



Pathways Behavioral Services
3362 University Ave
Waterloo, IA 50701-2006
Phone: 319-235-6571 | Fax: 319-235-6028

Client Acknowledgement and Signature

Date:

Client Name:

DOB:

I have received and have been given the opportunity to read the client agreement containing information about treatment and agency policies. I have had the chance to ask questions, and I accept and abide by the contents of each section listed below. If you do not agree with any specific section, please mark it as such and provide your concerns in the area below.

I consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time. Your signature below acknowledges your understanding of this document.

Client Payment Agreement

The preferred method of payment for services rendered at Pathways Behavioral Services is to pay for the services received at the time the services are provided. The law mandates that the client is responsible for a portion of incurred treatment/evaluation costs; however, Pathways will not deny treatment to anyone with the inability to pay.

By signing the Client Agreement, I understand my financial responsibility to Pathways Behavioral Services for the charges incurred as a result of services rendered to myself or my dependent. I accept the following conditions of payment with Pathways Behavioral Services for services rendered.

1. I understand that Pathways Behavioral Services will submit charges incurred to my insurance carrier, if applicable, as stated in the Notice of Privacy Practices. If I have no insurance coverage at the time of service, I agree to provide proof of income to verify possible sliding fee scale qualification.
2. I accept the responsibility of charges incurred or for the balance of the charges due less any payment received by Pathways Behavioral Services from any third-party payer or governmental payer for services rendered to myself or dependent.
3. I understand that my account may be sent to a collection agency, small claims court or a billing service if I refuse to pay or do not keep my account current.
4. I understand it is my responsibility to inform the agency of any changes which affect the billing or charges to my account, including a lapse in insurance coverage, new insurance coverage or change in income. I understand that it is my responsibility to provide Pathways Behavioral Services with current coverage information.
5. I understand that time for an appointment at Pathways Behavioral Services is reserved for my use and I further understand that I need to notify Pathways Behavioral Services at least 24 hours in advance if I am unable to keep my scheduled appointment.
6. I understand that if I am obtaining substance abuse treatment related to an 'Operating While Intoxicated' charge: The evaluation has a fee; I am to follow through with any treatment recommendations made by my evaluator within 30 calendar days; and if I fail to follow through with recommended treatment, it will require completing a second evaluation and payment of an additional fee for this second evaluation.

****See chart below for mental health and substance use treatment financial sliding fee scale****

PATHWAYS BEHAVIORAL SERVICES																	
SLIDING FEE SCALE																	
BEGINNING 7/28/2025																	
									90792	90791	90834	90832	90853			SNMIS	
									Evaluation	Evaluation	Individual	Individual	Group	3.5	3.1	No	Poverty
Household Income									ARNP	MH/SA	38-52 min	16-37 min	per hour	per day	per day	INS.	
ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	%	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate	%
15650	21150	26650	32150	37650	43150	48650	54150	5%	\$17.10	\$15.00	\$9.00	\$5.00	\$4.00	\$18.00	\$10.00	0	100.0%
18780	25380	31980	38580	45180	51780	58380	64980	10%	\$34.20	\$30.00	\$18.00	\$10.00	\$8.00	\$36.00	\$20.00	0	120.0%
21910	29610	37310	45010	52710	60410	68110	75810	15%	\$51.30	\$45.00	\$27.00	\$15.00	\$12.00	\$54.00	\$30.00	0	140.0%
25040	33840	42640	51440	60240	69040	77840	86640	20%	\$68.40	\$60.00	\$36.00	\$20.00	\$16.00	\$72.00	\$40.00	0	160.0%
28170	38070	47970	57870	67770	77670	87570	97470	25%	\$85.50	\$75.00	\$45.00	\$25.00	\$20.00	\$90.00	\$50.00	0	180.0%
31300	42300	53300	64300	75300	86300	97300	108300	30%	\$102.60	\$90.00	\$54.00	\$30.00	\$24.00	\$108.00	\$60.00	0	200.0%
32083	43358	54633	65908	77183	88458	99733	111008	35%	\$119.70	\$105.00	\$63.00	\$35.00	\$28.00	\$126.00	\$70.00		205.0%
32865	44415	55965	67515	79065	90615	102165	113715	40%	\$136.80	\$120.00	\$72.00	\$40.00	\$32.00	\$144.00	\$80.00		210.0%
33648	45473	57298	69123	80948	92773	104598	116423	45%	\$153.90	\$135.00	\$81.00	\$45.00	\$36.00	\$162.00	\$90.00		215.0%
34430	46530	58630	70730	82830	94930	107030	119130	50%	\$171.00	\$150.00	\$90.00	\$50.00	\$40.00	\$180.00	\$100.00		220.0%
35213	47588	59963	72338	84713	97088	109463	121838	55%	\$188.10	\$165.00	\$99.00	\$55.00	\$44.00	\$198.00	\$110.00		225.0%
35995	48645	61295	73945	86595	99245	111895	124545	60%	\$205.20	\$180.00	\$108.00	\$60.00	\$48.00	\$216.00	\$120.00		230.0%
36778	49703	62628	75553	88478	101403	114328	127253	70%	\$239.40	\$210.00	\$126.00	\$70.00	\$56.00	\$252.00	\$140.00		235.0%
37560	50760	63960	77160	90360	103560	116760	129960	80%	\$273.60	\$240.00	\$144.00	\$80.00	\$64.00	\$288.00	\$160.00		240.0%
38343	51818	65293	78768	92243	105718	119193	132668	90%	\$307.80	\$270.00	\$162.00	\$90.00	\$72.00	\$324.00	\$180.00		245.0%
39125	52875	66625	80375	94125	107875	121625	135375	95%	\$324.90	\$285.00	\$171.00	\$95.00	\$76.00	\$342.00	\$190.00		250.0%
39125+	52875+	66625+	80375+	94125+	107875+	121625+	135375+	100%	\$342.00	\$300.00	\$180.00	\$100.00	\$80.00	\$360.00	\$200.00		

Clients/Patients/Persons Served have the right to:

1. Retain all rights, benefits, and privileges guaranteed by law and be notified at admission their rights in terms they understand.
2. Be treated with courtesy, dignity, and respect for their individuality, including their strengths, abilities, needs, and preferences.
3. Be treated in the least restrictive way to meet their needs, Use of physical restraint is prohibited at Pathways.
4. To be informed of and receive services maintaining professional and ethical standards of practice.
5. To receive services without discrimination based on race, color, sex, sexual orientation, age, religion, national origin, domestic/marital status, political affiliation or opinion, veteran's status, physical/mental disability, or ability to pay for services. In addition, person served will not be refused services based on residence, homelessness, or lack of permanent residence.
6. To be treated in an environment free from physical abuse, sexual abuse, physical punishment, or psychological abuse by threatening, intimidating, harassing, or humiliating actions on the part of the staff.
7. To be fully informed of the services to be provided, the right to consent to services, and the right to refuse services (with the exception of legally mandated services) without the fear of retribution or loss of rights while no individual provider shall be obligated to administer treatment contrary to their clinical judgement.
8. To privacy during guest visits at the agency. Visits are permitted only for education or professional purposes and with the least interruption to clients' treatment.
9. To confidentiality. Information may not be released without the client's written permission, except as the law permits or requires.
1. To review the client's record at any reasonable time with consideration of appropriate authorized person and assistance in cases with concern of possible misinterpretation of Information.
2. To participate, along with their support system, in treatment and treatment planning including having explanation of the nature of treatment and any known or potential risks.
3. To an individualized, written treatment plan developed promptly following admission, treatment based on the plan, periodic review, and revision, and plans for discharge.

4. To be provided evidence-based information about alternative treatments and to request and receive outside (other than Pathways) professional consultation regarding their treatment at their own expense.
5. To written information about fees and their rights regarding fees including not being refused services for inability to pay. Pathways offers sliding fee discounts based on income.
6. To an explanation if services are refused to them for any reason and the right to appeal the decisions.
7. To informal or formal complaint/grievance regarding practices or decisions that impact their treatment without fear or concern for reprisal by the organization or its staff and to have this process communicated to them throughout their treatment.
8. To participate in research without loss of services only if voluntary and with full written informed consent.
9. To access guardians, self-help groups, advocacy, and legal services with assistance from the client's service coordinator.
1. To be informed of appeal procedures, initiate appeals, have access to grievance procedures, receive a grievance appeal decision in writing, and appeal a grievance decision to an unbiased source.
2. To be protected from the behavioral disruptions of other persons served.

Right to a Grievance Procedure

Any client or legal representative of a client may file a grievance as a formal notice of dissatisfaction regarding the operation of this service and the actions or omissions of staff. If you wish to file a formal complaint, ask any staff member in this setting for the handout, "How to File a Complaint in This Setting." The state regulatory board or the practitioner's professional association also processes grievances. Information about how to contact these organizations can be provided.

Clients/Patients/Persons Served have the responsibility to:

1. Persons served have the responsibility to treat other person served and employees with courtesy.
2. Persons served have the responsibility to behave in such a way as to protect themselves and others from exposure to or transmission of any infectious or communicable disease, including diseases that are sexually transmitted.
3. Persons served have the responsibility to make their concerns known to Pathways Behavioral Services staff and to ask questions when they require information from staff.
4. Persons have the responsibility to follow all the Pathways Behavioral Services' safety rules and posted signs.
5. Persons served have the responsibility to keep scheduled appointments.
6. Persons served have the responsibility to attend services without the use of alcohol or illicit drugs.

Client Policy: Appointment Attendance - No Show/Cancellations

It is Pathways' priority to meet the needs of the community. To assist us in doing this effectively and provide better service, we have created a policy related to treatment attendance.

Individuals may need to cancel or change appointments for many reasons including personal crisis, medical emergencies, transportation issues, etc. We want to be informed of your situation and hope to be able to help so you can attend your scheduled appointment. If you are still unable to attend, we would be happy to reschedule. Early notification is important; If you tell us in advance (at least 24 hours' notice), we may be able to fill the time slot with another person in need of services.

Repeatedly missing or canceling appointments makes it hard for us to help you reach your goals. Support staff and counselors are aware of people who repeatedly "no-show" and a discussion will need to take place before future appointments can be scheduled. If a person we serve has missed 3 appointments in a row, additional appointments will not be scheduled until a plan has been made with the person about how to prevent future missed appointments. The plan will be documented in the person's file.

Procedures:

1. Pathways expects clinicians to discuss attendance expectations with new people at the time of their initial evaluation.
2. Individuals receiving services at Pathways are expected to provide 24 hours' notice for canceling or rescheduling of appointment.,
3. Pathways expects clinicians or support staff to discuss missed or canceled appointments (within 24-hour notice) with individuals to determine why they are missing or canceling appointments and to plan remedies. If the person has missed three appointments in a row, these discussions will be documented in the person's file.
4. Missing three appointments in a row will forfeit the privilege of scheduling routine appointments. Individuals who lose the privilege of scheduling appointments shall be offered the options of:
 - Same day scheduling which would involve calling to see if their clinician has any cancellations that day,
 - Coming to Pathways and waiting to see If their counselor or prescriber has a cancellation,
 - Coming into Pathways and waiting to see another clinician who can address their issues/problems,

- Meeting with clinician to establish and document a goal to avoid missing future appointments, Any decision by the clinician about these options will be documented in the person's file.
5. Just as we expect those we serve to attend scheduled appointments, Pathways' staff is generally not allowed to cancel scheduled appointments unless there is an unforeseen scheduling conflict, personal emergency, or family emergency. Pathways makes every effort to avoid last minute cancellations, but if this occurs, Individuals will be contacted and an appointment will be rescheduled as soon as possible. You may also have the option of scheduling with an alternate provider that day.

It is essential that you provide Pathways with a current phone number on which to reach you and notify Pathways staff immediately of any changes to contact information.

Client Digital Communications Agreement

I understand Pathways Behavioral Services may be sending or receiving email communications, text messages, or telephone communications regarding my treatment for routine scheduling or changing appointments, (which may include date, time, location) or client communications if staff are running late for an appointment.

I understand that email, text, or the internet website must not be used for urgent or emergency situations. I must use the telephone in an emergency where immediate response is needed.

I understand that telehealth videoconferencing and/or telephone counseling will be used during times of social distancing practices as directed by the State of Iowa and I agree to this.

Risks of digital communications

- Messages may be sent but not received or delivered to the wrong party.
- Confidentiality may be breached by phone, video conferencing or email being intercepted on either the sending or receiving side, or in transit.

Benefits of digital communications

- Access to send messages at any time.
- Opportunity to compose messages and responses thoughtfully.
- Record of communications for ongoing reference.
- Access to services from your home so social distancing practices can be followed if required.

Alternatives to digital communications

- The alternatives to digital communications include personal discussion in sessions and telephone calls.

I understand...

- I am responsible for safeguarding my sent and received email, text, phone or video communications from access by others in my home or work environment; or from shared or public computers; if applicable a separate password protected account may be preferable.
- I may request a return receipt via my email carrier to acknowledge that an email has been received.
- Email from my work email accounts are NOT CONFIDENTIAL and should not be used for sensitive personal or treatment information.
- My digital communication with Pathways will be kept as part of my treatment record.
- Appropriate guidelines may be established as necessary regarding the volume and frequency of digital communications supporting treatment.
- I may revoke consent for digital communications at any time by informing Pathways in written form.
- Pathways may opt to discontinue email or other digital communications if it is inappropriate or unsafe to continue.

- Pathways adheres to established confidentiality practices for client information communicated via phone, email and/or text; as well as safeguards on the privacy of emails received by employees.
- Pathways will not disclose my phone number, email address, or any other private information to anyone without consent.

Notice of Privacy Practices

This notice describes how we may use and disclose medical information and how to access this information. Please review it carefully. Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 42 U.S.C., 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C., 290dd-2, 42 C.F.R. Part 2. Under these laws Pathways Behavioral Services (Pathways), may not say to a person outside Pathways that you attend the program, nor may Pathways disclose any information identifying you as an alcohol or drug user, or disclose any other protected information except as permitted by federal law.

Pathways Behavioral Services has a legal duty to safeguard Protected Health Information (PHI). We are required to protect the privacy of health information. This information is called "protected health information," or "PHI" for short, and it includes information that can be used to identify past, present, or future health or condition, the provision of health care, or the payment of this health care.

We are providing this notice to individuals receiving treatment, as well as business associates and other covered entities that explain how, when, and why we use and disclose PHI. With some exceptions, we may not use or disclose any more PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, Pathways Behavioral Services reserves the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in our waiting room. You can also request a copy of this notice from the contact person listed in Section VI below at any time.

How we may use and disclose Protected Health Information:

Pathways Behavioral Services uses and discloses health information for many different reasons. Below, we describe the different categories of our uses and disclosures and give some examples in each category.

We may use and disclose PHI for the following reasons with written consent. Once Pathways Behavioral Services' Client Agreement form is signed, we may use and disclose PHI to:

1. Provide treatment
 - a. The therapist providing treatment may seek clinical supervision regarding treatment from the clinical coordinator or psychiatrist.
 - b. To communicate with the pharmacy of your choice regarding prescriptions or medical laboratory regarding lab tests and results.
2. For health care operations within Pathways Behavioral Services
 - a. The Center's support staff will have access to PHI in order to perform necessary clerical duties.
 - b. The Center's support staff may call to remind individuals receiving treatment of appointments or leave messages and ask for a return call.
 - c. The Center's administrative staff may use your PHI to do staff performance reviews or quality assurance activities.
 - d. To send you information regarding Center fundraising activities
3. To obtain payment for treatment
 - a. The Center's billing office may submit a claim form that contains the name of individual receiving treatment, address, social security number, diagnoses, dates of service and procedures performed in our office to the individual's insurance company or third party payer. We may also respond to your third party payer, HMO, Medicaid or insurance company's request for information needed to determine eligibility, authorize treatment and manage your care. In these cases, the minimum necessary PHI will be provided.
4. In regards only to Parent-Child Interaction Therapy (PCIT)
 - a. Pathways Behavioral Services may create video and audio recordings of the client/child sessions. These recordings are for the purpose of the development of client's treatment plan and are part of the client's record

which are treated as PHI. If these recordings are used in any training sessions, names and other identifying information of the participants will not be associated with the recordings.

5. To comply with Department of Health TB reporting requirements
 - a. Pathways may release confidential alcohol or drug treatment and tuberculosis (TB) information to comply with disease reporting requirements to the Department of Health officials. The mandated state TB reports would contain information that state law requires to be reported about the client's diagnosis and treatment for TB (tuberculosis), client's name and other personal identifying information, required by law, and information about client status as a patient in alcohol or drug treatment, required by law. The purpose of this disclosure is state law mandated complying with reporting of cases of TB.
6. For research purposes
 - a. Pathways Behavioral Services may release the client's name and other contact information to the Iowa Consortium, on behalf of the Iowa Health and Human Services, for the follow-up interview regarding my treatment experience. The client may be randomly selected from the data that are reported to the State of Iowa. The follow-up interview may occur up to one year after my treatment at Pathways. The records are protected by Federal Confidentiality Regulations and cannot be disclosed to any other source without the client's specific written consent.

Pathways Behavioral Services may use or disclose PHI for other purposes, without your consent or authorization in the following situations.

- If the law requires us to disclose information to government authorities
- In the interest of public health and safety (life-threatening situations)
- In response to a court order
- To report suspected child abuse or dependent adult abuse
- For national security purposes or intelligence operations
- Health oversight activities
- Location or Identification of certain individuals by law enforcement
- Correctional institutions for the purpose of treatment or safety
- Compliance with laws related to workers compensation.
- Specially authorized research

All other uses and disclosures require prior written authorization. This authorization is very specific to recipient and content and is time limited. It is voluntary in nature and can be revoked in writing to stop any further uses and disclosures.

Iowa law requires additional and separate prior written authorization to disclose any substance abuse and HIV information. Iowa law also prohibits multiple agency/recipient authorizations.

Rights regarding Personal Health Information (PHI)

Individuals receiving treatment at Pathways Behavioral Services have the following rights regarding PHI.

1. The right to request limits on uses and disclosures of PHI.

You have the right to ask that Pathways Behavioral Services limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosure that we are legally required or allowed to make. Pathways Behavioral Services will not re-release PHI received from other agencies or sources without being so specified on the written authorization. Substance abuse and HIV information will not be released without separate written authorization according to Iowa law.

2. The right to choose how we send PHI to you.

You may request that you receive confidential communication of PHI. You have the right to ask that we send information to you at an alternate address or by alternate means. Your request must be in writing and we must agree to your request so long as we can easily provide it in the format you requested.

3. The right to see and get copies of PHI.

In most cases, you have the right to look at or get copies of your PHI that we have. You will be asked to sign a written authorization to release information to yourself. You may be charged for copying and time to prepare summaries. If Pathways Behavioral Services does not have your PHI but know who does, we will tell you how to get it. If a request is made for PHI, we will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reason for the denial and explain your right to have the denial reviewed.

4. The right to request changes to your PHI.

If, after reviewing your PHI, you do not agree with the content, you may request that it be changed. Your request must be in writing and contain reasons to support a change. We will respond to your request in 60 days in writing, either granting or denying the requested changes. If your request is denied, you will receive the reasons in writing and be given the opportunity to have a written statement of disagreement incorporated into the PHI. Any further disclosures will include with the changes, or all of the documentation regarding the requested change.

5. The right to get a list of the disclosures we have made.

You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for payment or health care operations. The list will not include uses and disclosures made for national security purposes, to corrections, or law enforcement personnel, or before April 14, 2003.

6. The right of notification in case of breach.

Pathways Behavioral Services is required by law to notify our patients in case of breach of their unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired, used, or disclosed in violation of privacy regulations.

7. The right to request a paper copy of this notice.

The law requires that the Center provide notice of its legal duties and privacy practices, to abide by the terms of this notice and to provide individuals with notice revisions.

How make a complaint regarding our privacy practices

If you think Pathways Behavioral Services may have violated your privacy rights, or if you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section 9 below. You may also send a written complaint to the Secretary of the Department of Health and Human Services, 200 Independence Ave SW, Washington, DC 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.

Person to contact for information about this notice or to complain about our privacy practices

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact:

Pathways Behavioral Services
3362 University Ave
Waterloo, IA 50701-2006

The effective date of this notice is August 15, 2019

Testimony/Court Cases

Pathways does not provide divorce mediation, child custody assessments or testimony in custody or other court cases, other than civil commitment proceedings. Only court appointed experts, investigators or evaluators can make recommendations regarding disputed issues. Testimony in court cases may cause damage to the clinical relationship and the client/consumer.

Receipt for Client Information Packet

I have received the Pathways Behavioral Services Client Information Packet. This packet contained the following information:

- Philosophy (describes the general nature and goals of the program)
- Program Component Services
- Hours of Operation
- Conditions of Treatment (defines the expected client conduct)
- Confidentiality
- Client Costs
- Client Bill of Rights
- Client Grievance Policy

In addition to the information included above, residential clients have also received the House Rules and Expectations, Schedule of Activities, as well as the Recovery House Admittance Agreement. This packet includes the following information:

- Child/Dependent Adult Abuse Reporting
- Client Disciplinary Measures
- Emergency Medical Plan
- Emergency Medical Procedures
- Fire and Tornado Drill Procedures
- Food Preparation Orientation/Hygiene Practices
- Hazardous Drug/Medication Control Policy

Medication Assisted Treatment (MAT)

Medication assisted treatment (MAT) is use of pharmacological medications in combination with therapy, to provide a whole person approach to the treatment of substance disorders" (SMAHSA). Medications may be used in the treatment of nicotine, alcohol, or opiate addiction short and long term. I have received MAT information in my client information packet. I understand that if I wish to discuss MAT options further that I can talk with my therapist.

Services Provided by Pathways Behavioral Services Inc

Screening/Intake Assessment: One session with you to gather background information about substance abuse or mental health problems that you are experiencing. Together we will determine the most appropriate plan for care based on your needs and our resources; a treatment plan will be started that is based on your needs and strengths.

Individual Counseling: Scheduled individual sessions with you that address issues in the Individual Treatment Plan. Appointments are approximately 50 minutes in length.

Group Counseling: Treatment is addressed in a group setting. Anger management, social skill-building, Continuing Care Group, Co-Dependency, Discovery, Positive Choices for adolescents, and parenting are some of the groups we have offered. Some of the groups are ongoing while others are time-limited, and it is necessary to join that group when the new session is scheduled.

Family Counseling: Family Systems, couples, co-dependency, and skill building session to improve the functioning of your entire family unit. Treatment may be addressed with your identified family unit.

Residential Treatment: A structured, residential treatment setting for adult substance abuse and co-occurring issues with scheduled sessions that provide 50 or more hours of treatment per week. Interpersonal and group living skills are promoted through your group and individual activities. Individualized treatment plans address your specific needs. Therapy groups are a major part of this modality. There are staff available 24-hours per day, seven days a week.

Low Intensity Residential Treatment: A low intensity residential treatment program for adult substance abuse and co-occurring issues which provides at least five hours of treatment services per week. Treatment addresses recovery skills, preventing relapse, promoting personal responsibility, and reintegrating you into the community by the way of work, education, and positive family life. Services include individual, group, and family counseling. Staff are available 24 hours per day, seven days a week.

Educational and Preventative Programs: Primary prevention includes programs that could reduce your risk of experiencing problems with mental health alcohol, tobacco, and other drugs by providing broad-based community programs. Secondary prevention identifies problems early on in order to reduce high-risk behavior. Examples of these programs include SHEEP for 2nd graders, Prime for Life for school age offenders and adults, Life Skills, Teens Against Tobacco Use, Tobacco Education, Strengthening Families Program, Effective Black Parenting, and Keep A Clear Mind.

School Based Programming: Individual sessions, screenings, and some group services offered to children and adolescents with assistance of various funding sources, such as the United Way and Together 4 Families. This service is limited to specific schools due to the funding sources available; where available, counseling can take place at your child's school.

Consultation and Coordination with other Agencies: Whenever you are involved with service providers outside of this agency, and it is agreed between the counselor and you that coordination of services would be beneficial, written authorization will be sought from you so that those contacts and collaboration can be made.

Community support services personnel are available to participate in team planning outside of the Pathways office.

24 Hour Emergency Services: Provides a focused assessment and rapid stabilization of acute symptoms of mental illness or emotional distress, and are available and accessible by telephone or face-to-face, on a 24-hour basis.

Psychiatric Services/Medication Management: If medical intervention is necessary, either for evaluation, hospitalization, or psychopharmacological services, an appointment with a psychiatrist can be scheduled. Your initial evaluation will be 60 minutes with subsequent 15 minute medication reviews.

Community Support Services: A program designed to interact and support you if you have certain psychiatric needs. This program supports you within your community with the goal of helping you remain in your own independent environment.

Crisis Services: Walk-in availability during normal business hours for all behavioral health needs. Mobile Crisis Response is available through Your Life Iowa. Call (855) 581-8111 or visit <https://www.yourlifeiowa.org/crisis-services>.

Pathways is a nationally accredited Certified Behavioral Health Clinic through CARF International.

*Service availability depends on the office location and is subject to change.

**In the event of an emergency, the situation will be assessed by staff. In the event emergency medical services are deemed necessary, 911 will be contacted. In these cases, documented emergency contacts will be notified.

Mission Statement

Offering help for today and inspiring hope for tomorrow through outstanding personalized care, support, and education.

Philosophy Statement

Pathways Behavioral Services is dedicated to providing a welcoming, client-centered approach to prevention, early intervention and treatment. Hope will be cultivated through a relationship-oriented, empathic first response to promote the best interests of our consumers. Consumers, family members and staff will work together to provide an integrated strengths-based approach to treatment. All individuals that come through our door will be treated, or referred for treatment whether they are seeking help for mental health, substance abuse, gambling, or other conditions. Consumers and staff will work together to provide the level of care necessary for success.

Pathways encourages and expects all staff to use their initiative and creativity to promote the best interests of our consumers. In support of this philosophy, opportunities will be made available to staff through trainings, change project committee, and other means to offer their individual input in our pursuit of an open door policy.

Hours and Services

Hours of operation and services provided vary by program and location. Please check with staff at a specific location for more information.

Fire and Tornado Plans

Emergency Exits and Maps are displayed at each office location. Please familiarize yourself with these plans upon your initial visit to Pathways to ensure readiness in the event that evacuation is required.

In the event of severe weather warnings, follow posted procedures and/or follow staff directions for shelter.