent forms and appropriate release forms, prior to attending groups or individual sessions.
- Provide an initial orientation to each client.
- Provide Seeking Safety 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 counselors prior to attending evaluation, groups, or individual sessions.
- Review and sign Tele-behavioral Health Consent Form, Electronic Communication Standards, Mental Health Informed Consent for Outpatient Services, Seeking Safety Program Rights and Responsibilities, Practical Information about your Treatment, Seeking Safety Treatment Agreement, and a release of information for any and all applicable agencies (i.e. courts, adult probation and parole, DCFS).
- Attend all scheduled groups or provide 24 hours advance notice for cancellation.
- Attend initial orientation and provide all required documentation.
- Pay for all services prior to or at time of the service.
- Be cooperative and engaged throughout the orientation appointment 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 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.
- 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.



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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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