Atlantic Street Center

An Informational Pamphlet for Participants

Revised 2/2026

Atlantic Street Center

Atlantic Street Center is one of the oldest non-profit social service agencies based in Seattle, Washington.

Our mission is to help families and communities raise healthy, successful children and youth through direct services and advocacy for social justice and equity.

Founded in 1910, Atlantic Street Center (ASC) is an award-winning agency providing services to children, youth, and their families for over one hundred years. We achieve our mission by providing educational, family support, and behavioral health counseling services for children, youth, and their families.

We primarily serve low- and very low-income African-American families and other families of color who reside in central and southeast Seattle, South King County, and North Pierce County.

Behavioral Health Services

For over 65 years, our Behavioral Health program has been our core resource offered to the community. Our dynamic team of licensed therapists help youth and families to develop tools to better manage their challenges and cultivate coping skills.

We recognize the scheduling difficulties particular to our community, therefore we're committed to being 100% community-based.

We provide the following services:

1. Individual Therapy
2. Family Therapy (including parent coaching)
3. Group Therapy
4. Medication Assessment and Management
5. Case Management
6. CoRe, a therapeutic video gaming group

Location and Hours of Operation

2103 South Atlantic Street
Seattle, WA 98144-3615
www.atlanticstreetcenter.org
206-329-2050
Monday – Friday (9am – 6pm)

After-hours Crisis Services

For crisis services during after hours, call 206-461-3222.

Monday – Friday (5pm – 7am)
Saturday & Sunday (24 hours, including holidays)

Participant's Rights: WAC 246-341-0600

The following policy applies to ALL Participants enrolled or seeking services from Atlantic Street Center's Behavioral Health program.

You have the right to:

General Rights

1. Receive a copy of your rights at intake and any time you request it.
2. Receive services without discrimination on the basis of race, color, national origin, sex, gender identity or expression, sexual orientation, age, disability, religion, creed, marital status, veteran status, use of a service animal, immigration or citizenship status, language proficiency, or any other protected category under federal or Washington State law.
3. Be treated with respect, dignity, and privacy.

Safety and Protection

4. Be free of any sexual harassment.
5. Be free of exploitation, including physical and financial exploitation.
6. Receive age-appropriate care in a therapeutic environment.

Religious and Personal Preferences

7. Practice your religion as long as it does not infringe on the rights and treatment of others or the treatment service. You have the right to refuse participation in any religious practice.
8. Request a therapist of the same gender if preferred, either at the agency or by referral to another agency.

Accessibility and Accommodations

9. Receive support for sensory, or physical disability, communication limitations, limited-English proficiency, and cultural differences.
10. Access to certified interpreters and alternative formats to ensure communication needs are met.

Confidentiality and Consent

11. Have all clinical and personal information kept confidential in accord with state and federal confidentiality regulations, except in cases of mandatory disclosure*.
12. Provide written consent for the release of your information and be informed about external service providers' confidentiality obligations.
13. Review your individual service record in the presence of the administrator (Program Director) or designee and be given an opportunity to request amendments and corrections.

Participation and Choice

14. Participate in the development of your individual service plan and receive a copy of the plan if desired.
15. Make a mental health advanced directive, stating your choices and preferences regarding your mental health treatment if you are unable to make informed decisions.
16. Refuse any behavioral health services offered.
17. Request a second opinion on the medical necessity of treatment if you disagree with recommendations or believe that medically necessary treatment is not being offered.

Financial Transparency

18. Be fully informed about service fees and payment methods.

Medication Information

19. Understand the purpose, effects, and side effects of prescribed medications through collaboration between your therapist and psychiatrist, with your consent.

Grievances and Complaints

20. Receive information at intake and any time upon request on how to file a grievance directly with Atlantic Street Center. You may also file a grievance with King County Behavioral Health Administrative Services Organization (BH-ASO) for non-Medicaid participants or your

Managed Care Organization (MCO) for Medicaid enrolled participants.

21. Submit a report to the Department of Health when you feel the agency has violated your rights or a WAC requirement regulating behavioral health agencies. To file a complaint visit: https://doh.wa.gov/licenses-permits-and-certificates/file-complaint-about-provider-or-facility.
22. Lodge a complaint with the office of the Ombudsman Service of King County if you believe your rights have been violated. If you lodge a complaint or grievance, you shall be free of any act of retaliation. The Ombuds may, at your request, assist you in filing a grievance. The King County Ombudsman can be reached at (206) 477 1050 or Ombudsmmail@kingcounty.gov.

***Mandatory Disclosure**

Atlantic Street Center must inform authorities about serious threats of suicide, harm to others, or suspected abuse, neglect or exploitation of children and vulnerable adults.

Medicaid Participants 182-538-180 Rights and Protections:

The following Policy applies to Medicaid Participants enrolled or seeking services from Atlantic Street Center's Behavioral Health Program.

Individuals who apply and are eligible for Medicaid-funded health care services have Medicaid specific rights under WAC 246-341-0600.

- Individuals who apply and are eligible for Medicaid-funded health care services have Medicaid specific rights.
- Individuals with Medicaid-funded insurance have participant rights under WAC 246-341-0600.
- Participants may ask for help with completing and submitting forms to the Health Care Authority.
- Participants may ask for help with giving and receiving the information that the Health Care Authority needs in order to decide continuing eligibility.
- Participants may ask for help with requests continuing benefits.
- Participants may ask for help with the assistance of explaining the reduction in or ending of benefits.
- Participants may ask for assistance with requests for administrative hearings.
- On request, participants may ask for assistance in reviewing the Health Care Authority's decision to terminate, suspend, or reduce benefits.
- Participants may receive the name, address, telephone number, and any languages offered other than English of providers in a managed care organization (MCO).
- Participants may receive information about the structure and operation of the MCO and how health care services are delivered.
- Participants may receive emergency care, urgent care, or crisis services.
- Participants may receive post stabilization services after receiving emergency care, urgent care, or crisis services that result in admittance to a hospital.
- Participants may receive age-appropriate and culturally appropriate services.
- Participants may ask to be provided with a qualified interpreter and translated material at no cost to the individual.

- Participants may request to receive information and help in the language or format of their choice.
- Participants may have an explanation of alternative treatment options and alternative treatment options.
- Participants may refuse any proposed treatment option.
- Participants have the right to receive care that does not discriminate.
- Participants have the right to receive care that is free of any sexual exploitation or harassment.
- Participants may create an advance directive that states the individual's choices and preferences for health care services under 42 C.F.R. Sec. 489 Subpart I.
- Participants may choose their own contracted health care provider.
- Participants may request and receive a copy of their health care records.
- Participants may be informed if there is a cost for copies.
- Participants have the right to be free from retaliation.
- Participants my request to receive the policies and procedures of the MCO as they relate to health care rights.
- Participants have the right to receive services in an accessible location.
- Participants may receive medically necessary services in accordance with the early and periodic screening, diagnosis, and treatment (EPSDT) program under WAC 182-534-0100, if the individual is age twenty or younger.
- Participants have the right to be treated with dignity, privacy, and respect.
- Participants have the right to receive treatment options and alternatives in a manner that is appropriate to the individual's condition.
- Participants have the right to be free from seclusion and restraint.
- Participants may receive a second opinion from a qualified health care professional within an MCO provider network at no cost or having one arranged outside the network at no cost, as provided in 42 C.F.R. Sec. 438.206(b)(3).
- Participants may receive medically necessary health care services outside of the MCO if those services cannot be provided adequately and timely within the MCO.
- Participants have the right to file a grievance with an MCO if the individual is not satisfied with a service provided.

- Participants may receive a notice of action in order to appeal any decision by the MCO.
- Participants may appeal an MCO decision that Denies or limits authorization of a requested service.
- Participants may appeal an MCO decision that reduces, suspends, or terminates a previously authorized service.
- Participants may appeal an MCO decision that denies payment for a service, in whole or in part.
- Participants have the right to file an appeal if the MCO fails to provide health care services in a timely manner as defined by the state or act within the time frames in 42 C.F.R. Sec. 438.408(b).
- Participants have the right to request an administrative hearing if an appeal is not resolved in a person's favor.

Atlantic Street Center Grievances Procedures

POLICY

A grievance is an expression of dissatisfaction about any matter other than an action or adverse benefit determination. Actions and adverse benefit determinations are authorization decisions about services.

Examples of possible subjects for grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a Provider or employee, or failure to respect the individual's or client's rights. Termination of a Subcontract will not be grounds for an appeal, Administrative Hearing, or a Grievance for the client if similar services are immediately available in the service area.

Participants may choose to file a grievance at any time.

- Non-Medicaid funded participants may file a grievance at King County Behavioral Health-Administrative Services Organization (BH-ASO), and
- Medicaid-funded clients may file grievances with their Managed Care Organization (MCO).

ASC may resolve complaints directly and is responsible to:

1) Ensure that non-Medicaid funded individuals and clients are aware of their right to file a grievance with the BH-ASO, and that Medicaid-funded clients are aware of their right to file a grievance with their MCO.
2) Ensure that MCO and BH-ASO contact information for filing a grievance is included on individual and client rights publications, as well as agency policies and procedures.
3) Provide relevant information to King County Behavioral Health and Recovery Division (KCBHRD) or MCOs to assist in effectively investigating and resolving grievances filed with the BH-ASO or with an MCO, if requested.
4) Participating in evaluating the complaint/grievance system as requested.
5) Atlantic Street Center (ASC) shall have an internal grievance procedure for persons served in accordance with WAC 246-341-0605. ASC shall inform the participant's right to file to make a complaint or to file a grievance. There shall be no retaliation, formal or informal, against the participant filing the grievance. The participant shall have the right to designate/appoint a representative, staff member, family member or friend, or an advocate to represent them through the grievance procedure. Participant has the right to have a fair hearing. ASC will offer the participant and their representative an

opportunity to review any clinical records relevant to the grievance and to submit oral or written information about the grievance prior to ASC decision on the grievance. Filing of a grievance shall be held confidential and will not be reflected in the participant's chart

6) ASC will ensure that interpretation/translation is available to assist sensory impaired and/or non-English speaking enrollees with the grievance process.
7) If the participant's authorization expires (for Non-Medicaid/BH-ASO participants) during the grievance process and the participant meets the criteria for continuance, a new authorization will be requested until the grievance procedure is completed. Services are to be provided during the grievance process and existing clinical/participant relationship supported. If the existing clinical/participant relationship cannot be maintained, an alternative clinician will be assigned to provide services pending resolution of the grievance.
8) ASC will work with the MCOs, KCBHRD/BH-ASO, and Ombudsman Services to resolve problems at the lowest possible administrative level.

PROCEDURES

1) A staff person who is the object of a grievance shall not be a participant in investigating or deciding the grievance.
2) The participant shall be informed:
    a. Upon request, of which MCO, BH-ASO entity to which they belong.
    b. That they may contact the Ombudsman' office at: 206-205-5329 or 1-800-790-8049 #3 at any time during the complaint process.
    c. Of timelines that exist to a formal grievance and helped through that process.
    d. That they may request a face-to-face mediation to resolve their complaint(s).
3) To file a grievance directly with ASC, participants may receive and use the Grievance Report Form from the Office Coordinator or any available staff member.
4) The grievance may be filed either in person, by phone, or in writing: grievances that are initiated verbally must be documented by ASC staff. The written statement shall include, at a minimum:
    a. the participant's name
    b. how best to contact the participant
    c. the nature of the grievance
    d. the requested resolution to the grievance, and

e. must be signed by the participant or the participant's representative.

5) If the participant requires help in completing the form, they may ask any staff member (not involved in the grievance) to help complete the form.
6) After completion of the form, the staff signs the form prior to copying. This will document the receipt of the grievance. A copy is made of the completed grievance form.
7) The date of receipt of the grievance is the first business day on which a verbal or written grievance is received. If a telephone message, email, or letter initiating a grievance arrives on a non-business day, the date of receipt is the next business day.
8) Within one business day of the receipt of the grievance, acknowledgement of receipt of the grievance will occur as follows:
    a. The original grievance is routed via secure electronic or paper means to the Program Director, or to the Executive Director, if the Program Director is involved in the grievance.
    b. A copy of the grievance is retained by the participant.
    c. Written notification shall be made to the participant within five business days that the grievance has been received with the date of its receipt.
    d. The written acknowledgement shall include:
    i. The date of receipt of the grievance
    ii. a description of the grievance process,
    iii. including timelines, opportunities for participant input, and
    iv. a description of participant's rights to continue services through the grievance procedure process.
9) ASC staff reviewing the grievance must be:
    a. A person or persons who were neither involved in any previous level of review or decision making, nor a subordinate of any such individual, and
    b. A mental health professional who has appropriate clinical expertise in the type of behavioral health service if deciding a grievance regarding denial of expedited resolution of an appeal or a grievance that involves clinical issues.
10) ASC shall inform the participant in writing of its notice of resolution about the grievance as expeditiously as the participant's mental health condition requires and no more than 30 calendar days from the date of its receipt.
11) The notice of resolution includes:
    a. The decision on the grievance;
    b. The reason for the decision; and

c. The right to request a Fair Hearing and the required time frame to request the hearing.

12) The notice of resolution will be in an easily understood format following 42 C.F.R. Sec. 438.10, which includes requirements that each notice:
    a. Be written in the individual's non-English language, if applicable
    b. Contains the ASC's toll-free and TTY/TDY telephone number; and
    c. Explains the availability of free written translation, oral interpretation to include any non-English language, auxiliary aids such as American sign language and TTY/TDY telephone services, and alternative formats to include large print and Braille.
13) ASC shall keep full records of all grievances and materials received or compiled in the course of processing and attempting to resolve the grievance are maintained.
    a. All grievances should be kept for no less than ten years after the completion of the grievance process.
    b. Made available to BH-ASO, MCO, or State, upon request.
    c. Kept in confidential files; and
    d. Not disclosed without the individual's written permission, except to BH-ASO, MCO, Ombudsman Services, or State as necessary to resolve the grievance.
14) The participant shall sign the Notice of Resolution, if an agreement was reached.
15) If the participant is unhappy with ASC's decision, the participant may request BH-ASO or MCO to review the grievance or if the participant does not receive a copy of that decision from the provider within 90 calendar days from the date the grievance was filed, the participant may then choose to file the grievance with Ombudsman Services.

<u>Grievance Appeals:</u>

1) A participant may file an appeal with ASC to ask for a review within 10 business days after the date of the letter of resolution.
2) A participant's representative may request an appeal with the individual's written consent. If a letter of resolution was not received, an appeal may still be filed.
3) A participant may first submit an appeal to the Executive Director and if a resolution is not agreed, may then file a second appeal with the Board of Directors - Executive Committee.

4) All appeal will be considered Standard appeals unless a request for Expedited appeal is request.
    a) Standard Appeal Process: A participant must file the appeal within 10 calendar days from the date on the determination letter. ASC will confirm receipt of the appeal in writing within five business days and will send the participant a written notice of resolution as expeditiously as the participant's health condition requires, and no longer than 30 days from the day that ASC received the appeal. This period may be extended up to 14 additional calendar days if the individual requests an extension or if ASC determines that the added time is in the individual's interest.
    b) Expedited – may be requested if a participant or ASC staff believes that the time taken for a standard resolution of an appeal could seriously jeopardize the individual's life, physical or mental health, or ability to attain, maintain or regain maximum function. If ASC denies the request for the expedited appeal and resolution of an appeal , it will follow the procedure for a standard appeal and ASC will make reasonable efforts to give the individual prompt verbal notice of the denial and follow up within two calendar days with a written notice. A request for an Expedited appeal must be filed with ASC, verbally or in writing and within 10 calendar days of ASC's mailing the written notice of determination. AS will confirm receipt of the request for an expedited appeal in person or by telephone and send the individual a written notice of resolution as expeditiously as the individual's health condition requires, and no longer than 72 hours after receiving the request for an expedited appeal. ASC may extend the period up to 14 additional calendar days if the individual requests an extension or if ASC determines that, the added time is in the individual's interest.
5) The appeal process will:
    a) Provide the participant a reasonable opportunity to present evidence and testimony and make legal and factual arguments in person as well as in writing. ASC will inform the individual of the limited time available.
    b) Allow the participant and their representative the right to review the enrollee's case file, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by ASC, MCOs, or BH-ASO in connection with the appeal of denial determination. This information will be provided free of charge and sufficiently in advance of the resolution timeframe for appeals.

c) Include the following, as applicable, as parties to the appeal:
    i. The participant, the participant's representative, or both; or
    ii. The legal representative of a deceased participant's estate.

6) ASC will ensure that the persons who make decisions on an appeal:
    a) Were neither involved in any previous level of review or decision making nor a subordinate of any such participant;
    b) Are mental health professionals who have appropriate clinical expertise in the type of behavioral health service if deciding an appeal of a denial of service concerning medical necessity or an appeal that involves any clinical issues; and
    c) Consider all comments, documents, records, and other information submitted by the participant regardless of whether the information was considered in the initial review.

King County BHRD - Notice of Privacy Practices - Effective Date: 2/16/2026

https://kingcounty.gov/en/dept/dchs/about-king-county/about-dchs/privacy-practices

This notice describes how medical information about you may be used and disclosed:

- How health information about you may be used and disclosed
- Your rights with respect to your health information
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information

Please review it carefully.

You have a right to a copy of this Notice (in paper or electronic form) and to discuss it with the King County Department of Community and Human Services Privacy Officer at phone 206-263-6920 and email DCHS_Privacy@kingcounty.gov if you have any questions.

Your Information. Your Rights. Our Responsibilities.

Section 1: Your Rights with respect to your health information

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 your health information

- You can ask to see or get a copy of the 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.

Ask us to correct your 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 communication

- You can ask us to contact you in a specific way (for example, home or office phone) or to mail it to an address you choose.
- 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 information 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 your information

- You can ask for a list (called an "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 shared it.
- We will include all the times we've shared your information, except for those about routine treatment, payment, and health care operations.

Request disclosures by other organizations involved in your present and future substance use disorder care

- You have the right to ask for a list of times we shared your substance use disorder treatment information for treatment, payment, or healthcare operations. This list can cover up to the three years before the date you make your request and will include who we shared the information with and why.

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.

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 make choices about your health information.
- We will make sure the person has this power 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 sending a letter to 401 Fifth Avenue, Suite 500, Seattle, WA 98104, Attn: Privacy Officer 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 http://www.hhs.gov/ocr/privacy/hipaa/complaints/

- We will not retaliate against you for filing a complaint.

Section 2. Our Uses and Disclosure: 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 provide services effectively. *Example: We may review your information to see how well the services we provide are working and to find ways to provide better care.*

Pay for your health services

- We can use and disclose your health information to 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.*

Section 3: Our Uses and Disclosures: 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

Help with public health and safety issues

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

- Preventing disease.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety.

For 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 (DHHS) if DHHS wants to see that we're complying with federal privacy law.

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 – in certain limited circumstances only.
- With health oversight agencies for activities authorized by law.

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

Other uses and disclosures not described in this Notice will be made only with your written authorization.

Section 4: Our Uses and Disclosure 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 purposes, for payment purposes or to run our organization without your written consent.

Consent requirement

- You can give consent that covers all future uses or disclosures of your information for treatment, payment, and health operations.
- You may cancel your consent at any time by telling us in writing. The cancellation takes effect once we receive it. It will not change or undo any use or disclosure that already happened based on your earlier consent.
- Even when your information is shared with your consent, anyone who receives it must follow the same confidentiality rules. They cannot share it again without your authorization.

Disclosures without consent

Federal law allows or requires us to share your substance use disorder information, even without your written consent, in the following situations:

- With medical personnel during a medical emergency
- With authorities when reporting suspected child abuse or neglect
- To report suspected criminal activity
- For research, audit or evaluations
- When required by a court order
- When working with a qualified service organization under an approved agreement

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

Protections against use of your information in legal proceedings:

- Your substance use disorder information - or any testimony based on it - cannot be used against you in court without your explicit written consent or a court order.
- If we receive a court order, you must be notified and given a chance to contest it.
- The court order must be accompanied by a subpoena to enforce disclosure of the information.

Section 5: Our Responsibilities

Privacy and Security of your health information

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a data breach happens that may have compromised the privacy or security of your information. Violations of the federal law and regulations will be reported to appropriate authorities in accordance with federal regulations.
- 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.

Redisclosure:

- Once shared, some of your information may be disclosed by the recipient and may not longer be protected by the same rules.

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 on request and on our web site and we will mail a copy to you.

Section 6: Additional Information

For more information see:

• www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html .

• Fact Sheet 42 CFR Part 2 Final Rules: https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/fact-sheet-42-cfr-part-2-final-rule/index.html

Atlantic Street Center - Notice of Privacy Practices

Atlantic Street Center (ASC) recognizes that health information about you and your well-being is personal. ASC is committed to safeguarding this information and ensuring your privacy. This notice outlines how ASC uses and discloses your health information, your rights regarding this information, and ASC's obligations related to its use and disclosure.

What information is collected?

Below is a list of some of the information we might collect about you:

- **Your Details**: Name, address, phone number, email, date of birth, and other basic information.
- **Health and Social information:** Current and historical medical, family, school/employment details, treatment and school records, and other related information.
- **Payment Information:** Insurance and billing details, and other payment-related information.
- **Demographics:** Information like your gender, race, ethnicity, preferred language, and other demographics for statistics and reporting.
- **Communications:** Emails, texts, voicemails, and other messages between you and us.

How is your information used or disclosed?

ASC may use or disclose your information to:

- **Help you:** Provide mental health services like assessments, case management, medication services, and therapy (including to support with crises and medical emergencies). In addition, for appointment reminders.
- **Coordinate Care:** talk and exchange information with other healthcare, community, and social service providers who are helping you.
- **Manage Payments:** Handle billing and insurance claims.
- **Follow the Law:** Use or disclose your health information when required to do so by federal, state or local law. Any disclosure will be limited to the information required by law and consistent with applicable privacy protections.
- **Improve Services:** Check and improve the quality of our services.
- **Ensure Safety:** To avert a serious threat to health and safety, and for public health risks.
- **Resolve Disputes**: For lawsuits and disputes.
- **Sensitive Health Information**: Some health information, including information related to reproductive health care, behavioral health, substance use treatment, and other sensitive services, is subject to additional privacy protections under federal and Washington State law. Atlantic Street Center limits the use and disclosure of this information to what is permitted

or required by law and applies appropriate safeguards to protect your privacy.

Your Health Information Rights

You have the right to:

- **Copy of this notice:** Request a copy of this notice in paper or electronic format.
- **See your information**: Ask to see the information we have about you.
- **Correct/Amend Information:** Ask us to correct any wrong or incomplete information.
- **Limit Use:** Ask us to limit how we use your information.
- **Object:** Say no to how we use your information.
- **Get a Copy:** Ask for a copy of your information in a simple, readable format.
- **List of disclosures:** Ask to see a list of disclosures made.
- **Confidential Communications:** You have the right to request that we communicate with you about your health information in a certain way or at a certain location (for example, by mail instead of email, or at a different address). We will accommodate reasonable requests.

Keeping Your Information Safe

Atlantic Street Center uses appropriate technical and organizational measures to protect your information from being accessed, used, disclosed, destroyed, or changed. These measures include encryption, access controls, and secure storage systems.

ASC is required by law to make sure:

- Your health information stays private.
- You receive this notice explaining our privacy rules and how we protect your health information.
- We follow the rules in this notice.

Change to this notice

Atlantic Street Center reserves the right to change this notice. ASC will post a copy of the current notice with the effective date in a public place in its facility and on its website.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with Atlantic Street Center by contacting the Program Director. All complaints must be submitted in writing.

You may also file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights. Filing a complaint will not affect your access to services and you will not be retaliated against for filing a complaint.

Acknowledgement of Receipt of the notice

Atlantic Street Center requests that you sign a separate form acknowledging that you have received a copy of this notice. This acknowledgement will become part of your records.

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Effective Date: This Notice of Privacy is effective as of 02/16/2026.

State of Washington – Behavioral Health Participants

Counselors must provide a disclosure statement to each participant prior to starting any program of treatment. The following must appear in the disclosure information:

a) Name of agency (Atlantic Street Center);
b) Agency's business address and telephone number;
c) The counselor's Washington State license number;
d) The counselor's name;
e) The methods or treatment modality and therapeutic orientation the counselor uses;
f) The counselor's education and training;
g) The course of treatment, when known;
h) Billing information, including any advance payments and refunds;
i) Associates must provide information that he/she/they are an associate under the supervision of an approved supervisor.
j) Department of Health contact information for you to obtain a list of or copy of the acts of unprofessional conduct listed under RCW 18.130.180. Department of Health contact must include the name, address, and telephone number for the health professions complaint process.

You have the right to refuse treatment and the right to choose a provider and treatment modality, which best suits your needs. You will be asked to provide your signature on the disclosure statement to confirm that you received a copy of the required disclosure information and that you have read and understand the information provided.

Requirements for Registration or Certification

Your Therapist must be either registered or licensed through the Washington State Department of health unless otherwise exempt. To be registered, a person fills out an application and pays a fee. To become licensed, a person fills out an application form and pays a fee, but he or she must also show proof of appropriate education and training. There are some people who do not need to be either registered or licensed because they are exempt from the law. You should ask your Therapist if he or she is registered or licensed and discuss his or her qualifications to be your Therapist.

Definitions

Counseling means using therapeutic techniques to help another person deal with mental, emotional and behavioral problems or to develop human awareness and potential. A registered or licensed Therapist is a person who gets paid for providing counseling services.

Participant and Therapist Responsibilities and Rights

You and your Therapist should discuss the type of counseling you will get; the methods or techniques that might be used; the therapist's education, training and experience; and the cost of the counseling sessions. The Therapist must give you written information that explains these topics, let you read the information, and have you sign a statement that you've read the information. If you have concerns about being dependent upon you Therapist, talk to him or her about it. Remember, you are going to that person to seek assistance that helps you learn how to control your own life. You can and should ask questions if you don't fully understand what your Therapist is doing or plans to do.

Confidentiality

Your Therapist cannot disclose any information you've told them during a counseling session unless:

- You give written consent;
- The information concerns certain crimes or harmful acts;
- The participant is a minor and the information acquired by the Therapist indicates the minor was a victim or subject of a crime, then a Therapist may testify at any proceeding wherein the commission of the crime is the subject of inquiry;
- You bring charges against the person registered or certified under the law;
- The Therapist has reasonable cause to believe that a child or adult dependent or developmentally disabled person has suffered abuse or neglect. Therapists are required to report such incidents to authorities.

Assurance of Professional Conduct

Thousands of people in the counseling professions practice their skills with competence and treat their participants in a professional manner. If you and the Therapist agree to the course of treatment and the Therapist deviated from the agreed treatment, you have the right to question the change and to end the counseling if that seems appropriate to you.

We want you to know that there are acts that would be considered unprofessional conduct. If any of the following situations occur during your course of treatment, you are encouraged to contact the Department of Health at the address or phone number in this publication to find out how to file a complaint against the offending Therapist. The following situations are not identified to alarm you, but are identified so you can be an informed consumer of counseling services. The conduct, acts or conditions listed below give you a general idea of the kinds of behavior that could be considered a violation of law.

- Abuse of a participant or sexual contact with a participant.
- Incompetence, negligence or malpractice that harms a participant or creates an unreasonable risk of harm to a participant.
- Willful betrayal of a practitioner – participant privilege as recognized by law.
- The commission of any act involving moral turpitude, dishonesty or corruption relating to the practice of counseling. The act does not have to be a crime in order to be a violation of law regulating Therapists.
- Practicing counseling while suffering from a contagious or infectious disease in a way that would pose a serious risk to public health.
- Aiding a participant to obtain an abortion through illegal means.
- Possession, use or distribution of drugs except for a legitimate purpose, addiction to drugs or violation of any drug law.
- Habitual use or impairment from the use of alcohol.
- Misrepresentation or fraud in any aspect of the conduct of the profession.
- Advertising that is false, fraudulent or misleading
- Offering to treat participants by a secret method, procedure or treatment.
- Promotion for personal gain of any drug, device, treatment, procedure or service that is unnecessary or has no acceptable benefit to the participant.
- Conviction of any gross misdemeanor or felony relating to the practice of counseling or hypnotherapy.
- Violation of state or federal statute or rule that regulates Therapists, including rules defining standards of practice for certified Therapists.

- Suspension, revocation or restriction on the registration or certification to practice the profession.
- Aiding an unregistered or uncertified person to practice counseling when that person is required to be registered or certified.
- Violation of the rebating laws which includes payment for referral of participants.
- Interface with an investigation by use of threats or harassment against a participant or witness to prevent them from providing evidence in a disciplinary proceeding or other legal action.

The above should not be considered as the final source of information. If you want more information about the law regulating Therapists or want to file a complaint, please visit: https://doh.wa.gov/licenses-permits-and-certificates/complaint-and-disciplinary-process/complaint-forms

Translator Services & Limited English Proficiency (LEP)

LEP services are intended to ensure that persons limited in their ability to read, write, and/or speak English have equal access to Atlantic Street Center's programs and services. LEP services are provided in your primary language by authorized bilingual workers or contracted interpreters and translators.

If a bilingual worker is not available to assist you, we obtain services from a qualified interpreter in your primary language to help you communicate verbally with us. If your therapist feels that they are not able to communicate with you well enough to provide adequate services, they may request an interpreter to assist even if you did not ask for help. These services include interpreter (verbal) services in person and/or over the telephone and translation of department forms, letters, and other printed materials at no cost to our participants and without significant delay, as define in chapter 388-406, 388-418, and 388-434 WAC.

As far as written content, we provide fully translated written communication in your primary language, including pamphlets, brochures, and other informational material that describe department services and participant rights and responsibilities. As with verbal translation, we also pay for written translation. If we do not have written material available to you in your language, we will obtain an interpreter to translate the documents to you in your language.

If it is identified that you require LEP services at intake, your Intake Therapist will identify your primary language at your intake session and/or the referral source. Additionally, we will indicate any language needs on all referrals to other providers, administrations, or agencies. We will also provide you with the same safeguards of confidentiality as provided to English proficient participants.

In the event that there are no available employee or contractor resources to serve your LEP needs in your primary language, we may contact refugee service providers or client advocates to assist with the appropriate resource to meet your needs.

Resources / Local Rights and Advocacy Organizations

Atlantic Street Center provides this list of locals groups and organizations which may help you in understanding your rights as a consumer receiving Mental Health Services.

This list is not intended to be a complete list of these type of organizations and we welcome input from participants should they become aware of other organizations.

Local Rights & Advocacy Organizations

- Office of the King County Ombudsperson (206) 477-1050
- Washington Protection and Advocacy System (206) 324-1521
- National Alliance on Mental Illness (NAMI) - Seattle (206) 783-9264
- Washington Coalition of Citizens with Disabilities (206) 545-7055
- King County Office of Civil Rights (206) 684-4500
- Northwest Women's Law Center (206) 682-9552
- The Unemployment Law Project (206) 441-9178
- Washington State Human Rights Commission (1800) 233-3247
- Long-Term Care Ombudsman (for the disabled) (1800) 562-6028

Alcohol/Drug Information/Treatment

- WA Recovery Help Line (1866)789-1511
- Alcoholics Anonymous (206) 587-2838

Dental Resources

- Community Health Access Program (CHAP) (800) 756-5437
- Downtown Public Health Center (206) 447-8300
- Columbia City Center for Health (206) 263-1505
- Renton Public Health Center (206) 477-0100
- Eastgate Public Health Center (206) 477-8000
- Street Medicine Program (medical outreach for people experiencing homelessness): https://kingcounty.gov/depts/health/locations/homeless-health/mobile-medical-care.aspx

King County – Behavioral Health and Recovery Division

- Main Number (206) 263-8997
- OMBUDS Program/Grievances Line (206) 477-1050

Older Adults

- Adult Protective Services (877) 734-6277

Women/Family Resources

- Child Care Resources (206) 329-1011
- National Domestic Violence Hotline (800) 799-7233
- Planned Parenthood (800) 769-0045
- TEENLINK (206) 461-4922

Local Advocacy Organizations

- Social Security Administration (866) 494-3135
- Veterans Affairs Puget Sound Health Care System (206) 762-1010

Mental Health Advance Directive for Behavioral Health

All adults 18 and older may complete a mental health advance directive. A mental health advance directive is a legal written document that describes what you want to happen if you are having difficulty communicating or making decisions.

It can inform others about what treatment you want or do not want, and it can identify a person to whom you have given the authority to make decisions on your behalf. For more information, please read the advance directives information for consumers pamphlet.

If you are interested in getting more information about advance directives and/or writing one or both, please contact your therapist or case manager for help.

Mandatory Reporting of Abuse, Neglect, and Exploitation

Washington State Law requires behavioral health professionals to report any suspected or confirmed abuse, neglect, or exploitation of a child or vulnerable adult to the appropriate authorities immediately.

If a staff member suspects abuse, neglect, or exploitation, they must immediately ensure the individual's safety and well-being, then contact one of the appropriate authorities:

- For children and youth - Child Protective Services (1-800-609-8764)
- For vulnerable adults - Adult Protective Services (1-877-734-6277)

Record / Video-Tape Sessions for Purpose of Supervision & Education

We want you to know…..

- Atlantic Street Center (ASC) places a high priority on providing effective and high quality services. For this purpose ASC clinical care supervisors and the counseling program manager periodically monitor counseling sessions through the use of videotaping.
- ASC is also a training facility for graduate students from local universities who may be required to tape sessions as part of their training program.
- You may also specifically request this service at any time.

We want to assure you that:

1. All requests for videotaping are voluntary. Your decision to decline will not impact services in any way.
2. All film, audio, or video recordings of participant's voice, image, or other identifiable features ("recording") contain protected health information and **will be kept confidential at all times** in compliance with Atlantic Street Center's policy on participant confidentiality.
3. The purpose of the recording is for educational use only and will be viewed only by student's practicum instructor and or supervisors.
4. All recordings will be destroyed after 30 days except as expressly agreed upon by you and your provider **in writing**.
5. The video camera will be set up in the counseling room or behind the one way mirror and is only activated after you agree.

Atlantic Street Center Behavioral Health Program Disclosure

Counselors practicing counseling for a fee must be registered or certified with the Department of Licensing for protection of public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, nor does it necessarily imply the effectiveness of any treatment. WAC 308-109-040

Atlantic Street Center (ASC) provides services to its participants utilizing a variety of modalities (individual, family, group treatment, psychiatric medications, parent education, skills group, etc.) relevant to the presenting problems, difficulties and issues presented by participants. Methodologies of treatment are primarily collaborative intervention efforts between counselor, parent(s), other ASC staff and relevant community participants such as Department of Youth Services, Department of Social and Health Services, Seattle Public Schools, etc., on behalf of children, youth and families. Atlantic Street Center Staff work from a Systemic, Strengths Base, and Holistic approach. Intervention strategies are individualized, culturally relevant and focused on achieving outcomes that are related to the identified presenting problems. Services are time-limited and participants are expected to fully participate in the treatment process. All counseling services are provided by qualified staff, who conducts themselves in a professional and ethically responsible manner.

All treatment and support staff of ASC are bound by strict rules of confidentiality and accordingly required to sign a confidentiality statement as a condition of employment. No ASC staff may disclose confidential information except under one or all of the following conditions:

1. The participant has given written consent to have information released to another party;
2. Staff has reason to believe that physical or sexual abuse, or any neglect of a child, dependent adult or developmentally disabled person is occurring or has occurred;
3. Staff perceives that participant is a danger to him/herself or others;
4. Staff is served a legal subpoena by a court of law or officer of the court.

The following are the Atlantic Street Center (ASC) Behavioral Health Staff and their credentials:

DIRECTOR and COORDINATORS

1. Mei-Ling Morrison-Beals, MHP, LICSW, CMHS #LW 60796327, Behavioral Health Director
2. Emily Cabrera, MHP, LICSW, #LW 60476292, Clinical Supervisor
3. Matt McNall, MHP, LMHC, #LH 61233330, Internship Coordinator

ADVANCE REGISTERED NURSE PRACTIONER

1. Patricia Leckenby, ARNP #AP 30001796

CASE MANAGER

1. Tabetha Sheppard #CG 70070632

SCREENING AND REFERRAL SPECIALIST

1. RJ Paige, RAAC #CG 61373521

THERAPISTS

1. Aftyn Leyder, MA, LMHCA #MC 61571894
2. Freda Everett, LAAC, MHP, CMHS, EMMHS #CU 60150185
3. Matthew Kamas, MSW, LSWAIC #SC 61586463
4. Mark Alliett, MA, LMHCA #MC 61595757
5. Pooja Adapa, MA, LMHCA #MC 70032582
6. Sabrina Ahmed, MHP, LMHCA #MC 61247089
7. Taylor Hayes, MSW, LSWAIC #SC 61689724
8. Savannah Davis, MSW, LICSWA #SC 61444494

CLINICAL INTERNS:

2. Abigail Stiffler, BA, RAAC #CG 70019690
3. Billie Tesfay, BA, RAAC #CG 70019044
4. Dora Garcia Araico, BA, RAAC #CG 70018179
5. Hildi Cruz, MS, RAAC #CG 70018940
6. Jessie Nguyen, MA, RAAC #CG 70020013
7. Sonia Storck, BA, RAAC #CG 70034731

Style of treatment may vary depending on the therapist who will be assigned to work with you and your family. Please make sure you ask your provider about their approach and treatment methods. All modalities and methodologies of treatment used by our providers are consistent with ASC's Behavioral Health Program practices.