



*LIGHTHOUSE*

Behavioral Wellness Centers

## **Lighthouse Behavioral Wellness Centers**

# **ORIENTATION HANDBOOK**

Rev. 9.2023

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## **Introduction**

We want to make sure that you receive the best possible care from our agency and staff. To do that, we would like to share with you some information about our services and our service area.

Lighthouse Behavioral Wellness Center (formerly MHSSO) was formed in 1950 to provide mental health care in southern Oklahoma. We are a private, non-profit, Certified Community Behavioral Health Clinic (CCBHC) with a board of directors. The counties which we serve include Bryan, Carter, Garvin, Johnston, Love, Marshall, Murray, Pontotoc and Seminole.

We have grown considerably since 1950 and offer many different kinds of mental health, wellness, and recovery-based programs, including outpatient services for adults and children, case management services, peer support, and rehabilitative services. The professional clinician who will be working with you is responsible for coordinating the services which you would like to receive and explaining the program rules and regulations.

If you have questions about any of the information, please feel free to ask any Lighthouse employee for assistance. We are very interested in ways we can help or improve upon what we are doing in our efforts to better serve you, so please let us hear from you in this regard.

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## **Lighthouse Mission Statement**

We transform lives by cultivating hope and healing.

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## **Strategic Plan**

Lighthouse's strategic organizational plan is posted on each clinic's lobby bulletin board. The Strategic Plan outlines the annual goals and objectives for the agency. If you have difficulty locating it, please ask a Lighthouse staff member for assistance.

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## Code of Ethics

Lighthouse expects all of its employees to conduct themselves at all times in a professional manner. We require that each employee follows our code of ethics or conduct. This code covers such things as discrimination, maintaining the privacy of our consumers, relationships with consumers, how employees represent themselves to consumers and what to do if you or we believe one of our employees is violating this code. If you have further questions, ask to receive a copy of Lighthouse Procedure, P2-2, "Mandatory Guidelines For Ethical Conduct".

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## Consumer Rights

In providing services for you, we want to protect and promote your fundamental human, legal and civil rights. These rights are guaranteed by the United States Constitution, the Constitution of Oklahoma, and other Federal and State laws. If you have a concern about your rights which you think has not been adequately addressed by Lighthouse staff or a complaint, you may also contact the Oklahoma Department of Mental Health and Substance Abuse Services, Office of Consumer Advocacy, at 405-522-4256 or 1-866-699-6605. You may also contact the Office of Consumer Affairs at 405-522-4148. You may also call the ODMHSAS Office of Inspector General at 405-522-4058 or 1-866-426-4058.

Here are contact numbers for agency supervisory personnel:

Ada	Shauna Andrews	580-436-2690
Ardmore	Austin Moore	580-223-5636
Durant	Jennifer Lehr	580-924-7330
Madill	Kristie McKee	580-798-0111
Pauls Valley	Cole Gallup	405-238-7311
Seminole	Jeannerosa Lay	405-382-4507
Sulphur	Kristin Smith	580-386-8350
Tishomingo	Cayla Meadows	580-371-3019
Crisis Stabilization Unit	Johnny Green	580-798-4523
Chief Operating Officer	Gina Rodgers	580-319-7305
Chief Clinical Officer	Tracie Del Torto	580-319-7305
Chief Clinical Officer- Crisis Services	Paula Pfau	580-319-7305
Chief Executive Officer	Jessica Pfau	580-319-7305

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## **SYNOPSIS OF THE CONSUMER BILL OF RIGHTS (OUTPATIENT)**

Programs providing treatment or services without the physical custody or where consumers do not remain for round-the-clock support or care, or where the facility does not have immediate control over the setting where a consumer resides, shall support and protect the fundamental human, civil, and constitutional rights of the individual consumer. Each consumer has the right to be treated with respect and dignity and will be provided the synopsis of the Bill of Rights as listed below:

- (1) Each consumer shall retain all rights, benefits, and privileges guaranteed by law except those lost through due process of law.
- (2) Each consumer has the right to receive services suited to his or her condition in a safe, sanitary and humane treatment environment regardless of race, religion, gender, ethnicity, age, degree of disability, handicapping condition or sexual orientation.
- (3) No consumer shall be neglected or sexually, physically, verbally, or otherwise abused.
- (4) Each consumer shall be provided with prompt, competent, and appropriate treatment; and an individualized treatment plan. A consumer shall participate in his or her treatment programs and may consent or refuse to consent to the proposed treatment. The right to consent or refuse to consent may be abridged for those consumers adjudged incompetent by a court of competent jurisdiction and in emergency situations as defined by law. Additionally, each consumer shall have the right to the following:
  - A) Allow other individuals of the consumer's choice participate in the consumer's treatment and with the consumer's consent;
  - B) To be free from unnecessary, inappropriate, or excessive treatment;
  - C) To participate in consumer's own treatment planning;
  - D) To receive treatment for co-occurring disorders, if present;

- E) To not be subject to unnecessary, inappropriate, or unsafe termination from treatment, and
- F) To not be discharged for displaying symptoms of the consumer's disorder.

(5) Every consumer's record shall be treated in a confidential manner.

(6) No consumer shall be required to participate in any research project or medical experiment without his or her informed consent as defined by law. Refusal to participate shall not affect the services available to the consumer.

(7) A consumer shall have the right to assert grievances with respect to an alleged infringement on his or her rights.

(8) Each consumer has the right to request the opinion of an outside medical or psychiatric consultant at his or her own expense or a right to an internal consultation upon request at no expense.

(9) No consumer shall be retaliated against or subjected to any adverse change of conditions or treatment because the consumer asserted his or her rights.

**LIGHTHOUSE BEHAVIORAL WELLNESS CENTER  
STAFF CODE OF ETHICS**

1. As a member of the Lighthouse professional or support staff, I will place the welfare of our consumers and their families in matters affecting them above all other concerns.
2. To this end, I will deliver kind and humane treatment to all in my care regardless of race, color, creed, age, disability or sexual preference.
3. I will not deliberately do harm to a consumer, either physically or psychologically. I will not verbally assault, ridicule, attempt to subjugate or endanger a consumer, nor will I allow other consumers or staff to do so.
4. I will urge changes in the lives of consumers in the interest of promoting recovery from the illness we are charged to treat. I will not otherwise coerce them to adopt beliefs and behaviors which reflect my value system rather than their own.
5. I will remain aware of my own skills and limitations. Since consumers and former consumers may perceive me as an authority and hence overvalue my opinion, I will attempt never to counsel or advise them on matters not within my area of expertise. I will be willing to recognize when it is in the best interest of my consumers to release or refer them to another program or individual.
6. I will not engage in any activity that could be construed as exploitation of consumers for personal gain, be it sexual, financial, or social.
7. I will not attempt to use my influence over a consumer in a coercive manner to meet my own ends. I will not promote dependence, but help consumers to empower themselves.
8. I will not name or give information about a consumer, former consumer, or family member except to other Lighthouse staff as required by treatment, when specifically authorized by the consumer, or when covered by contract or qualified service agreements.
9. I understand and agree to defend both the spirit and the letter of the Lighthouse policy on consumer rights and the consumer's bill of rights, and to respect the rights and views of other professionals.
10. As a caring and care-giving person, I understand that a therapeutic relationship does not end with a consumer's discharge from Lighthouse. I will recognize the need to conduct any subsequent relationships with former consumers with the same concern for their well-being that is acknowledged above.
11. In my personal use of alcohol and other mood-altering drugs, I will serve as a responsible role model for consumers, staff, and community.
12. I will exhibit responsible concern for the well-being of my peers and the Lighthouse community by not ignoring manifestations of illness or unethical conduct in colleagues.
13. I will accept responsibility for my continuing education and professional development as part of my commitment to providing quality care for those who need my help.
14. I will not misuse agency resources, including time, leave and materials.
15. Unless on my break or lunch time, I will not use the computer for web surfing, ebay, etc.
16. I will not use agency email and other electronic devices to forward jokes, solicitations, etc.
17. I will follow all billing rules according to ODMHSAS and OHCA standards.

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## Grievance Procedures

If you think your rights have been violated in any manner, we have a way for you to let us know. If you feel this has happened to you, we are very interested in knowing about this as soon as possible. Here is a brief overview of our grievance procedure with specific steps for you to follow. If you have any questions or need help with anything about these steps, just ask any Lighthouse employee for assistance.

First: You are encouraged to communicate your concern to a staff member or program representative. If you are uncomfortable bringing up a concern on your own, you may request a staff member to assist in seeking a resolution to the problem.

Second: If the concern is not resolved to your satisfaction after talking with the staff member, you have the right to file a formal written complaint. If you need assistance in writing your complaint, assistance will be provided. You, or the staff who is assisting you, should contact the appropriate supervisor. The supervisor will attempt to resolve your concern.

Third: If you remain dissatisfied with the outcome, you may appeal to the clinical supervisor. You will receive a written response from the clinical supervisor to your complaint.

Fourth: If you are dissatisfied with the decision of the clinical supervisor, you may appeal to Deana Tharp, LPC, Chief Clinical Compliance Officer. The Chief Clinical Compliance Officer may call a formal meeting with all participants as deemed appropriate.

Fifth: If you are dissatisfied with the decision of the Chief Clinical Compliance Officer, you may appeal to the Chief Executive Officer. The decision of the Chief Executive Officer is final.

If you want or an individual of your choosing wants more specific information regarding the process, please ask to receive a copy of Lighthouse's Procedure, C8-1, "Consumers' Rights and Responsibilities."

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## **Consumer Responsibilities**

You have the responsibility to:

- be courteous to other Lighthouse consumers and staff;
- be on time for all appointments;
- cancel any appointments at least 24 hours in advance;
- report to the receptionist upon arrival at the Lighthouse clinic;
- relate your difficulties to your primary clinician as honestly and completely as possible;
- complete all forms as honestly as possible and ask questions about anything that you do not fully understand;
- pay for services as you receive them;
- inform your primary clinician of any changes in your personal situation such as name, address, phone number, or income;
- see your primary clinician as required if you are receiving mental health medications;
- inform your primary clinician if you have or think you might have any communicable disease;
- inform your primary clinician if you decide to discontinue services.



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## **Restriction of Privileges**

Our programs will sometimes restrict privileges of consumers because of problems with alcohol/drugs, aggressive or acting out behavior, or failure to follow program rules.

If your privileges are restricted, the reason will be explained to you as well as what you must do to regain your privileges. This process is detailed in the Lighthouse Behavioral Wellness Center's Procedure, C8-1, "Consumers' Rights and Responsibilities".

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## **Confidentiality**

Lighthouse employees will respect your privacy and keep confidential all information obtained in the course of the treatment process unless you give written, informed consent for the release of information, except in the case of an emergency as defined by law or by court order. Your records may also be subject to audit by external funding sources.

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## **Treatment Assessment and Plan**

All persons who receive services from us request the kind of services they want and what they hope to change or accomplish. We call this a Treatment Assessment and Plan. This plan describes what you hope to accomplish from receiving our services, how this will be done, and will establish goals for determining when you have completed your plan and are ready for discharge. When you have completed treatment or transfer to another level of care within our agency, your primary clinician will complete a transition/discharge plan with you. Lighthouse expects that you will be willing to participate in those services as outlined in your treatment plan.

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## **Services**

Lighthouse offers the following services: Individual, Group, and Family therapy, Individual and Group Rehabilitation, Medication services, Case Management, Peer Support, Family Support Provider, Family Care Planning, Systems of Care, Crisis Intervention, and Wellness and Prevention.

After assessment, you will be assigned to a treatment team who will be responsible for providing you with your services and assisting you in your treatment needs.

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## **Fees**

Lighthouse is a non-profit organization and requires that those who have the capability to pay for services to do so.

If you have Medicaid or Medicare, Lighthouse will bill Medicaid/Medicare for you. Please help the agency collect payment by making sure the information Lighthouse has regarding your Medicaid/Medicare status is current.

If you have private insurance but you do not have Medicaid or Medicare, Lighthouse may assist you with filing your insurance. Please discuss this process and your specific insurance with the clinic billing staff. Lighthouse will expect payment for applicable fees on the day the service is rendered, this includes fees for un-met deductibles and/or co-pays.

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## **Safety**

We are committed to providing you with a safe environment. Lighthouse prohibits the carrying of firearms or weapons of any kind on the premises unless needed to carry out law enforcement duties. Lighthouse also prohibits the use or possession of illicit or licit drugs in any of our programs or sites, unless prescribed by a physician. Lighthouse also prohibits smoking or use of any tobacco products on premises.

Lighthouse does not use seclusion and restraint.

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### **Public Service Information**

We want to provide you with information about topics that we think are important. We have many pamphlets about mental health and related issues. These pamphlets address such topics as substance abuse, depression, schizophrenia, HIV/AIDS, family conflicts, domestic violence, and many others. These pamphlets are available in all of our clinics. If you cannot find something that you are interested in knowing about, let your primary clinician know and he/she will try to find the information for you.

We also have information about registering to vote. We can provide the necessary forms and mail them for you to become a registered voter. Please let your primary clinician know if you are interested in registering to vote.

If you are interested in finding out information regarding a Medical or Psychiatric Advanced Directive, please let your primary clinician know and they can assist you.

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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

The confidentiality of alcohol and drug abuse client records maintained by *Lighthouse* is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser *Unless*:

- (1) The client consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

*We make a record of the care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality care, to obtain payment for services provided, and for administrative and operational purposes. The clinical record is the property of Mental Health Services of Southern Oklahoma. If you have any questions about this notice, please contact: the Privacy Officer for Mental Health Services of Southern Oklahoma at (580) 223-5070.*

### HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

*For Treatment.* We use clinical information about you to provide your clinical care. We disclose clinical information to our employees and others who are involved in providing the care you need. For example, we may share your clinical information with physicians or other healthcare providers who will provide services which we do not provide. We may share your clinical information with a pharmacist who needs it to dispense a prescription to you or a laboratory that performs a test. We may also disclose clinical information to members of your family or others who can help with your care.

*For Payment.* We use and disclose clinical information about you to obtain payment for the services you receive. For example, a bill may be sent to you and/or to a third-party payer, such as an insurance company, health plan or the State.

*For Health Care Operations.* We may use and disclose clinical information about you to operate this mental health center. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may use and disclose clinical information about you to get the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Health Care Authority (Medicaid) or your health plan to authorize services or referrals. We may also share your clinical information with our business associates, such as a billing service, that perform administrative services for us. We have a written contract with each business associate that contains terms requiring them to protect the confidentiality of your information.

*Appointment Reminders.* We may use and disclose information to contact and remind you about appointments. If you are not home, we may leave appointment information on your answering machine or in a message left with the person answering the phone.

*Sign-in Sheet.* We may use and disclose information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

*Notification and Communication with Family.* We may disclose your clinical information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable and unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

*Required by Law.* We may use and disclose information about you as required by law. For example, in certain circumstances, we may be required to disclose information for the following purposes:

To report information related to victims of abuse, neglect or domestic violence;

To assist law enforcement officials in their law enforcement duties;

To respond to judicial and administrative proceedings or, in the course of judicial proceedings, if you have waived your rights to confidentiality under Oklahoma law; and,

To help health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by federal and Oklahoma law.

*Lawsuits and Disputes.* If you are involved in a lawsuit or a dispute, we may disclose clinical information about you in response to a court or administrative order. If the lawsuit is a negligence action, your information may be disclosed without a court order. We may also disclose information about you in response to a subpoena, discovery request, or other lawsuit process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

*Public Health and Safety.* Your clinical information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities prevent or control disease, injury, or disability, or for other health oversight activities. Your information may be disclosed to appropriate persons in order to prevent or lessen a serious and imminent threat to the health and safety of a particular person or the general public.

*Specialized Government Functions.* We may disclose your clinical information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

*Coroners/Funeral Directors.* We may disclose your clinical information to coroners in connection with their investigations of death or to funeral directors to enable them to carry out their lawful duties.

*Organ or Tissue Donation.* We may disclose your clinical information to organizations involved in procuring, banking or transplanting organs and tissues.

*Workers' Compensation.* Your clinical information may be used or disclosed as necessary in order to comply with laws and regulations related to workers' compensation.

*Change of Ownership.* In the event that Lighthouse is sold or merged with another organization, your clinical information will become the property of the new owner, although you will maintain the right to request that copies of your information be transferred to another provider.

*Marketing.* We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your clinical information for marketing purposes without your written authorization.

*Research.* We may use your clinical information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your clinical information and has approved the research.

*Health Information Exchange.* We participate in a health information exchange (HIE). Generally, an HIE is an organization in which providers exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical error will occur. By participating in a HIE, we may share your health information with other providers participating in your care. Only providers involved in your care or treatment can legally access your health information through the exchange. The information exchanged potentially will include all physical and mental health information. If you do **not** want your mental health information to be available through the HIE, you must request a restriction using the process outlined in this notice.

By Oklahoma law we are required to notify you . . . **that your health information used or disclosed as described in this *Notice of Privacy Practices* may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).**

#### **WHEN WE MAY NOT USE OR DISCLOSE YOUR PERSONAL HEALTH INFORMATION**

Except as described in this *Notice of Privacy Practices*, Lighthouse will not use or disclose clinical information which identifies you without your written authorization. If you do authorize Lighthouse to use or disclose your clinical information for another purpose, you may revoke your authorization in writing at any time.

#### **YOUR PROTECTED HEALTH INFORMATION RIGHTS**

You have the right:

- To a paper copy of this *Notice of Privacy Practices*.
- To request restrictions on certain uses and disclosures of your protected health information by written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision.
- To request that you receive protected health information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted.
- To obtain access to or a copy of your protected health information, with limited exceptions. A reasonable fee may be charged for making copies. Under current Oklahoma law, fees of 25¢ per page and \$5.00 per film are allowed. We may also charge for postage if the copies are to be mailed. If we deny your request for access or copies, you will be informed of your rights to appeal our decision.
- To request that we amend your protected health information that you believe is incorrect or incomplete. Your request to amend must be in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your protected health information and if we do not, we will provide

you with information about this Center's denial and how you can disagree with the denial. You also have the right to request that we add to your record a statement of up to two hundred and fifty (250) words concerning any statement or item you believe to be incomplete or incorrect.

- To receive an accounting of disclosures made of your protected health information by Lighthouse unless the disclosures were for purposes of treatment, payment, clinical care operations, certain government functions, or pursuant to your written authorization. You have the right to revoke your authorization to use or disclose protected health information except to the extent that this use or disclosure has already occurred.

***IF YOU WOULD LIKE TO HAVE A MORE DETAILED EXPLANATION OF THESE RIGHTS, OR IF YOU WOULD LIKE TO EXERCISE ONE OR MORE OF THESE RIGHTS, CONTACT OUR PRIVACY OFFICER AT THE NUMBER LISTED ON THE FIRST PAGE OF THIS NOTICE OF PRIVACY PRACTICES.***

### **OBLIGATIONS OF LIGHTHOUSE**

We are required to maintain the privacy of your confidential protected health information, provide you with this notice of our legal duties and privacy practices with respect to your protected health information, abide by the terms of this notice, notify you if we are unable to agree with a requested restriction on how your information is used or disclosed, accommodate reasonable requests you make to communicate protected health information by alternative means or alternative locations and obtain your written authorization to use or disclose your protected health information for reasons other than those listed above and permitted under law. We reserve the right to change or amend this Notice of Privacy Practices at any time in the future. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain. A copy of any Revised *Notice of Privacy Practices* will be made available to you at each appointment.

### **COMPLAINTS**

You will not be penalized for filing a complaint. Complaints about this Notice of Privacy Practices or how Lighthouse handles your protected health information should be directed to:

Lighthouse Behavioral Wellness Center  
ATTN: PRIVACY OFFICER  
901 12<sup>th</sup> Ave NW  
Ardmore, OK 73401  
(580) 319-7305

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

The Department of Health and Human Services  
Office of Civil Rights  
Herbert H. Humphrey Building, Room 509 F  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

## Lighthouse Behavioral Wellness Center

### ADMINISTRATIVE OFFICE

901 12<sup>th</sup> Ave NW  
Ardmore, Oklahoma 73401  
Phone: (580)319-7305  
Fax: (580)319-7328

### OUTPATIENT OFFICES

#### CLINIC

Ada  
Ardmore  
Durant  
Madill\*  
Tishomingo  
Pauls Valley\*  
Seminole  
Sulphur\*

#### ADDRESS

301 W. 4<sup>th</sup>  
2530 S. Commerce  
2425 W. University Blvd.  
501 N 1<sup>st</sup> Street  
209 E. Wilson Ave.  
109 South Willow  
2010 Boren Blvd.  
414 W. Muskogee Ave.

#### TELEPHONE

(580) 436-2690  
(580) 223-5636  
(580) 924-7330  
(580) 798-0111  
(580) 371-3019  
(405) 238-7311  
(405) 382-4507  
(580) 386-8350

#### **Hours of Operation:**

Monday – Friday  
8:00 AM – 5:00 PM  
Tuesdays 8:00 AM- 7:00 PM

\*Clinic closes at 3:00 PM on Fridays.

### **COMPREHENSIVE CHILDREN'S SERVICES**

#### ***Carter/Love Counties***

2530 S. Commerce, Bldg C  
Ardmore, Oklahoma 73401  
Phone: (580)226-5048  
Hours of Operation:

Monday-Friday  
8:00 AM- 7:00 PM  
Fridays 8:00 AM- Noon

#### ***Garvin County***

109 S. Willow  
Pauls Valley, Oklahoma 73075  
Phone (405) 238-7311

#### ***Murray County***

414 W. Muskogee Ave.  
Sulphur, Oklahoma 73086  
Phone: (580)386-8490

#### ***Bryan/Marshall/Johnston County***

2425 W. University Blvd.  
Durant, Oklahoma 74701  
Phone (580) 924-7330



**CRISIS SERVICES**

**CRISIS STABILIZATION UNIT**

1219 K Street NW  
Ardmore, Oklahoma 73401  
Phone (580) 798-4523

**DURANT URGENT RECOVERY CENTER**

2425 W. University Blvd.  
Durant, OK  
(580) 924-7331

**ADA URGENT RECOVERY CENTER**

301 W. 4<sup>th</sup>  
Ada, OK  
(580) 257-2444

**After-Hours Hotline/Emergency #: 1-800-522-1090**