

Anger Management

Welcome to Preferred Family Healthcare's Anger Management! We are excited that you have made the decision and commitment to participate in this innovative and effective education program! If you are required to attend this anger management program by an outside entity, we encourage you to check with them, prior to enrollment, to assure this program will meet their requirements.

Our Mission: *“Preferred Family Healthcare is a dynamic and caring organization committed to providing integrated care to assist individuals in achieving overall health and wellness.”*

Confidentiality: We will respect your confidentiality, and we ask that you would do the same for others. In order for people to have open communication, they must feel safe. What is said in a group session is private, and must not leave the group session.

We will protect your confidentiality as governed by federal laws and regulations. Generally, the program cannot share your information or disclose that you are enrolled or have participated in our services, UNLESS you or your legal guardian consents in writing, there is a court order signed by a judge, you are in a medical emergency, and/or for research and program evaluation purposes. If we violate your privacy, such can be reported to appropriate authorities in accordance with Federal regulations. 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. Violation of Federal law and regulations by a program is a crime.

Participant Feedback: You will be asked to complete a Participant Satisfaction Survey at the end of your program. The information you provide in this survey is extremely important for us to continuously improve our program.

What You Can Expect: As you go through this program you can expect that you will be working with qualified professionals who understand the impact anger issues can have on one's job performance, family relationships, legal situations, and overall quality of life. The curriculum this class will be working through is an evidence-based practice published by the Substance Abuse and Mental Health Services Administration (SAMHSA). What that means is this class has been utilized, tested and proven to be effective.

Participation: We ask you to remain open-minded and patient with others in group. This is an exploratory program that requires a supportive atmosphere. You will be completing homework assignments that will be discussed during group.

Successful Completion: Full attendance and participation is required to obtain a successful completion.

Program Structure: The program consists of 6 classes spread over 6 weeks. Each weekly class will be 1.5 hours in length. Prior to the initial class you will have received and signed all necessary admission paperwork, read and understood this handbook.

Steps To Get Registered:

1. Complete Admission and consent form: Attached to this handbook is a copy of the Admission and Consent form. Once you have decided to participate in the program, you may complete that form and return to us by mailing it to Anger Management c/o Preferred Family Healthcare, Inc., 1101 S. Jamison, Kirksville, MO 63501, scan to angermgmt@pfh.org or fax to 660-627-0642. "Attn: Anger Management".
2. Paying for the program: The charge for the program is **\$175**. Payment should occur by going to <https://pfh.org/payonline>, for the description drop down select Anger Management-Portal. The client number you will enter will be 999657. Or you may pay by money order. Mail to; Preferred Family Healthcare, C/O Accounts Receivable, 900 E. LaHarpe, Kirksville, MO 63501, Please make a notation on the money order for Anger Management (mailing may result in a slight delay in payment being received). Remember the entire payment must be received before you can start the program. Payment will not be refunded if you withdraw or fail to complete the program.
3. Ready to begin: After the admission and consent and payment is completed, please email angermgmt@pfh.org letting us know that you're ready to start the program. After payment has been confirmed, you will be contacted on the next steps for participated in the program.

Classes will be group sessions that cover the following:

Lesson 1 **Anger Styles-** examines the conceptual framework for understanding anger.

Lesson 2 **Prevention: Thoughts-** Assists the group members to develop a plan for controlling anger and how to change their cycle.

Lesson 3 **Containment and Actions**– teaches different containment techniques to assist with managing unhealthy patterns and ways to address anger in the moment.

Lesson 4 **Containment: Thoughts and Feelings** – Addresses thoughts and feelings that fuel anger and how they could be used in a positive way

Lesson 5 **Resolution: Actions** – Explores taking appropriate action in heated moments

Lesson 6 **Resolution: Thoughts and Feelings** – Address utilizing conflict resolution techniques to reflect upon for long term change

When you have completed the 9 hour class as well as the satisfaction survey, then you will receive or be mailed a completion certificate.

How do I get started?

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Per regulatory requirements, a copy of the independent audit report of Preferred Family Healthcare, Inc. is available for review upon request.



ADMISSION AND CONSENT – Anger Management

PLEASE PRINT LEGIBLY

Name (First, Last): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____@_____ Date of Birth: ____/____/____

Emergency Contact: _____ Phone: _____

Signing this form gives permission to PFH to contact the Emergency Contact in the Event of an Emergency disclosing information specific to the Emergency Event.

Referral Source (if applicable): _____ Phone: _____

Referral Source address: _____

I, _____, am voluntarily participating in the Portal Anger Management program and have a clear understanding of program expectations through reading the Program Manual, which includes information on the Notice of Privacy Practices. I understand that attendance and participation are keys to obtaining a successful completion. I understand that it is my responsibility to ensure that the program will meet any legal requirements I may have.

I understand my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Client Records, 42 CFR Part 2, and HIPAA, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that the above consent is subject to revocation by me at any time, except to the extent an action has been taken in reliance on this consent. This consent will stay in effect until account is settled.

By signing below, I acknowledge that I am aware and in agreement with assuming full financial responsibility for the services I receive in the amount of a one-time \$175 payment, to be paid prior to beginning the program and that I may incur additional fees if I miss a class and desire to continue with the course. I understand that this will not be refunded to me should I withdraw or fail to complete the program. Payment should occur by going to PFH.org, then clicking on “Help & Support”, then “Pay Online”. The client number you will enter will be 999657. After payment is made you will need to email angermgmt@pfh.org stating your interest in starting the program.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____