



PINAL COUNTY
wide open opportunity

Offer and Acceptance

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

Original

OFFER AND ACCEPTANCE FORM

TO PINAL COUNTY:

The undersigned hereby offers and agrees to furnish the material, service, or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation.

Authorized Signature

Title

Edeli Kinsala
Printed Name

11/17/15
Date

Sonorra Behavioral Health Hospital 520-469-8700
Company Name Telephone

6050 N. Corona Rd, Ste 3 Tucson, AZ 85704
Address City, State, Zip

For clarification of this offer, contact:

Name: Edeli Kinsala Phone: 520-469-8700 Fax: 520-878-2320

Email: edeli.kinsala@acadiahcares.com

ACCEPTANCE OF OFFER (For Pinal County Use Only)

The offer is hereby accepted and the Responder is now bound to sell or provide the materials, services, or construction as indicated by the Purchase Order or Notice of Award and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Offer as accepted by Pinal County.

The contract is for: Behavioral Health Services

This contract shall henceforth be referenced to as Contract No. ROQ-150321. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this 20th day of January 2016.

Todd House
Name (Print)

Chairman
Title

[Signature]
Signature

Approved as to form:

[Signature]
Pinal County Attorney's Office



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OFFER AND ACCEPTANCE FORM – Page 2

By signing the previous page of the Offer and Acceptance Form, Responder certifies:

- A. The submission of the bid did not involve collusion or other anti-competitive practices.
- B. The Responder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246.
- C. The Responder has not given, offered to give, nor intends to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the Submittal.
- D. The Responder certifies that it complies with Executive Order 12549 related to Federal Government Debarment and Suspension (see 4-7)
- E. The Responder certifies that the individual signing the bid is an authorized agent for the Responder and has the authority to bind them to the contract.

Sonora Behavioral Health Hospital
Firm

Eli Kmside
Authorized Signature

Title Page

Section One

Solicitation Number # 150321

Sonora Behavioral Health Hospital

6050 N. Corona Road, Ste #3

Tucson, AZ 85704

Responder/Contact: Edeli Kinsala, CEO

6050 N. Corona Road, Ste. #3

Tucson, AZ 85704

520-469-8700



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Original

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Authorized Signature

Title

Edeli Kinsala

11/17/15

Printed Name

Date

Sonora Behavioral Health Hospital 520-469-8700

Company Name

Telephone

6050 N. Corona Rd, Ste 3 Tucson, AZ 85704

Address

City, State, Zip

For clarification of this offer, contact:

Name: Edeli Kinsala Phone: 520-469-8700 Fax: 520-878-2320

Email: edeli.kinsala@acadiahcares.com

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This contract shall henceforth be referenced to as Contract No. ROQ-150321. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this _____ day of _____ 2016.

Name (Print)

Title

Signature

Approved as to form:

Pinal County Attorney's Office



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Pinal County
Finance Department
31 N. Pinal St.
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P.O. Box 1348
Florence, AZ 85132

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Gonora Behavioral Health Hospital
Firm

Edele Kmside
Authorized Signature



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Offer and Acceptance

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

COPY

OFFER AND ACCEPTANCE FORM

TO PINAL COUNTY:

The undersigned hereby offers and agrees to furnish the material, service, or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation.

Authorized Signature	Title
<u>Edeli Kinsala</u>	
Printed Name	Date
	<u>11/17/15</u>
<u>Sonora Behavioral Health Hospital</u>	<u>520-469-8700</u>
Company Name	Telephone
<u>6050 N. Corona Rd, Ste 3</u>	<u>Tucson, AZ 85704</u>
Address	City, State, Zip

For clarification of this offer, contact:

Name: Edeli Kinsala Phone: 520-469-8700 Fax: 520-878-2320

Email: edeli.kinsala@acadiahcaehcare.com

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Awarded this _____ day of _____ 2016.

Name (Print)	Title	Signature
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Approved as to form:

Pinal County Attorney's Office



PINAL COUNTY
wide open opportunity

Offer and Acceptance

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

OFFER AND ACCEPTANCE FORM – Page 2

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- B. The Responder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246.
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Sonora Behavioral Health Hospital
Firm

Edele Kinsale
Authorized Signature



PINAL COUNTY
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Addendum Acknowledgement Form

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

ADDENDUM ACKNOWLEDGEMENT FORM

Solicitation Addendums are posted on the Pinal County website at the following address:
<http://pinalcountyaz.gov/Purchasing/Pages/CurrentSolicitations.aspx>. It is the responsibility of the Responder to periodically check this website for any Solicitation Addendum.

This page is used to acknowledge any and all addendums that might be issued. Any addendum issued within five days of the solicitation due date, will include a new due date to allow for addressing the addendum issues. Your signature indicates that you took the information provided in the addendums into consideration when providing your complete response.

Please sign and date:

ADDENDUM NO. 1 Acknowledgement _____
Signature Date

ADDENDUM NO. 2 Acknowledgement _____
Signature Date

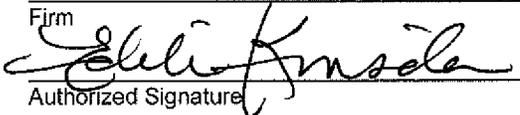
ADDENDUM NO. 3 Acknowledgement _____
Signature Date

If no addendums were issued, indicate below, sign the form and return with your response.

Sonora Behavioral Health Hospital

Firm

Authorized Signature





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W-9

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

W-9 FORM

Download W-9 Form from <http://www.irs.gov/pub/irs-pdf/fw9.pdf>



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Responder's Checklist

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

RESPONDERS CHECKLIST

	Yes/No
Did you sign your Offer sheet? <i>See Page 36 & 37 of this solicitation.</i>	Y
Did you acknowledge all addendums, if any? <i>See page 33. Any addendums would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	NA
Did you complete all required Response Forms? <i>Any Response forms would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	Y
Did you include your W-9 Form? <i>See page 34 of this solicitation.</i>	Y
Did you include any necessary attachments?	Y
Is the outside of your sealed submittal marked with the Solicitation #, Due Date and Time? <i>See page 1 for this information.</i>	NA
Did you include one original and the required number of copies? <i>See page 1 for the quantity.</i>	NA (Y)
Did you follow the order for submissions of documents? <i>See Section 3.4 – Offer format in the Special Instructions of this solicitation.</i>	Y
Did you include proof of insurance(s) if requested?	Y

Section Two

Sonora Behavioral Health Hospital

6050 N. Corona Road. Ste. 3

Tucson, AZ 85704

520-469-85704

Attached: Offer forms required under Special Instructions, Paragraph 3.5:

Solicitation ROQ-150321 Response Form 1

Solicitation ROQ-150321 Response Form 2 - Pricing

	ROQ-150321 Behavioral Health Services Response Form 1	Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132
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Responder Name: *Sonora Behavioral Health Hospital*

Responders shall complete the following Response Form, indicating their responses in the spaces provided. Additional pages may be added so long as they are clearly referenced in the spaces provided.

Acceptability of Responses

Offers that do not include this completed Response Form or that do include an incomplete Response Form or that include a completed Response Form with unacceptable responses may cause the entire offer to be deemed unacceptable and therefore non-responsive.

PROFESSIONAL LICENSES, CERTIFICATES AND INSURANCE

Each applicant must provide proof of current licensure and/or certification as well as Professional and General Liability insurance. Licensure/certifications vary for each discipline. Requirements for each discipline are outlined in the Statement of Work. Applicants are to provide proof of licensure and/or certification for the disciplines they would like to be considered for. This includes but is not limited to copies of the following items as applicable:

1. Copy of ADHS Behavioral Health License for each facility or location – See attached.
2. Copy(s) of current valid professional licenses or certificates – N/A
3. Masters degree in education or a human services field – N/A
4. Degree in psychiatry or psychology – See attached for Psychiatrists conducting court-ordered evaluations.
5. Malpractice insurance. – N/A
6. General liability insurance. – See attached.
7. DEA number. – See attached.
8. W-9 form listing the tax identification number of the applicant or business. Download W-9 Form from <http://www.irs.gov/pub/irs-pdf/fw9.pdf> - See attached.
9. Resume – See attached.

BUSINESS / PROFESSIONAL QUESTIONNAIRE

- A. Applicant’s Legal Name: Edel-Linde Kinsala
- B. Business Name: Sonora Behavioral Health Hospital
- C. Address: 6050 N. Corona Road, Suite 3

City: Tucson State: AZ Zip: 85704

Phone: 520-469-8700 Fax: 520-878-2320

Email: Edeli.Kinsala@acadiahealthcare.com

	<p>ROQ-150321 Behavioral Health Services Response Form 1</p>	<p>Pinal County Finance Department 31 N. Pinal St. Bldg. A P.O. Box 1348 Florence, AZ 85132</p>
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D. Applicant is: (check one)

1. Sole Proprietor, attach a resume

2. Corporation or Limited Liability Company (LLC), attach a copy of the Certificate of Good Standing from the Arizona Corporation Commission or, if a foreign corporation, proof of registration with the Arizona Corporation Commission.

3. Other: _____ attach appropriate registration/certification

E. Number of years applicant has been providing this service: Sonora has provided court-ordered evaluation services for over 15 years. Sonora Behavioral Health Hospital has consistently met the 72-hour time line as specified in A.R.S. 36-530, and has done so for individuals residing in Pinal County as well as other counties when admitted to Sonora Behavioral Health Hospital involuntarily.

F. Please list other organizations and agencies that have contracted with the Proposer for professional services. Include name, contact person and telephone number.

1. Cochise County: Kathy Aguilar – 520-432-8756
2. Gila River Indian Community – 520-562-9769
3. Gila County: Athena Gooding – 928-402-4246
4. Greenlee County: Chris Hancock – 928-865-4108
5. Pima County: Brenda Pelton – 520-740-5749
6. Pinal County: Geri Roll – 520-866-6917
7. Cenpatico Integrated Health Care T-36 UR Liaison: Merielle Robinson – 866-495-6738, 84485

G. Civil Rights Compliance Data

Has any Federal or State agency ever made a finding of non-compliance with any relevant civil rights requirement with respect to you? Yes No

If yes, please explain in writing:

Non-Applicable.

H. Prior Convictions

Have you ever been convicted of a felony? Yes No

If yes, please explain in writing.

Non-Applicable.

I. Submit a copy of your current professional license/certification.

Copies of ADHS and Joint Commission License/Accreditation Certificates attached.



PINAL COUNTY
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ROQ-150321
Behavioral Health Services
Response Form 1

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

3 **Cost**

Responder shall complete ROQ-150321 Response Form 2 Pricing Sheet. Any response that does not include this completed Pricing Sheet or includes an incomplete Pricing Sheet may cause the entire offer to be deemed unacceptable and therefore non-responsive.

See attached Response Form 2 Pricing Sheet.

Statement of Work

2.3: Court Ordered Evaluation

Overview

Sonora Behavioral Health Hospital proposes to continue offering inpatient court-ordered evaluations to Pinal County residents who are admitted to Sonora on an emergency petition for involuntary treatment. Sonora has had an extensive history (over 15 years) of providing inpatient court-ordered evaluations for persons who reside in the various counties throughout Arizona, including Pinal County. Sonora receives referrals from various entities state-wide for admission of emergency petitioned Pinal County residents, and also assesses these individuals as walk-ins or at select Tucson-based hospitals. In order to provide quality continuity of care, and a secure, therapeutic setting for emergency petitioned patients, Sonora proposes to facilitate the court-ordered evaluations upon the admission of the individual. Compensation for court-ordered evaluations of Pinal County residents who are petitioned in a different county is required to ensure timely and responsive treatment.

Provision of Services

Authorization for all services is obtained from the contracting entity prior to delivery of the service, with the exception of when emergency stabilization is required. In those events, documentation is completed by a qualified medical professional noting the extent of the medical and/or psychiatric emergency. Once the patient is stabilized, prior authorization will be sought. Sonora's Assessment and Referral and Utilization Management teams are solely responsible for ensuring prior and continuing authorizations are obtained.

In accordance to A.R.S. 36-528, all patients admitted to Sonora Hospital as a Level 1 psychiatric inpatient hospital are informed of their rights. During the course the intake assessment the patient is provided a copy of the Patient Rights, which are also posted on each inpatient Unit. For involuntary patients, the practitioner meets daily to discuss whether the patient should remain inpatient on an involuntary basis, and documents accordingly. The patient is also apprised of their rights when meeting with the County Defense Attorney.

For inpatient evaluations Sonora assigns two psychiatrists to ensure the first and second evaluations are completed and filed on time. In those circumstances in which the second evaluation is due for filing, but the due date falls on a holiday or weekend, Sonora will file the following business day. Coverage for inpatient stay is expected in those instances as the county departments are not open on holidays or weekends, and thus filing cannot be completed. As an inpatient facility, Sonora currently does not provide outpatient court-ordered evaluations.

For all persons treated at Sonora, they are accorded the right to be treated with respect and dignity. Staff members receive training on provision of a therapeutic milieu, patient rights, code of conduct, and zero-tolerance for discriminatory behaviors or statements. These training sessions are offered upon hire, during departmental meetings, and through mandatory annual training. Creating a therapeutic and safe environment is re-enforced in the training provided related to the milieu, with Milieu Manuals available on each unit for staff reference. Creating a safe environment is supported through Handle

with Care training, which emphasizes verbal de-escalation techniques and via processes such as environmental rounds, daily staff meetings regarding patient care, and development of individualized treatment plans.

Comprehensive Psychiatric Evaluations

Sonora psychiatrists will complete the first and second court-ordered evaluation and report their findings independently. Sonora does notify the person whom the petition is filed against that they may select one of the two evaluating psychiatrists. Sonora uses an evaluation tool which is standard to the field (see attached template), and that includes both first-hand and collateral reporting of the individuals behaviors and mental status, and the need or lack thereof for continued involuntary treatment. Included in the submission of the psychiatric court-ordered evaluations is a Medication Affidavit, which also attests that the patient has received a physical examination within 24 hours of admission under the supervision of a physician who is licensed pursuant to title 32, chapter 13 or 17, and chapter 15 if the results of the examination are reviewed or augmented by one of the evaluating psychiatrists. Sonora is also required by regulatory entities to provide a History and Physical within 24 hours of admission, for all persons served.

Communication and Confidentiality

All individuals admitted to Sonora have a medical record assigned to them. The medical record is a legal document which is protected by HIPAA, and are maintained in accordance with ARS 36-509, Confidential Records. The Medical Records Manager serves as the Title 36 Liaison, and provides daily communication with the counties regarding the status of the petitioned person, and any other issues that may arise. The Medical Records Manager maintains a calendar for timely submittal of physician affidavits, addendums and petitions in accordance to A.R.S. 533, and transmits these packets to the Pinal County Attorney's office. Additionally, the Manager of Medical Records coordinates activities in preparation for court with the Deputy Public Defenders, Deputy County Attorneys and Public Fiduciary staff as necessary. The medication affidavit is transmitted to the Pinal County Attorney's office and Pinal County Superior Court no later than 8:30 a.m. on the day of the hearing. The psychiatrists are provided a schedule for their testimonies with the T-36 Liaison ensuring availability or communicating any conflicts. These practices, as described, are currently in place as Sonora has provided this service to Pinal and other counties for several years, and the Medical Records Manager/T-36 Liaison has been employed with Sonora for over 10 years and when not available, has a trained designee to ensure no interruption to delivery of service.

Sonora Behavioral Health Hospital, LLC

Sonora Behavioral Health Hospital

Tucson, AZ

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

March 13, 2015

Accreditation is customarily valid for up to 36 months.

Rebecca J. Patchin, MD
Chair, Board of Commissioners

ID #260904

Print/Reprint Date: 05/18/2015

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.





May 15, 2015

Re: # 260904
CCN: #034022
Program: Psychiatric Hospital
Accreditation Expiration Date: March 13, 2018

Edeli Kinsala
CEO
Sonora Behavioral Health Hospital, LLC
6050 North Corona Road, Ste #3
Tucson, Arizona 85704

Dear Ms. Kinsala:

This letter confirms that your March 10, 2015 - March 12, 2015 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals, as well as the special Conditions for psychiatric hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on May 04, 2015 and May 14, 2015, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of March 13, 2015.

The Joint Commission is also recommending your organization for continued Medicare certification effective March 13, 2015. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Sonora Behavioral Health Hospital, LLC
d/b/a Sonora Behavioral Health Hospital
6050 North Corona Road, Ste #3, Tucson, AZ, 85704

Sonora Behavioral Health Hospital, LLC
d/b/a Sonora Behavioral Health Outpatient Services
2001 West Orange Grove Road, Suites 206 & 208, Tucson, AZ, 85704

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

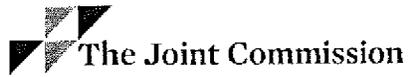
Sincerely,

A handwritten signature in cursive script that reads "Mark Pelletier".

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice



cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 9 /Survey and Certification Staff



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/28/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER **Beecher Carlson Insurance Services**
6 Cadillac Drive, Suite 320
Brentwood, TN 37027

CONTACT NAME: (ATL) Candi Joyner
PHONE: _____
FAX (A/C, No.): 878.639.4890
E-MAIL ADDRESS: cjoyner@beechercarlson.com

www.beechercarlson.com

INSURED
Sonora Behavioral Health Hospital, LLC
dba Sonora Behavioral Health
6050 North Corona Road
Tucson AZ 85704

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Lexington Insurance Company	19437
INSURER B: ACE American Insurance Company	22867
INSURER C: Agrl General Insurance Company	42757
INSURER D: ACE Fire Underwriters	20702
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 26175724

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		6797320	9/1/2015	9/1/2016	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		ISA H08860178	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$		6797320	9/1/2015	9/1/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B C D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WLR C48591504 (AOS) WLR C48591516 (TN) SCF C48591528 (WI)	9/1/2015 9/1/2015 9/1/2015	9/1/2016 9/1/2016 9/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> Healthcare Professional Liability <input type="checkbox"/> Claims-Made		6797320	9/1/2015	9/1/2016	\$10,000,000 Each Medical Incident \$10,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Sonora Behavioral Health Hospital, LLC
dba Sonora Behavioral Health
6050 North Corona Road
Tucson AZ 85704

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Karmanee Governor

Karmanee Governor

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



**Acadia Healthcare Company, Inc., dba
SONORA BEHAVIORAL HEALTH HOSPITAL
6050 North Corona Road
Tucson, Arizona 85704**

This facility is licensed to operate as a(n) SPECIAL HOSPITAL

Licensed Beds

Psychiatric Adults = 50

Psychiatric Youth = 22

Total Capacity: 72

From: April 1, 2015

To: March 31, 2016

Issued: May 15, 2015


Recommended by: **Connie Belden, RN**
Bureau Chief

License: SH4089
Corrected License


Issued By: **Cara Christ, MD**
Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS0116106	02-29-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	HOSPITAL/CLINIC	01-18-2013
SONORA BEHAVIORAL HLTH HOSP 6050 N. CORONA ROAD #3 TUCSON, AZ 85704 1097		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS0116106	02-29-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	HOSPITAL/CLINIC	01-18-2013
SONORA BEHAVIORAL HLTH HOSP 6050 N. CORONA ROAD #3 TUCSON, AZ 85704 1097		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (05/04)



WEB FORM COPY

STATE OF ARIZONA CORPORATION COMMISSION CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE



DUE ON OR BEFORE 04/30/2012

FILING FEE \$10.00

PLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§ 10-121(A) & 10-3121(A). YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation.

-1032349-1

- 1. CANADA DEL ORO MEDICAL CONDOMINIUMS ASSOCIATION 6050 N CORONA #3 TUCSON, AZ 85704

* AD-DISSOLVED-FILE ANNUAL REPORT 10/09/2012: CONTACT THE COMMISSION AT 602-542-3026!

Business Phone: (Business phone is optional.) State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

- 2. Statutory Agent: NATIONAL REGISTERED AGENTS INC Mailing Address: 300 W CLARENDON AVE #230 City, State, Zip: PHOENIX, AZ 85013 Statutory Agent's Street or Physical Address, If Different. Physical Address: City, State, Zip:

ACC USE ONLY Fee \$ Penalty \$ Reinstatement \$ Expedite \$ Resubmit \$

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Note that the agent address must be in Arizona. I, (Individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law. Signature of new Statutory Agent: Chris Diamond Printed Name of new Statutory Agent

- 3. Secondary Address: (Foreign Corporations are REQUIRED to complete this section).

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

- BUSINESS CORPORATIONS 1. Accounting 2. Advertising 3. Aerospace 4. Agriculture 5. Architecture 6. Banking/Finance 7. Barbers/Cosmetology 8. Construction 9. Contractor 10. Credit/Collection 11. Education 12. Engineering 13. Entertainment 14. General Consulting 15. Health Care 16. Hotel/Motel 17. Import/Export 18. Insurance 19. Legal Services 20. Manufacturing 21. Mining 22. News Media 23. Pharmaceutical 24. Publishing/Printing 25. Ranching/Livestock 26. Real Estate 27. Restaurant/Bar 28. Retail Sales 29. Science/Research 30. Sports/Sporting Events 31. Technology(Computers) 32. Technology(General) 33. Television/Radio 34. Tourism/Convention Services 35. Transportation 36. Utilities 37. Veterinary Medicine/Animal Care 38. Other

- NON-PROFIT CORPORATIONS 1. Charitable 2. Benevolent 3. Educational 4. Civic 5. Political 6. Religious 7. Social 8. Literary 9. Cultural 10. Athletic 11. Science/Research 12. Hospital/Health Care 13. Agricultural 14. Cooperative Marketing Association 15. Animal Husbandry 16. Homeowner's Association 17. Professional, commercial industrial or trade association 18. Other

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9))

Nonprofits -- If your annual report is due on or before September 25, 2008, you must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). If your nonprofit annual report is due after September 25, 2008, a financial statement is not required. Cooperative marketing associations must in all cases submit a financial statement. All other forms of corporations are exempt from filing a financial statement no matter what date the annual report was due.

ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION:

9A. MEMBERS (A.R.S. §10-11622(A)(6)) This corporation **DOES** **DOES NOT** have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))

A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) the consumer fraud laws of that jurisdiction, or
 - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked: YES **NO**

If "YES" to A, the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1 through 3 above.

- | | |
|---|---|
| 1. Full birth name. | 5. Date and location of birth. |
| 2. Full present name and prior names used. | 6. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cause number of the case. |
| 3. Present home address. | |
| 4. All prior addresses for immediately preceding 7 year period. | |

B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?

One box must be marked: YES **NO**

If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement above.

- (a) Name and address of each corporation and the persons involved.
- (b) State(s) in which it: (i) was incorporated and (ii) transacted business.
- (c) Dates of corporate operation.

11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)

A. Has the corporation filed a petition for bankruptcy or appointed a receiver? **One box must be marked: YES** **NO**

If "Yes" to A, the following information must be submitted as an attachment to this report:

1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.
2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:
 - (a) Name and address of each corporation;
 - (b) States in which it: (i) was incorporated and (ii) transacted business.
 - (c) Dates of operation.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of perjury, that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of perjury that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Chris Diamond Date 10/10/08 Name _____ Date _____
 Signature [Signature] Signature _____
 Title Chief Executive Officer Title _____
 (Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)

5. CAPITALIZATION: (For-profit Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. PLEASE PRINT OR TYPE CLEARLY.

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.
Number of Shares/Certificates Authorized Class Series Within Class (if any)

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.
Number of Shares/Certificates Issued Class Series Within Class (if any)

6. SHAREHOLDERS: (For-profit Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

Name: _____ Name: _____
NONE Name: _____ Name: _____

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: W PAGE BARNES Name: Chris Diamond
Title: PRESIDENT Title: president
Address: 652 WIRIS DRIVE Address: 1050 NORTH CORONA RD.
NASHVILLE, TN 37204 TUCSON, AZ 85704
Date taking office: 6/1/2007 Date taking office: 3/1/12
Name: _____ Name: _____
Title: _____ Title: _____
Address: _____ Address: _____
Date taking office: _____ Date taking office: _____

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: W PAGE BARNES Name: CHRIS DIAMOND
Address: 652 WIRIS DRIVE Address: 1050 NORTH CORONA RD.
NASHVILLE, TN 37204 TUCSON, AZ 85704
Date taking office: 6/1/2007 Date taking office: 3/1/12
Name: _____ Name: _____
Address: _____ Address: _____
Date taking office: _____ Date taking office: _____

Annual Report Instruction Sheet - READ ME! PLEASE FOLLOW THESE DIRECTIONS!

This is the instruction sheet for the annual reporting process for all corporations doing business in Arizona. Every corporation must submit an annual report once a year. This annual report must be correctly filled out and submitted by the assigned due date or the corporation may be administratively dissolved or have its authority revoked by the State of Arizona. According to A.R.S. §10-1622(F), penalties accrue on for-profit corporation annual reports that are submitted late (after the due date). Corporations must use the annual report form prescribed by the Corporation Commission. No other format is allowed.

Please verify the business address, statutory agent, and agent address information on page one. Strike out incorrect information by placing a single line through it. Correct information should be legibly written above or to the side of struck, incorrect information. Complete the remainder of the form - use the corporation's original articles of incorporation, amendment documents and corporate minutes as guides for the questions about stock. **IMPORTANT:** The entirety of this document is public record, including addresses. *Use black or blue ink.

- Section 1.** All corporations must state their name, address, zip code, domicile state, and type (e.g., nonprofit, business, sole, professional, business trust). Please list a business phone number.
- Section 2.** All corporations must state the name and Arizona address of the current Statutory Agent for the corporation. Correct information about the Statutory Agent is vital to the legitimate authority and status of the corporation. The statutory agent must provide both an Arizona street address and a mailing address. If the Statutory Agent has a P.O. Box, then they must also provide an Arizona physical or street address. New Statutory Agents must consent to their appointment by signing the appropriate line. A corporation must amend their records at the Commission any time the Statutory Agent is changed or whenever the Agent's designated mailing address changes. Do not sign in the space provided, unless you are appointing a new agent.
- Section 3.** Foreign (out-of-state/country) corporations must state their known place of business in this state and in the jurisdiction in which they are incorporated. List the primary address in Section 1, and the secondary address in Section 3.
- Section 4.** All corporations must check the category that best describes the character of their corporation in the applicable business or nonprofit corporation area.
- Section 5.** All for-profit corporations must indicate the number of shares which they have authorized and issued, the class and series. All business trusts must indicate the number of transferable certificates held by trustees.
- Section 6.** All for-profit corporations must indicate the list of applicable shareholders.
- Section 7.** Please list all principal officers. All corporations must have at least one duly authorized officer, with address.
- Section 8.** Please list all directors. All corporations must have at least one director per A.R.S. §§10-803(A) & 10-3803(A).
- Section 9.** All Nonprofit corporations whose annual report is due on or before September 25, 2008 must attach a statement of financial condition (e.g. Income/expense statement, balance sheet including assets, liabilities). If the nonprofit corporation's annual report is due after September 25, 2008, no statement of financial condition is required. Cooperative marketing associations must in all cases submit a financial statement. All other types of corporations are exempt from filing a financial disclosure no matter when the annual report is due.
- Section 9A.** All Nonprofit Corporations must also indicate whether or not the corporation has members.
- Section 10.** All corporations must check either YES or NO in the Certificate of Disclosure, for both A and B. Those who check the "YES" box must supply the attachment required as explained in section 10.
- Section 11.** All corporations must check either YES or NO in the Statement of Bankruptcy or Receivership. Those who check the "YES" box must supply the attachment required as explained in section 11.
- Section 12.** All corporations must read the declarations in this section. If they have complied, and if they have completed the Annual Report, then the applicable officer(s) listed in section 7 must acknowledge by signing and dating the report.
~~The signer(s) shall be at least one duly authorized officer.~~
- Sign, Date & Mail the Check and Annual Report.** For-profit corporations must send \$45, Nonprofit corporations \$10. Credit cards are not accepted. Business or for-profit corporations are subject to penalties if their report is submitted after its assigned due date. Contact the Annual Report section at 602-542-3285 (Phoenix) or 520-628-6560 (Tucson) or by FAX at 602-542-0082 for the penalty amount due.

MAKE CHECK PAYABLE TO
MAIL OR DELIVER TO:

ARIZONA CORPORATION COMMISSION
c/o Annual Reports - Corporations Division
1300 West Washington
Phoenix, Arizona 85007-2929

Seek professional advice from your accountant, attorney, or other knowledgeable source if you need help with any section. The Annual Reports Section of the Corporations Division cannot give legal or tax advice, but you may call them with your other questions regarding this form at (602) 542-3285. The Commission's web site (www.azcc.gov/Divisions/Corporations) has more general information about annual reports and reporting requirements.

5. CURRENT OR EXISTING STATUTORY AGENT – list the name and addresses of the statutory agent as shown in the records of the Arizona Corporation Commission *before any changes* (this is the existing statutory agent):

5.1 REQUIRED – list the <i>name</i> and <i>physical or street address</i> (not a P.O. Box) in Arizona of the existing statutory agent:			5.2 REQUIRED – list the <i>mailing address</i> (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:		
NATIONAL REGISTERED AGENTS INC					
Statutory Agent Name					
Attention (optional) 2390 E CAMELBACK RD			Attention (optional)		
Address 1			Address 1		
Address 2 (optional) PHOENIX City			Address 2 (optional) City		Zip
	AZ State	85016 Zip		State	Zip

5.3 **CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** – If the *name only* of the existing statutory agent listed in number 5.1 above has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:

5.4 CHANGE IN EXISTING STATUTORY AGENT ADDRESS – check all that apply and follow instructions:

- STREET ADDRESS CHANGED** – complete number 5.5.
- MAILING ADDRESS CHANGED** – complete number 5.6.

5.5 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			5.6 NEW MAILING ADDRESS – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional) 3800 North Central Avenue, Suite 460			Attention (optional) 3800 North Central Avenue, Suite 460		
Address 1			Address 1		
Address 2 (optional) Phoenix City			Address 2 (optional) City		Zip
	AZ State	85012 Zip		AZ State	85012 Zip

CANADA DEL ORO MEDICAL CONDOMINIUMS ASSOCIATION

-1032349-1

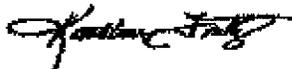
6. <input type="checkbox"/> NEW STATUTORY AGENT – If a new statutory agent is being appointed, check the box and complete the following for the NEW statutory agent :					
6.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:			6.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Statutory Agent Name					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
6.3 REQUIRED – if you are appointing a new statutory agent, the Statutory Agent Acceptance form M002 must be submitted along with this Statement of Change form.					

SIGNATURE – see Instructions C016I for who is authorized to make changes:

If the person signing this form is the existing statutory agent changing its own address, then by the signature appearing below, the existing statutory agent certifies *under penalty of perjury* that he or she has given the corporation named in number 1 above written notice of the address change.

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT



Kathleen Fritz

05/01/2015

Signature

Printed Name

Date (mm/dd/yyyy)

REQUIRED – check only one:

<input type="checkbox"/> I am the Chairman of the Board of Directors of the corporation filing this document.	<input type="checkbox"/> I am a duly-authorized Officer of the corporation filing this document.	<input checked="" type="checkbox"/> I am a Statutory Agent changing only my own address and/or my own name.
--	---	--

of the individual items of your business.
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3826 or (within Arizona only) 800-345-5819.

COMB.001
Rev. 2010

Arizona Corporation Commission - Corporate Division
Page 3 of 3

March 9, 2015

CANADA DEL ORO MEDICAL CONDOMINIUMS
Gisela.Rohman@acadiahealthcare.com

Escrow No.: 60012968-001-C15
Owner: 6050 N. Corona Road, L.L.C., an Arizona limited liability company
Buyer: Sonora Behavioral Health Hospital, LLC, a Delaware limited liability company
c/o Acadia Healthcare Company
Franklin, TN 37067
Legal: Unit 1, of Canada del Oro Medical Condominiums
Property Address: 6050 N. Corona Rd., Tucson, AZ 85704
Tax Parcel # 102-12-061A

PLEASE FAX BACK TO 520-202-6305

OWNERS ASSOCIATION RESALE NOTIFICATION
In compliance with A.R.S. 33-1806

Please accept this as written notice to the association of the pending sale of said property. This notice is in compliance with A.R.S. 33-1806 et. al. PLEASE SUPPLY THE PURCHASERS OF SAID PROPERTY DESCRIBED BELOW WITH THE LEGALLY REQUIRED DISCLOSURE ITEMS.

We have been employed to act as escrow agent in a transaction involving the above referenced property for which you collect maintenance fees. Close of escrow is Scheduled for NOT KNOWN March 27, 2015.

Will you please provide the following information:

MASTER ASSOCIATION: Canada del Oro Medical Condominium Association
MAINTENANCE FEE \$ 294.00 PER MONTH QUARTERLY () ANNUALLY ()
DATE NEXT PAYMENT IS DUE 4/1/15
ASSESSMENT \$ 0 SPECIAL ASSESSMENTS \$ 0

DO YOU REQUIRE: A COPY OF THE RECORDED DEED? no

RESALE STATEMENT FEE? Yes No If yes, please provide the following information:
Amount: \$ n/a Payable to: _____

TRANSFER FEE? Yes No If yes, please provide the following information:
Amount: \$ n/a Payable to: _____

DO YOU REQUIRE BOARD OF DIRECTORS APPROVAL OF NEW BUYERS? no

IF YES, TO WHOM IS OUR CORRESPONDENCE TO BE DIRECTED? n/a

IS INSURANCE PREMIUM PAID THROUGH THE HOMEOWNERS ASSOCIATION? yes

PLEASE PROVIDE AGENTS NAME, ADDRESS, PHONE NUMBER AND PERTINENT INSURANCE INFORMATION: mdo Agencies, Inc 5330 N La Cholla Blvd, Tucson AZ 85741

BLANKET HAZARD OR COMMON AREA ONLY

ANY FURTHER REQUIREMENTS? _____

Thank you for your prompt cooperation and attention to this matter. Please advise if there is any additional Associations.

Sincerely,
Title Security Agency, LLC

By: Karrissa Strickland
Commercial Escrow Assistant

Canada del Oro Medical Condominium Assn.
ASSOCIATION NAME
6050 N Corona Rd, Tucson AZ 85704
ASSOCIATION ADDRESS

AUTHORIZED SIGNATURE

DATE 5-20-15 PHONE 520-469-8700

MD PROFILE PAGE



Arizona Medical Board

azmd.gov

Printed on 12/31/14 @ 11:38

General Information

Marion A. Douglass MD6050 N Corona Rd
Suite 3

Tucson AZ 85704

Phone: (520) 469-8700

License Number: 32713

License Status: Active

Licensed Date: 04/21/2004

License Renewed: 09/04/2013

Due to Renew By: 09/26/2015

If not Renewed, License Expires: 01/26/2016

Education and Training

Medical School: UNIV OF KY COLL OF MED
Lexington, Kentucky

Graduation Date: 05/18/1983

Residency: 07/01/1983 - 06/30/1987 (Psychiatry)
UNIVERSITY LOUISVILLE SCHOOL OF MEDICINE
LOUISVILLE, KY

Area of Interest: Psychiatry

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.

Board Actions

None

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please click [here](#) for information on use of this website.

CURRICULUM VITAE

M. ANDERSON DOUGLASS, III, M.D

CURRENT ADDRESS

WORK

Sonora Behavioral Health Hospital
6050 N. Corona Road, Ste #3
Tucson, Arizona 85704
Work: 520-469-8700

HOME

6210 N. Paseo Zaldivar
Tucson, AZ 85750
Home: 520-615-0192
Cell: 520-360-5544

Email: mad3dpm@gmail.com

EDUCATION

Doctor of Medicine, 1983
University of Kentucky
Lexington, Kentucky

B.A., Philosophy of Religion, 1979
University of the South
Sewanee, Tennessee

POSTGRADUATE

Psychiatric Residency 1987
University of Louisville Affiliated Hospitals
Louisville, Kentucky

BOARD CERTIFICATION

Board Certified Psychiatrist
June 1989
American Board of Psychiatry and Neurology

NATIONAL LICENSURE

FLEX examination, 1983

LICENSURE

Arizona State Medical License
Virginia State Medical License

PROFESSIONAL EXPERIENCE

SONORA BEHAVIORAL HEALTH HOSPITAL

Dec 2008 - Present

Clinical psychiatrist. Attending M.D. for adolescent and adult inpatient units on daily basis, noting diverse and high-intensity acute care psychiatric patients, including adolescents, seriously mentally ill adults, active duty military, and geriatrics. Medical director for Sendero, a Level II adolescent facility, until it closed. Extensive experience in complicated substance abuse and detoxification protocols. Ongoing expertise in Suboxone since 2002. Medical Staff member. On-call duties for 68 beds.

PIMA PSYCHIATRIC ASSOCIATES

June 2013 - Present

Consultation-liaison service for two general medical hospitals, total beds > 600. Clinical inpatient psychiatrist for Bridges Gero-Psychiatric Unit at Carondelet St. Mary's and for O'Reilly Care Center at Carondelet St. Joseph's. Medical staff member since 2012. Heavy on-call duties for Carondelet hospital systems.

COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA,

Physician Advisor

August 2013 – Oct 2015

Specialty Reviewer for quality of concern death cases, medication prior authorization approval for regional formulary, reviews and appeals for inpatient psychiatric hospitalizations as well as multilevel out of home placement determinations. [CPSA is a regional health authority that manages Medicaid monies for the psychiatric care of its members in Southeastern Arizona.]

PROVIDENCE SERVICE CORPORATION

June 2006 to Oct 2008

Medical Director. Direct supervision of three NPs and four psychiatrists, chairman of QA committee, interfaced with multiple community agencies re' mental health care of children/adolescents in Pima County catchment area. Provided 20 hours of clinical work/week with emphasis on complicated psychiatric and substance abuse issues. Instituted case management/supervision and collaborative program direction with clinical director and medical services liaison. Member of PSC Executive Staff. Chaired Utilization Management and Credentials Committees.

CARILION BEHAVIORAL HEALTH

June 1999 to May 2006

Employed-position, general psychiatric practice of adolescents, adults, and elderly. Patient population a mix of acute and chronic mental illness, frequently with co-morbid medical, substance abuse or chronic pain diagnoses. Trained in the use of buprenorphine. Practice settings split equally between outpatient, and inpatient/partial hospitalization settings. Served as Medical Director for practice of 6 psychiatrists and 5 therapists, and for 35-bed psychiatric hospital. Provided consultation liaison services to nursing homes and local hospitals. Created physician-extender model utilizing pharmacist and nurse practitioner in outpatient setting. Participated in the design of new psychiatric unit, opening March 2004. Six-year stint with local community mental health center, treating adolescents.

VIRGINIA HIGHLAND HEALTH ASSOCIATES

April 1997 to May 1999

Independent private practitioner serving general patient population in inpatient and outpatient settings with emphasis on adolescents and young adults. Extensive experience in complicated substance abuse detoxification treatments, including alcohol, prescription opiates, and heroin. Consultation-liaison support provided to three local hospitals. Staffed two rural outpatient mental health clinics within 125 miles, including evaluations and treatment of children and adolescents. Provided inpatient and outpatient psychiatric services for Virginia Polytechnic Institute and State University (student population 25,000). Consultant for Social Security Administration for disability reviews. Preferred psychiatric reviewer for Medical Consultants Network regarding Southwestern Virginia and West Virginia workers' compensation cases.

ALEGENT IMMANUEL MEDICAL CENTER

January 1994 to March 1997

Associate Medical Director for two satellite clinics to include supervision of therapists and clerical staff. Very active inpatient and outpatient hospital-based group practice. A leading producer in 11-member psychiatric cohort. Consultation-liaison service provided to large, urban hospital, including on-demand ICU evaluations and competency

assessments. Redesigned on-call system to balance workload, efficiency and quality of care. Created tracking system to monitor at-risk patients and enhance timely follow-up.

UNITED STATES AIR FORCE

August 1987 to December 1993

Directed inpatient and outpatient services at regional hospital, Offutt Air Force Base, with international referral catchment draw. Spearheaded contractual arrangement at local civilian hospital to provide psychiatric services to active and dependent personnel saving the U.S.A.F. more than \$50,000. Supervised psychologists, psychiatrists, social workers, mental health technicians, and civilians. Interfaced throughout assignments with substance abuse branches, family advocacy, and squadron commanders concerning the care and readiness of all military personnel. Coordinated wartime preparedness for on-site personnel and Naval Reserve units during Operation Desert Storm. Honors: "Distinguished Graduate" (highest rating from USAF Institute of Technology, 1987). Medals: National Defense Service Medal, Commendation Medal (two), Achievement Medal. Honorable Discharge. Highest rank held: Major.

OFFICES and POSITIONS

President, Tucson Psychiatric Society, 2011-2012
Medical Director, Providence Service Corporation, 2006 - 2008
Chairman, Dept of Psychiatry, St. Albans Psychiatric Center, 2004-2006
Medical Director, Saint Albans Psychiatric Center, July 2003 – 2006
Director, St. Albans Recovery (substance abuse), 2004-2006
Director, Risperdal Consta Management Clinic, 2005-2006
President, Southwestern Virginia Psychiatric Society, June 2001 – July 2003
Vice-President, Southwestern Virginia Psychiatric Society, June 1999 to May 2001
Chairman, Medical Records Committee, St. Albans, April 2000 – October 2003
President, Medical Staff, St. Albans Psychiatric Center, October 1998 to Sept 2000
Secretary-Treasurer, Southwestern Virginia Psychiatric Society, 1997 to May 1999
Secretary-Treasurer, Nebraska Psychiatric Society, 1996-1997

INTERESTS

Administrative psychiatry: quality indicators/risk management/algorithms
Utilization Review/AHCCCS in Arizona
Geriatric psychiatry
Wellness, self-esteem and productivity concepts
Inpatient acute care and emergency psychiatry
Psychiatric consult liaison service on medical units
Object relations theory in short-term and midterm psychotherapy
Psychopharmacology of severe and persistent mental illness
Post-Traumatic Stress Disorders and stress inoculation (combat-related)
Adult and adolescent attention deficit disorder
Poetry therapy
Spirituality and its influence on quality life changes
Substance abuse; in particular, complicated opioid detoxification and sobriety protocols

Mission Statement

*To improve my Patients' lives utilizing Vaillant's
Biopsychosocial model of treatment; and foster
harmonious relationships with staff and colleagues.*

*From THE GOLDEN BOWL OF LIFE :
To give back more
than is taken.*

MD PROFILE PAGE



Arizona Medical Board

azmd.gov

Printed on 06/11/15 @ 11:08

General Information

Higinio Zuniga MD	License Number: 8597
Eloy Detention Center	License Status: Active
1705 E Hanna Rd.	Licensed Date: 01/17/1975
Eloy AZ 85131	License Renewed: 02/21/2015
Phone: (520) 466-4141	Due to Renew By: 11/10/2016
	If not Renewed, License Expires: 03/10/2017

Education and Training

Medical School:	UNIV NACL AUTO DE MEXICO, FAC DE MED University City, Mexico
Graduation Date:	02/16/1957
Internship:	06/30/1957 - 06/30/1958 MEMORIAL HOSPITAL ALBANY , NY
Residency:	07/01/1958 - 06/30/1959 (Anatomic/Clinical Pathology) METHODIST HOSPITAL OF BROOKLYN BROOKLYN , NY
Residency:	

07/01/1963 - 06/30/1966 (Psychiatry)
PARKLAND HOSPITAL
DALLAS , TX

Area of Interest Psychiatry

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.

Board Actions

None

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

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Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please click [here](#) for information on use of this website.

WFC

FIRST CHOICE IN PSYCHIATRIC RECRUITMENT

Higinio Zuniga, MD.

7563 Desert Anchor Blvd
Tucson, Arizona 85715
Evening Phone: 520-906-2036
Day Phone: 520-834-3348
higiniozuniga3@gmail.com

LICENSURE: Arizona 88597 Expires 11/2016
Texas D0603 Expires 02/2016

LANGUAGES: Spanish-Advanced in reading, writing and speaking.

EDUCATION: Colegio Frances de Preparatoria, Mexico City.
09/1943-06/1945

University of Mexico, Mexico City.
M.D. Degree.
09/1945-06/1952

POST GRADUATE TRAINING

Private practice in rural Mexico
Tabasco State.
01/1953-12/1956

Rotating internship at the Methodist Hospital in Albany,
New York.
06/1957-06/1958

Resident in Pathology at the Methodist Hospital in
Brooklyn, New York.
07/1958-06/1959

Resident in Surgery at the Wykoff Heights Hospital in
Brooklyn, New York.
07/1958-06/1961

Staff Physician at the Confederate Home for Men,
Austin, Texas.
07/1961-06/1962

Resident program in Psychiatry at the Southwestern
Medical School.
Dallas, Texas.
07/1962-06/1965

Page 1 of 7 Zuniga, Higinio

NFCS

FIRST CHOICE IN PSYCHIATRIC RECRUITMENT

PROFESSIONAL POSITIONS:

* At all of my employments I have worked 40 hours per week *

Staff Psychiatrist at Wichita Falls
State Hospital. Wichita Falls, Texas.
07/1965-06/1968.

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

Staff Psychiatrist at Middletown State Hospital:
Middletown, New York.
07/1968-06/1971

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members

Chief Psychiatrist of the Mental Hygiene Clinic at the
Veterans Administration Hospital: Tucson, Arizona.
07/1971-06/1988

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

Visited family in Mexico City.
07/1988-08/1988.

Chief Psychiatrist at the Border Mental Health Center:
Silver City, New Mexico.
09/1988-11/1989

- In addition to standard clinical work, did consultations regarding patients need for forensic evaluation.

Staff Psychiatrist San Antonio State Hospital: San
Antonio, Texas.
01/1990-06/1992

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

MFCS

FIRST CHOICE IN PSYCHIATRIC RECRUITMENT

Big Spring State Hospital: Big Spring, Texas.

07/1992-1993: Assignments as follows:

- Evaluation and reorganization of the admission service.
- Part time (18 months) Psychiatrist at the Reflections Program of the Scenic Mountain Hospital in the Geriatric Psychiatric Unit.

Assistant Medical Director for Big Spring State Hospital.

1993

- Assists in over seeing the medical staff.
- Routine duties, outlined above as Psychiatrist.

Staff Psychiatrist of the Active Treatment Unit (Southwest Unit).

1993-1994

- Duties as described above.
- Staff supervision & consultation.

Staff Psychiatrist at the Extended Care Unit (North East Unit).

1994-1995

- Duties as described above.
- Staff supervision and consultation.

6 months Staff Psychiatrist in charge of the children and adolescence unit, while awaiting additional staff members.

Clinical Director at the West Texas State operated MHMR Community Services.

Big Spring, Texas.

1995-1996

- Oversee all the medical staff and patients.
- Duties as described above.

Clinical Director at the Laredo State Operating MHMR Community Services. Laredo, Texas.

07/1996-06/1999.

- Standard clinical work and oversee the medical staff.
- Insured facility and staff compliance with State and Federal Regulations.

NFC

FIRST CHOICE IN PSYCHIATRIC RECRUITMENT

Private Practice: Laredo, Texas.

07/1999-06/2001

- Evaluated, consulted and treated mental patients as outpatients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

Private Practice: San Antonio, Texas.

07/2001-06/2002

- Evaluated, consulted and treated mental patients as outpatients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

Psychiatrist at the Center of Health Care Services in the East Commerce Clinic Community MHMR: San Antonio, Texas.

07/2002-06/2004

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.

Geriatric Psychiatrist at the Veri Care Company: San Antonio, Texas.

07/2004-06/2007

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.

POSITION LOCUM TENENS:

Value Options: Phoenix, Arizona.

07/2007-08/2007

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.

Tropical Region: Edinburg, Texas.

09/2007-12/2007

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.

NFC

FIRST CHOICE IN PSYCHIATRIC RECRUITMENT

MHMR (Mental Health & Mental Retardation): Austin, Texas.

02/2008-05/2008

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.

Border Region: Laredo, Texas.

05/2008-07/2008

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.

Jester IV Correctional Institutions:

Richmond, Texas.

08/2008-09/2008

- Standard clinical work.
- Consultations regarding patients need for forensic evaluation.

Harris Co. Jail MHMR: Houston, Texas.

10/2008-12/2008

- Standard clinical work.
- Consultations regarding patients need for forensic evaluation.

Hill Country Mental Health Clinic:

Hondo, Texas.

01/2009-06/2009

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

Pine View Mental Health Clinic:

Show Low, Arizona.

08/2009-09/2009

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

Hill Country Mental Health Clinic:

Hondo, Texas.

10/2009-10/2010

NFC

FIRST CHOICE IN PSYCHIATRIC RECRUITMENT

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

Temporary Retirement Under Legal Recommendation
(Financial/Divorce).

River Crest Hospital
1636 Hunters Glenn
San Angelo, TX
03/2011-04/2011

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.

The Center for Health Care Services
30331 IH West
San Antonio, TX 78201
05/2011-06/2011

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Resolution of Psychiatric Crisis.

Choices Arcadia Road Clinic
3311 N. 44th Street, Suite #100
Phoenix, AZ 85018
07/2011-08/2011

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Resolution of Psychiatric Crisis.

The Center for Health Care Services
30331 IH West
San Antonio, TX 78201
09/2012-09/2012

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Resolution of Psychiatric Crisis.

La Paz Community Health Center
530 San Pedro

NFC

FIRST CHOICE IN PSYCHIATRIC RECRUITMENT

San Antonio, TX 78201

11/2012-11/2013

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Resolution of Psychiatric Crisis.

Eloy Detention Center

1705 E Hanna Road

Eloy, AZ 85131

02/2013-01/2015

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Resolution of Psychiatric Crisis.

* At all of my employments I have worked 40 hours per week *

BOARD CERTIFICATION:

American Board of Psychiatry and Neurology
10/1971

REFERENCES:

Patricia Sepulveda, MD.
Eloy, AZ.
520-256-3874

Donald Durham, Ph.D.
Phoenix, AZ
602-692-9238

PHILIP J. BERENT, M.D., F.A.P.A
2604 Dempster, Suite 306
Park Ridge, IL. 60068
Telephone: (847) 687-5903 Fax: (847) 939-1450
philip.berentmd@gmail.com

CERTIFICATION AND LICENSURE:

Illinois Licensed Physician & Surgeon No. 036-041148 expires
7/31/2017;

Illinois Licensed Physician & Surgeon Controlled Substance IIN II III
IV V IIN No. 336.009739 036.041149 expires 7/31/2017;

Indiana Licensure No. 01067014A expires 10/31/15;

Arizona Licensure No. 45421 expires 12/9/2015;

Arizona Controlled Substance PMP 02 72 03 expires 4/30/2015;

Board Certified, Adult Psychiatry & Neurology, 1974;

Board Certified, Child Psychiatry, 1976;

Certified by the American Society of Addiction Medicine, April 1989.

EDUCATION:

M.D. University of Illinois, College of Medicine, Chicago, IL.
1966.

POST GRADUATE TRAINING:

Institute for Juvenile Research, Chicago, IL. Fellowship in Child
Psychiatry, 1971-73;

Resident in Adult Psychiatry, 1970-1971 University of Illinois,
Neuropsychiatric Institute, Chicago, IL.;

Resident in Adult Psychiatry Rush-Presbyterian-St. Luke's Hospital,

Chicago, IL. 1967-68;

General Rotating Internship, Illinois Masonic Hospital, Chicago, IL.
1966-67.

PRACTICE EXPERIENCE:

United States Air Force, Captain, MC, 1968-1970, Tachikawa, Japan;

Private Practice, 1973 to present;

Consultant in Psychiatry, 1971-1972, Rogers Park Mental Health
Center, Chicago, Ill.;

Director Child and Adolescent Psychiatric Services, 1976-1981,
Northwest Mental Health Center, Arlington Heights, Ill.;

Consultant in Child and Adolescent Psychiatric Services, 1972-1975,
Maine Township Mental Health Clinic, Park Ridge, Ill.;

School Consultant District 207, 1972-1975, Park Ridge, Ill.;

Bloomington Meadows Hospital, Bloomington, Indiana, locum tenens,
July 2009 to May 2010;

Madison Center, South Bend, Indiana, locum tenens, June, 2010 to
Dec, 2010;

Oaklawn Outpatient Clinic, South Bend, Indiana, locum tenens,
January 2011 to June 2011;

McDonough District Hospital, Macomb, IL., locum tenens, July 2011
to August 2012;

Banner Thunderbird Behavioral Health, Glendale, AZ., locum tenens,
October 2012 to January 2013;

Greenville Regional Hospital, Greenville, IL., locum tenens, February
2013 to May 2013;

Ada McKinley Clinic, Chicago, IL. May 2013 to February 2014.

Wabash Valley Clinic, Lafayette, IN., locum tenens, April 2014 to July 2014;

Presence St. Joseph's Hospital, Joliet, IL. , locum tenens July 2014 to January 2015.

HOSPITAL AND TEACHING APPOINTMENTS:

Associate Medical Director, Parkside Lodge, Mundelein, Ill, April 1989 – June 1991;

Clinical Assistant Professor, Department of Psychiatry, University of Illinois, college of medicine, Chicago, Ill, 1973 – present;

Attending Staff, Lutheran General Hospital, 1973 – 2008, Park Ridge, Ill.;

Attending Staff, Northwest Community Hospital, 1973-1998. Utilization, Quality Assurance, Education Committees, Arlington Heights, Ill;

Attending Staff, Old Orchard Hospital, 1984-1990. Pharmacy and Therapeutics Committee, Treasurer, medical staff, Skokie, Ill.

PROFESSIONAL ASSOCIATIONS:

American Psychiatric Association, 1973 to present.

Fellow, American Psychiatric Association;

American Academy of Child & Adolescent Psychiatry, 1973 to present;

Illinois Council for Child Psychiatry, 1973 to present.

AREA OF EXPERTISE AND PRACTICE:

General adult psychiatry, hospital and outpatient;

Psychopharmacology Adolescent and Child Psychiatry Hospital and Outpatient;

Diagnostic Evaluations for schools, institutions;

Consultations to MD's, psychologists, social workers, involving on-going case management and supervision;

Long Term Individual Dynamic psychotherapy;

Short term cognitive, behavioral, family psychotherapies;

Attention Deficit and Oppositional Disorders;

Pediatric Bipolar Disorder;

Substance Abuse Disorders;

Clinical Ecological Medicine, (Allergy Disease), as it relates to psychiatric illness;

Mental Retardation Geriatric Psychiatry;

Heart Centered Hypnotherapy;

Holographic Memory Resolution for Traumatic States.

MD PROFILE PAGE



Arizona Medical Board

azmd.gov

Printed on 11/12/15 @ 06:33

General Information

Philip Joseph Berent MD

2604 West Dempster
#306
Park Ridge IL 60068
Phone: (847) 687-5903

License Number: 45421
License Status: Active
Licensed Date: 08/15/2012
License Renewed: 10/03/2013
Due to Renew By: 12/09/2015
If not Renewed, License Expires: 04/09/2016

Education and Training

Medical School: UNIV OF IL COLL OF MED
CHICAGO, IL

Graduation Date: 06/10/1966

Internship: 07/01/1966 - 06/30/1967 (Intern/Transitional Year)
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER
CHICAGO, IL

Residency: 07/01/1967 - 06/30/1968 (Psychiatry)
RUSH UNIVERSITY MEDICAL CENTER ACGME Approved
CHICAGO, IL

Residency: 09/01/1970 - 08/31/1971 (Psychiatry)
UNIV OF IL COLL OF MED ACGME Approved
CHICAGO, IL

Fellowship: 09/01/1971 - 08/31/1973 (Child and Adolescent Psychiatry (Psychiatry & Neurology))

UNIV OF IL COLL OF MED
CHICAGO , IL

Area of Interest Child and Adolescent Psychiatry (Psychiatry & Neurology)
Area of Interest Psychiatry

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Board Actions

None

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Credentials Verification professionals, please click [here](#) for information on use of this website.

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF PINAL**

In the Matter of:

MH -

**PETITION FOR COURT-
ORDERED EVALUATION
(Pursuant to A.R.S. § 36-523)**

RE: Mental Health Services

 X Custodial
 Non-Custodial

STATE OF ARIZONA)
) ss.
COUNTY OF PINAL)

Petitioner, _____ being first duly sworn/affirmed alleges that:
(Deputy) Medical Director

1. There is now in this County a person whose name and address are as follows:

NAME: _____
ADDRESS: _____

2. The person may presently be found at: Sonora Behavioral Health 6050 N Corona Rd.
Tucson, AZ 85704

3. There is reasonable cause to believe that the person has a mental disorder and is as a result:

- Danger to Self Danger to Others
 Gravely Disabled Persistently or Acutely Disabled

4. The person is unwilling to undergo voluntary evaluation as evidenced by the following facts:

5. The person is unable to undergo voluntary evaluation, as demonstrated by the following:

6. The person is believed to be in need of supervision, care and treatment because of the following facts:

7. The conclusion that a person has a mental disorder is based on the following facts:

8. The conclusion that the person is dangerous or disabled is based on the following facts:

9. The conclusion that all available alternatives have been investigated and deemed inappropriate is based on the following facts:

10. Name of Applicant: _____
Address of Applicant: _____
Relationship to or interest in the Proposed Patient: _____

11. In the opinion of the Petitioner, the person is X is not _____ in such a condition that, without immediate or continuing hospitalization, he/she is likely to suffer serious physical harm or inflict serious physical harm upon another person.

12. In the opinion of the Petitioner, evaluation should _____ should not X take place on an outpatient basis based upon the following reasons: The patient is unable/unwilling to cooperate with evaluation and/or outpatient treatment on a voluntary basis.

PETITIONER REQUESTS THAT THE COURT:

Issue an Order requiring the person to be given an X **Inpatient** _____ **Outpatient** evaluation.

Dated: _____

Petitioner, Medical Director/Deputy

Printed Name

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2015.

Notary Public

My Commission Expires: _____

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF PINAL

In the Matter of)
)
) MH:
)
) PETITION FOR COURT-ORDERED
) TREATMENT (Pursuant to A.R.S.
) §36-533) Danger to Self/Others
) Or Persistently or Acutely
re: Mental Health Services) Disabled or Gravely Disabled
)
_____)

STATE OF ARIZONA)
) ss
COUNTY OF PINAL)

Petitioner _____, being first duly sworn/affirmed, alleges that:
(Medical Director)

1. PRISCELLA MARRERO is, as a result of a mental disorder:
 Danger to self Danger to others
 Gravely disabled Persistently or acutely disabled
and in need of treatment.
2. The court-ordered treatment alternatives that are appropriate and available are:
 outpatient treatment [A.R.S. §36-540 (A) (1)].
 combined inpatient and outpatient treatment [A.R.S. §36-540 (A) (2)].
 inpatient treatment [A.R.S. §36-540 (A) (3)] at Sonora Behavioral Health Hospital
 6050 N. Corona Rd. Suite #3, Tucson, AZ 85704.
3. The person is unwilling or is unable to accept treatment voluntarily.
4. A summary of the facts supporting the above allegations is in the attached reports of examining physicians.
5. The person is residing or present in this county, or is admitted to an institution pursuant to an order of a court of competent jurisdiction sitting in this county, or who was committed by an Arizona tribal court, which order of commitment was duly domesticated pursuant to A.R.S. §12-1702 et seq.

6. The person is entitled to notice of hearing of the petition and may be found at Sonora Behavioral Health Hospital, 6050 N. Corona Rd. Suite #3, Tucson, AZ 85704.
(Location)

ADHS/BHS Form MH-110 (9/93)

7. Petitioner believes the person requires a:

___ Title 14 Guardian; ___ Conservator; ___ Title 36 Guardian

and requests the Court to order an investigation and report be made to the Court regarding this need. Said need exists because:

8. Petitioner believes the proposed person needs the immediate services of a temporary ___ guardian ___ conservator and requests the Court appoint the same because:

9. Petitioner believes that _____ ; address: _____ , is the person's guardian/conservator, who should receive notice of any hearing.

1. A copy of this Petition has been mailed to the Public Fiduciary of _____ County and (other guardian, if any) _____.

Petitioner requests that the Court:

1. Set a date for a hearing; and
2. After notice and hearing find that the person is suffering from a mental disorder the result of which renders him/her dangerous to self or others, persistently or acutely disabled, or gravely disabled and order a period of treatment, all as set forth in paragraphs (1) and (2) above.
3. Check if applicable:

Order an independent investigation and report to the Court regarding the need for a Title 14 guardian or conservator or Title 36 guardian.

Appoint the following-named person as temporary guardian and/or conservator of

The person, who Petitioner believes to be a fit and proper person to serve in that capacity:

(Proposed Temporary Guardian/Conservator)

(Relation to Patient)

(Address of Proposed Temporary Guardian/Conservator)

Impose duties of a Title 36 guardian upon the person's A.R.S. Title 36 guardian who is _____.

Date

Signature of Petitioner
Medical Director

SUBSCRIBED AND SWORN to before me this _____.
(Name of Petitioner)

NOTARY PUBLIC OR DEPUTY CLERK OF THE SUPERIOR COURT

My Commission Expires: _____

PHYSICIAN'S AFFIDAVIT
(Medications within last 72 hours)

STATE OF ARIZONA)
)
COUNTY OF COCHISE) ss

REGARDING: MH -__

The undersigned, being first duly sworn/affirmed, deposes and says:

1. Affiant is a physician licensed in the State of Arizona and experienced in psychiatric matters;
2. Affiant has examined and studied the medical chart and medications sheet(s) and other information about the proposed patient and has spoken to the treatment team. The proposed patient has received the following medications within the last 72 hours:

MEDICATION	AMOUNT	DATES/TIMES (last 72 hrs)

3. _____ met with and observed the proposed patient on _____, at _____ o'clock A.M. P.M.

4. Based upon the foregoing, it is my professional opinion that the treating physicians have taken all reasonable precautions to insure that the proposed patient is not so under the influence of or so suffers the effects of the drugs, medications or other treatment as to be hampered in preparing for or participating in today's hearing for Court-Ordered Treatment.

Physician's Signature

Physician's Printed or Typed Name

SUBSCRIBED AND SWORN to before me this _____ (Name of Petitioner)

Notary Public

Title Page

Section One

Solicitation Number # 150321

Sonora Behavioral Health Hospital

6050 N. Corona Road, Ste #3

Tucson, AZ 85704

Responder/Contact: Edeli Kinsala, CEO

6050 N. Corona Road, Ste. #3

Tucson, AZ 85704

520-469-8700

Copy



PINAL COUNTY
wide open opportunity

Addendum Acknowledgement Form

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

ADDENDUM ACKNOWLEDGEMENT FORM

Solicitation Addendums are posted on the Pinal County website at the following address:
<http://pinalcountyaz.gov/Purchasing/Pages/CurrentSolicitations.aspx>. It is the responsibility of the Responder to periodically check this website for any Solicitation Addendum.

This page is used to acknowledge any and all addendums that might be issued. Any addendum issued within five days of the solicitation due date, will include a new due date to allow for addressing the addendum issues. Your signature indicates that you took the information provided in the addendums into consideration when providing your complete response.

Please sign and date:

ADDENDUM NO. 1 Acknowledgement _____
Signature Date

ADDENDUM NO. 2 Acknowledgement _____
Signature Date

ADDENDUM NO. 3 Acknowledgement _____
Signature Date

If no addendums were issued, indicate below, sign the form and return with your response.

Sonora Behavioral Health Hospital
Firm
[Signature]
Authorized Signature



PINAL • COUNTY
wide open opportunity

W-9

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

W-9 FORM

Download W-9 Form from <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
SONORA BEHAVIORAL HEALTH HOSPITAL, LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ **C** Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
6050 N CORONA ROAD, #3

City, state, and ZIP code
TUCSON, AZ 85704

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
			-						
Employer identification number									
2	0	-	5	7	7	8	1	3	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *[Handwritten Signature]* Date ▶ **2/25/14**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



PINAL COUNTY
wide open opportunity

Responder's Checklist

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

RESPONDERS CHECKLIST

	Yes/No
Did you sign your Offer sheet? <i>See Page 36 & 37 of this solicitation.</i>	Y
Did you acknowledge all addendums, if any? <i>See page 33. Any addendums would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	NA
Did you complete all required Response Forms? <i>Any Response forms would be posted on the Pinal County website on the Bids/Proposals page of the Finance/Purchasing Department.</i>	Y
Did you include your W-9 Form? <i>See page 34 of this solicitation.</i>	Y
Did you include any necessary attachments?	Y
Is the outside of your sealed submittal marked with the Solicitation #, Due Date and Time? <i>See page 1 for this information.</i>	NA
Did you include one original and the required number of copies? <i>See page 1 for the quantity.</i>	NA (4)
Did you follow the order for submissions of documents? <i>See Section 3.4 – Offer format in the Special Instructions of this solicitation.</i>	Y
Did you include proof of insurance(s) if requested?	Y

Section Two

Sonora Behavioral Health Hospital

6050 N. Corona Road. Ste. 3

Tucson, AZ 85704

520-469-85704

Attached: Offer forms required under Special Instructions, Paragraph 3.5:

Solicitation ROQ-150321 Response Form 1

Solicitation ROQ-150321 Response Form 2 - Pricing

Statement of Work

2.3: Court Ordered Evaluation

Overview

Sonora Behavioral Health Hospital proposes to continue offering inpatient court-ordered evaluations to Pinal County residents who are admitted to Sonora on an emergency petition for involuntary treatment. Sonora has had an extensive history (over 15 years) of providing inpatient court-ordered evaluations for persons who reside in the various counties throughout Arizona, including Pinal County. Sonora receives referrals from various entities state-wide for admission of emergency petitioned Pinal County residents, and also assesses these individuals as walk-ins or at select Tucson-based hospitals. In order to provide quality continuity of care, and a secure, therapeutic setting for emergency petitioned patients, Sonora proposes to facilitate the court-ordered evaluations upon the admission of the individual. Compensation for court-ordered evaluations of Pinal County residents who are petitioned in a different county is required to ensure timely and responsive treatment.

Provision of Services

Authorization for all services is obtained from the contracting entity prior to delivery of the service, with the exception of when emergency stabilization is required. In those events, documentation is completed by a qualified medical professional noting the extent of the medical and/or psychiatric emergency. Once the patient is stabilized, prior authorization will be sought. Sonora's Assessment and Referral and Utilization Management teams are solely responsible for ensuring prior and continuing authorizations are obtained.

In accordance to A.R.S. 36-528, all patients admitted to Sonora Hospital as a Level 1 psychiatric inpatient hospital are informed of their rights. During the course the intake assessment the patient is provided a copy of the Patient Rights, which are also posted on each inpatient Unit. For involuntary patients, the practitioner meets daily to discuss whether the patient should remain inpatient on an involuntary basis, and documents accordingly. The patient is also apprised of their rights when meeting with the County Defense Attorney.

For inpatient evaluations Sonora assigns two psychiatrists to ensure the first and second evaluations are completed and filed on time. In those circumstances in which the second evaluation is due for filing, but the due date falls on a holiday or weekend, Sonora will file the following business day. Coverage for inpatient stay is expected in those instances as the county departments are not open on holidays or weekends, and thus filing cannot be completed. As an inpatient facility, Sonora currently does not provide outpatient court-ordered evaluations.

For all persons treated at Sonora, they are accorded the right to be treated with respect and dignity. Staff members receive training on provision of a therapeutic milieu, patient rights, code of conduct, and zero-tolerance for discriminatory behaviors or statements. These training sessions are offered upon hire, during departmental meetings, and through mandatory annual training. Creating a therapeutic and safe environment is re-enforced in the training provided related to the milieu, with Milieu Manuals available on each unit for staff reference. Creating a safe environment is supported through Handle

with Care training, which emphasizes verbal de-escalation techniques and via processes such as environmental rounds, daily staff meetings regarding patient care, and development of individualized treatment plans.

Comprehensive Psychiatric Evaluations

Sonora psychiatrists will complete the first and second court-ordered evaluation and report their findings independently. Sonora does notify the person whom the petition is filed against that they may select one of the two evaluating psychiatrists. Sonora uses an evaluation tool which is standard to the field (see attached template), and that includes both first-hand and collateral reporting of the individuals behaviors and mental status, and the need or lack thereof for continued involuntary treatment. Included in the submission of the psychiatric court-ordered evaluations is a Medication Affidavit, which also attests that the patient has received a physical examination within 24 hours of admission under the supervision of a physician who is licensed pursuant to title 32, chapter 13 or 17, and chapter 15 if the results of the examination are reviewed or augmented by one of the evaluating psychiatrists. Sonora is also required by regulatory entities to provide a History and Physical within 24 hours of admission, for all persons served.

Communication and Confidentiality

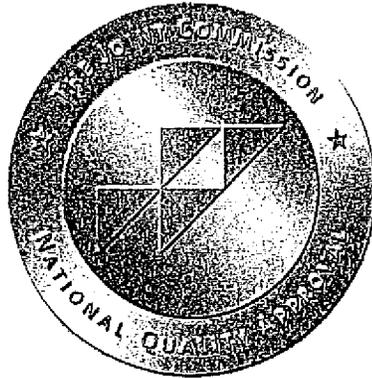
All individuals admitted to Sonora have a medical record assigned to them. The medical record is a legal document which is protected by HIPAA, and are maintained in accordance with ARS 36-509, Confidential Records. The Medical Records Manager serves as the Title 36 Liaison, and provides daily communication with the counties regarding the status of the petitioned person, and any other issues that may arise. The Medical Records Manager maintains a calendar for timely submittal of physician affidavits, addendums and petitions in accordance to A.R.S. 533, and transmits these packets to the Pinal County Attorney's office. Additionally, the Manager of Medical Records coordinates activities in preparation for court with the Deputy Public Defenders, Deputy County Attorneys and Public Fiduciary staff as necessary. The medication affidavit is transmitted to the Pinal County Attorney's office and Pinal County Superior Court no later than 8:30 a.m. on the day of the hearing. The psychiatrists are provided a schedule for their testimonies with the T-36 Liaison ensuring availability or communicating any conflicts. These practices, as described, are currently in place as Sonora has provided this service to Pinal and other counties for several years, and the Medical Records Manager/T-36 Liaison has been employed with Sonora for over 10 years and when not available, has a trained designee to ensure no interruption to delivery of service.

Sonora Behavioral Health Hospital, LLC

Sonora Behavioral Health Hospital

Tucson, AZ

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

March 13, 2015

Accreditation is customarily valid for up to 36 months.

Rebecca J. Patchin, MD
Chair, Board of Commissioners

ID #260904

Print/Reprint Date: 05/18/2015

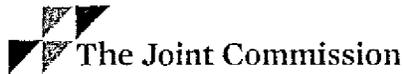
Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



AMA
AMERICAN
MEDICAL
ASSOCIATION





May 15, 2015

Re: # 260904
CCN: #034022
Program: Psychiatric Hospital
Accreditation Expiration Date: March 13, 2018

Edeli Kinsala
CEO
Sonora Behavioral Health Hospital, LLC
6050 North Corona Road, Ste #3
Tucson, Arizona 85704

Dear Ms. Kinsala:

This letter confirms that your March 10, 2015 - March 12, 2015 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals, as well as the special Conditions for psychiatric hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on May 04, 2015 and May 14, 2015, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of March 13, 2015.

The Joint Commission is also recommending your organization for continued Medicare certification effective March 13, 2015. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Sonora Behavioral Health Hospital, LLC
d/b/a Sonora Behavioral Health Hospital
6050 North Corona Road, Ste #3, Tucson, AZ, 85704

Sonora Behavioral Health Hospital, LLC
d/b/a Sonora Behavioral Health Outpatient Services
2001 West Orange Grove Road, Suites 206 & 208, Tucson, AZ, 85704

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

A handwritten signature in cursive script that reads 'Mark Pelletier'.

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice



cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 9 /Survey and Certification Staff

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/28/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Beecher Carlson Insurance Services
6 Cadillac Drive, Suite 320
Brentwood, TN 37027

CONTACT NAME: (ATL) Candi Joyner
PHONE (A/C, No, Ext): **FAX (A/C, No):** 678.539.4890
E-MAIL ADDRESS: cjoyner@beechercarlson.com

www.beechercarlson.com

INSURED
Sonora Behavioral Health Hospital, LLC
dba Sonora Behavioral Health
6050 North Corona Road
Tucson AZ 85704

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Lexington Insurance Company	19437
INSURER B: ACE American Insurance Company	22887
INSURER C: Agri General Insurance Company	42757
INSURER D: ACE Fire Underwriters	20702
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 26175724

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6797320	9/1/2015	9/1/2016	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COM/OP AGG \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			ISA H08860178	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			6797320	9/1/2015	9/1/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WLR C48501504 (AOS)	9/1/2015	9/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		WLR C48501516 (TN)	9/1/2015	9/1/2016	
D	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SCF C48591528 (WI)	9/1/2015	9/1/2016	
A	Healthcare Professional Liability Claims-Made			6797320	9/1/2015	9/1/2016	\$10,000,000 Each Medical Incident \$10,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Sonora Behavioral Health Hospital, LLC
dba Sonora Behavioral Health
6050 North Corona Road
Tucson AZ 85704

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Karmanee Governor

Karmanee Governor

ACORD 25 (2014/01)

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PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



Acadia Healthcare Company, Inc., dba
SONORA BEHAVIORAL HEALTH HOSPITAL
6050 North Corona Road
Tucson, Arizona 85704

This facility is licensed to operate as a(n) **SPECIAL HOSPITAL**

Licensed Beds

Psychiatric Adults = 50

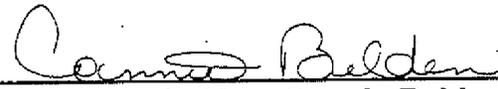
Psychiatric Youth = 22

Total Capacity: 72

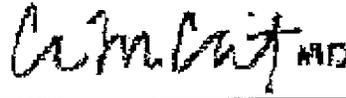
From: April 1, 2015

To: March 31, 2016

Issued: May 15, 2015


Recommended by: **Connie Belden, RN**
Bureau Chief

License: SH4089
Corrected License


Issued By: **Cara Christ, MD**
Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS0116106	02-29-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	HOSPITAL/CLINIC	01-18-2013
SONORA BEHAVIORAL HLTH HOSP 6050 N. CORONA ROAD #3 TUCSON, AZ 85704 1097		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS0116106	02-29-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	HOSPITAL/CLINIC	01-18-2013
SONORA BEHAVIORAL HLTH HOSP 6050 N. CORONA ROAD #3 TUCSON, AZ 85704 1097		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (05/04)



WEB FORM COPY

STATE OF ARIZONA CORPORATION COMMISSION CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE



DUE ON OR BEFORE 04/30/2012

FILING FEE \$10.00

PLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§ 10-121(A) & 10-3121(A). YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation.

-1032349-1

- 1. CANADA DEL ORO MEDICAL CONDOMINIUMS ASSOCIATION 6050 N CORONA #3 TUCSON, AZ 85704

* AD-DISSOLVED-FILE ANNUAL REPORT 10/09/2012; CONTACT THE COMMISSION AT 602-542-3026!

Business Phone: (Business phone is optional.) State of Domicile: ARIZONA Type of Corporation: NON-PROFIT

2.

Statutory Agent: NATIONAL REGISTERED AGENTS INC Mailing Address: 300 W CLARENDON AVE #230 City, State, Zip: PHOENIX, AZ 85013 Statutory Agent's Street or Physical Address, If Different: Physical Address: City, State, Zip:

ACC USE ONLY Fee \$ Penalty \$ Reinstatement \$ Expedite \$ Resubmit \$

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below. Note that the agent address must be in Arizona. I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law. Signature of new Statutory Agent: Chris Diamond Printed Name of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are REQUIRED to complete this section).

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

- BUSINESS CORPORATIONS 1. Accounting 2. Advertising 3. Aerospace 4. Agriculture 5. Architecture 6. Banking/Finance 7. Barbers/Cosmetology 8. Construction 9. Contractor 10. Credit/Collection 11. Education 12. Engineering 13. Entertainment 14. General Consulting 15. Health Care 16. Hotel/Motel 17. Import/Export 18. Insurance 19. Legal Services 20. Manufacturing 21. Mining 22. News Media 23. Pharmaceutical 24. Publishing/Printing 25. Ranching/Livestock 26. Real Estate 27. Restaurant/Bar 28. Retail Sales 29. Science/Research 30. Sports/Sporting Events 31. Technology(Computers) 32. Technology(General) 33. Television/Radio 34. Tourism/Convention Services 35. Transportation 36. Utilities 37. Veterinary Medicine/Animal Care 38. Other

- NON-PROFIT CORPORATIONS 1. Charitable 2. Benevolent 3. Educational 4. Civic 5. Political 6. Religious 7. Social 8. Literary 9. Cultural 10. Athletic 11. Science/Research 12. Hospital/Health Care 13. Agricultural 14. Cooperative Marketing Association 15. Animal Husbandry 16. Homeowner's Association 17. Professional, commercial industrial or trade association 18. Other

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622(A)(9))

Nonprofits – if your annual report is due on or before September 25, 2008, you must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). If your nonprofit annual report is due after September 25, 2008, a financial statement is not required. Cooperative marketing associations must in all cases submit a financial statement. All other forms of corporations are exempt from filing a financial statement no matter what date the annual report was due.

ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUESTION:

9A. **MEMBERS (A.R.S. §10-11622(A)(6))** This corporation **DOES** **DOES NOT** have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D), 10-1622(A)(8) & 10-11622(A)(7))

A. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) the consumer fraud laws of that jurisdiction, or
 - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked: YES **NO**

If "YES" to A, the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1 through 3 above.

- | | |
|---|---|
| 1. Full birth name. | 5. Date and location of birth. |
| 2. Full present name and prior names used. | 6. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved; and the file or cause number of the case. |
| 3. Present home address. | |
| 4. All prior addresses for immediately preceding 7 year period. | |

B. Has any person who is currently an officer, director, trustee, incorporator, or who, in a For-profit corporation, controls or holds over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in the corporation, served in any such capacity or held a 20% interest in any other corporation on the bankruptcy or receivership of that other corporation?

One box must be marked: YES **NO**

If "YES" to B, the following information must be submitted as an attachment to this report for each corporation subject to the statement above.

- (a) Name and address of each corporation and the persons involved.
- (b) State(s) in which it: (i) was incorporated and (ii) transacted business.
- (c) Dates of corporate operation.

11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§ 10-1623 & 10-11623)

A. Has the corporation filed a petition for bankruptcy or appointed a receiver? **One box must be marked: YES** **NO**

If "Yes" to A, the following information must be submitted as an attachment to this report:

1. All officers, directors, trustees and major stockholders of the corporation within one year of filing the petition for bankruptcy or the appointment of a receiver. If a major stockholder is a corporation, the statement shall list the current president, chairman of the board of directors and major stockholders of such corporate stockholder. "Major stockholder" means a shareholder possessing or controlling twenty per cent of the issued and outstanding shares or twenty per cent of any proprietary, beneficial or membership interest in the corporation.
2. Whether any such person has been an officer, director, trustee or major stockholder of any other corporation within one year of the bankruptcy or receivership of the other corporation. If so, for each such corporation give:
 - (a) Name and address of each corporation;
 - (b) States in which it: (i) was incorporated and (ii) transacted business.
 - (c) Dates of operation.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of perjury, that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of perjury that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Chris Diamond Date 10/10/08 Name _____ Date _____

Signature [Signature] Signature _____

Title Chief Executive Officer Title _____

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)

5. CAPITALIZATION:

(For-profit Corporations and Business Trusts are REQUIRED to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. PLEASE PRINT OR TYPE CLEARLY.

5a. Please examine the corporation's original Articles of Incorporation for the amount of shares authorized.
Number of Shares/Certificates Authorized Class Series Within Class (if any)

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of shares issued.
Number of Shares/Certificates Issued Class Series Within Class (if any)

6. SHAREHOLDERS:

(For-profit Corporations and Business Trusts are REQUIRED to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation.

NONE [] Name: Name: Name: Name:

7. OFFICERS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: WIPAGE BARNES Name: CHRIS DIAMOND
Title: PRESIDENT Title: president
Address: 652 WIRIS DRIVE Address: 6050 NORTH CORONA RD.

NASHVILLE, TN 37204 TUCSON, AZ 85704

Date taking office: 6/1/2007 Date taking office: 3/1/12

Name: Title: Address: Name: Title: Address:

Date taking office: Date taking office:

8. DIRECTORS PLEASE TYPE OR PRINT CLEARLY. YOU MUST LIST AT LEAST ONE.

Name: WIPAGE BARNES Name: CHRIS DIAMOND
Address: 652 WIRIS DRIVE Address: 6050 NORTH CORONA RD.

NASHVILLE, TN 37204 TUCSON, AZ 85704

Date taking office: 6/1/2007 Date taking office: 3/1/12

Name: Title: Address: Name: Title: Address:

Date taking office: Date taking office:

Annual Report Instruction Sheet - READ ME! PLEASE FOLLOW THESE DIRECTIONS!

This is the instruction sheet for the annual reporting process for all corporations doing business in Arizona. Every corporation must submit an annual report once a year. This annual report must be correctly filled out and submitted by the assigned due date or the corporation may be administratively dissolved or have its authority revoked by the State of Arizona. According to A.R.S. §10-1622(F), penalties accrue on for-profit corporation annual reports that are submitted late (after the due date). Corporations must use the annual report form prescribed by the Corporation Commission. **No other format is allowed.**

Please verify the business address, statutory agent, and agent address information on page one. Strike out incorrect information by placing a single line through it. Correct information should be legibly written above or to the side of struck, incorrect information. Complete the remainder of the form - use the corporation's original articles of incorporation, amendment documents and corporate minutes as guides for the questions about stock. **IMPORTANT:** The entirety of this document is public record, including addresses. ***Use black or blue ink.**

- Section 1.** All corporations must state their name, address, zip code, domicile state, and type (e.g., nonprofit, business, sole, professional, business trust). Please list a business phone number.
- Section 2.** All corporations must state the name and Arizona address of the current Statutory Agent for the corporation. Correct information about the Statutory Agent is vital to the legitimate authority and status of the corporation. The statutory agent must provide both an Arizona street address and a mailing address. If the Statutory Agent has a P.O. Box, then they must also provide an Arizona physical or street address. New Statutory Agents must consent to their appointment by signing the appropriate line. A corporation must amend their records at the Commission any time the Statutory Agent is changed or whenever the Agent's designated mailing address changes. Do not sign in the space provided, unless you are appointing a new agent.
- Section 3.** Foreign (out-of-state/country) corporations must state their known place of business in this state and in the jurisdiction in which they are incorporated. List the primary address in Section 1, and the secondary address in Section 3.
- Section 4.** All corporations must check the category that best describes the character of their corporation in the applicable business or nonprofit corporation area.
- Section 5.** All for-profit corporations must indicate the number of shares which they have authorized and issued, the class and series. All business trusts must indicate the number of transferable certificates held by trustees.
- Section 6.** All for-profit corporations must indicate the list of applicable shareholders.
- Section 7.** Please list all principal officers. All corporations must have at least one duly authorized officer, with address.
- Section 8.** Please list all directors. All corporations must have at least one director per A.R.S. §§10-803(A) & 10-3803(A).
- Section 9.** All Nonprofit corporations whose annual report is due on or before September 25, 2008 must attach a statement of financial condition (e.g. income/expense statement, balance sheet including assets, liabilities). If the nonprofit corporation's annual report is due after September 25, 2008, no statement of financial condition is required. Cooperative marketing associations must in all cases submit a financial statement. All other types of corporations are exempt from filing a financial disclosure no matter when the annual report is due.
- Section 9A.** All Nonprofit Corporations must also indicate whether or not the corporation has members.
- Section 10.** All corporations must check either YES or NO in the Certificate of Disclosure, for both A and B. Those who check the "YES" box must supply the attachment required as explained in section 10.
- Section 11.** All corporations must check either YES or NO in the Statement of Bankruptcy or Receivership. Those who check the "YES" box must supply the attachment required as explained in section 11.
- Section 12.** All corporations must read the declarations in this section. If they have complied, and if they have completed the Annual Report, then the applicable officer(s) listed in section 7 must acknowledge by signing and dating the report.
- Sign, Date & Mail the Check and Annual Report.** For-profit corporations must send **\$45**, Nonprofit corporations **\$10**. Credit cards are not accepted. Business or for-profit corporations are subject to penalties if their report is submitted after its assigned due date. Contact the Annual Report section at **602-542-3285 (Phoenix)** or **520-628-6560 (Tucson)** or by FAX at **602-542-0082** for the penalty amount due.

MAKE CHECK PAYABLE TO
MAIL OR DELIVER TO:

ARIZONA CORPORATION COMMISSION
c/o Annual Reports - Corporations Division
1300 West Washington
Phoenix, Arizona 85007-2929

Seek professional advice from your accountant, attorney, or other knowledgeable source if you need help with any section. The Annual Reports Section of the Corporations Division cannot give legal or tax advice, but you may call them with your other questions regarding this form at (602) 542-3285. The Commission's web site (www.azcc.gov/Divisions/Corporations) has more general information about annual reports and reporting requirements.

5. CURRENT OR EXISTING STATUTORY AGENT – list the name and addresses of the statutory agent as shown in the records of the Arizona Corporation Commission *before any changes* (this is the existing statutory agent):

5.1 REQUIRED – list the <i>name</i> and <i>physical or street address</i> (not a P.O. Box) in Arizona of the existing statutory agent:			5.2 REQUIRED – list the <i>mailing address</i> (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:		
NATIONAL REGISTERED AGENTS INC					
Statutory Agent Name					
Attention (optional) 2390 E CAMELBACK RD			Attention (optional)		
Address 1			Address 1		
Address 2 (optional) PHOENIX City			Address 2 (optional) City		
AZ State		85016 Zip	State		Zip

5.3 **CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** – If the *name only* of the existing statutory agent listed in number 5.1 above has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:

5.4 CHANGE IN EXISTING STATUTORY AGENT ADDRESS – check all that apply and follow instructions:

- STREET ADDRESS CHANGED** – complete number 5.5.
- MAILING ADDRESS CHANGED** – complete number 5.6.

5.5 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			5.6 NEW MAILING ADDRESS – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional) 3800 North Central Avenue, Suite 460			Attention (optional) 3800 North Central Avenue, Suite 460		
Address 1			Address 1		
Address 2 (optional) Phoenix City			Address 2 (optional) Phoenix City		
AZ State		85012 Zip	AZ State		85012 Zip

CANADA DEL ORO MEDICAL CONDOMINIUMS ASSOCIATION

-1032349-1

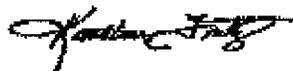
6. <input type="checkbox"/> NEW STATUTORY AGENT - If a new statutory agent is being appointed, check the box and complete the following for the NEW statutory agent :					
6.1 REQUIRED - give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:			6.2 OPTIONAL - mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Statutory Agent Name					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
6.3 REQUIRED - if you are appointing a new statutory agent, the <u>Statutory Agent Acceptance form M002</u> must be submitted along with this Statement of Change form.					

SIGNATURE - see Instructions C016 for who is authorized to make changes:

If the person signing this form is the existing statutory agent changing its own address, then by the signature appearing below, the existing statutory agent certifies *under penalty of perjury* that he or she has given the corporation named in number 1 above written notice of the address change.

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT



Kathleen Fritz

05/01/2015

Signature

Printed Name

Date (mm/dd/yyyy)

REQUIRED - check only one:

<input type="checkbox"/> I am the Chairman of the Board of Directors of the corporation filing this document.	<input type="checkbox"/> I am a duly-authorized Officer of the corporation filing this document.	<input checked="" type="checkbox"/> I am a Statutory Agent changing only my own address and/or my own name.
--	---	--

to the maximum extent of your business.
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
If you have questions after reading the instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

C016.004
Rev. 2016

Arizona Corporation Commission - Corporations Division
Page 3 of 3

March 9, 2015

CANADA DEL ORO MEDICAL CONDOMINIUMS
Gisela.Rohman@acadiahealthcare.com

Escrow No.: 60012968-001-C15
Owner: 6050 N. Corona Road, L.L.C., an
Arizona limited liability company
Buyer: Sonora Behavioral Health Hospital,
LLC, a Delaware limited liability
company
c/o Acadia Healthcare Company
Franklin, TN 37067
Legal: Unit 1, of Canada del Oro Medical
Condominiums
Property Address: 6050 N. Corona Rd., Tucson, AZ 85704
Tax Parcel # 102-12-061A

PLEASE FAX BACK TO 520-202-6305

OWNERS ASSOCIATION RESALE NOTIFICATION
In compliance with A.R.S. 33-1806

Please accept this as written notice to the association of the pending sale of said property. This notice is in compliance with A.R.S. 33-1806 et. al. PLEASE SUPPLY THE PURCHASERS OF SAID PROPERTY DESCRIBED BELOW WITH THE LEGALLY REQUIRED DISCLOSURE ITEMS.

We have been employed to act as escrow agent in a transaction involving the above referenced property for which you collect maintenance fees. Close of escrow is Scheduled for NOT KNOWN March 27, 2015.

Will you please provide the following information:

MASTER ASSOCIATION: Canada del Oro Medical Condominium Association
MAINTENANCE FEE \$ 294.00 PER MONTH () QUARTERLY () ANNUALLY ()
DATE NEXT PAYMENT IS DUE 4/1/15
ASSESSMENT \$ 0 SPECIAL ASSESSMENTS \$ 0

DO YOU REQUIRE: A COPY OF THE RECORDED DEED? no

RESALE STATEMENT FEE? Yes No If yes, please provide the following information:
Amount: \$ n/a Payable to: _____

TRANSFER FEE? Yes No If yes, please provide the following information:
Amount: \$ n/a Payable to: _____

DO YOU REQUIRE BOARD OF DIRECTORS APPROVAL OF NEW BUYERS? no

IF YES, TO WHOM IS OUR CORRESPONDENCE TO BE DIRECTED? n/a

IS INSURANCE PREMIUM PAID THROUGH THE HOMEOWNERS ASSOCIATION? yes

PLEASE PROVIDE AGENTS NAME, ADDRESS, PHONE NUMBER AND PERTINENT INSURANCE INFORMATION: m&o Agencies, Inc 5330 N La Cholla Blvd, Tucson AZ 85741

BLANKET HAZARD OR COMMON AREA ONLY

ANY FURTHER REQUIREMENTS? _____

Thank you for your prompt cooperation and attention to this matter. Please advise if there is any additional Associations.

Sincerely,
Title Security Agency, LLC

By: Karrissa Strickland
Commercial Escrow Assistant

Canada del Oro Medical Condominium Assn.
ASSOCIATION NAME
6050 N Corona Rd, Tucson AZ 85704
ASSOCIATION ADDRESS

AUTHORIZED SIGNATURE

520-469-8700
DATE PHONE

MD PROFILE PAGE



Arizona Medical Board

azmd.gov
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General Information

Marion A. Douglass MD	License Number: 32713
	License Status: Active
6050 N Corona Rd	Licensed Date: 04/21/2004
Suite 3	License Renewed: 09/04/2013
Tucson AZ 85704	Due to Renew By: 09/26/2015
Phone: (520) 469-8700	If not Renewed, License Expires: 01/26/2016

Education and Training

Medical School:	UNIV OF KY COLL OF MED Lexington, Kentucky
Graduation Date:	05/18/1983
Residency:	07/01/1983 - 06/30/1987 (Psychiatry) UNIVERSITY LOUISVILLE SCHOOL OF MEDICINE LOUISVILLE , KY
Area of Interest	Psychiatry

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.

Board Actions

None

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Credentials Verification professionals, please click [here](#) for information on use of this website.

CURRICULUM VITAE

M. ANDERSON DOUGLASS, III, M.D

CURRENT ADDRESS

WORK

Sonora Behavioral Health Hospital
6050 N. Corona Road, Ste #3
Tucson, Arizona 85704
Work: 520-469-8700

HOME

6210 N. Paseo Zaldivar
Tucson, AZ 85750
Home: 520-615-0192
Cell: 520-360-5544

Email: mad3dpm@gmail.com

EDUCATION

Doctor of Medicine, 1983
University of Kentucky
Lexington, Kentucky

B.A., Philosophy of Religion, 1979
University of the South
Sewanee, Tennessee

POSTGRADUATE

Psychiatric Residency 1987
University of Louisville Affiliated Hospitals
Louisville, Kentucky

BOARD CERTIFICATION

Board Certified Psychiatrist
June 1989
American Board of Psychiatry and Neurology

NATIONAL LICENSURE

FLEX examination, 1983

LICENSURE

Arizona State Medical License
Virginia State Medical License

PROFESSIONAL EXPERIENCE

SONORA BEHAVIORAL HEALTH HOSPITAL *Dec 2008 - Present*
Clinical psychiatrist. Attending M.D. for adolescent and adult inpatient units on daily basis, noting diverse and high-intensity acute care psychiatric patients, including adolescents, seriously mentally ill adults, active duty military, and geriatrics. Medical director for Sendero, a Level II adolescent facility, until it closed. Extensive experience in complicated substance abuse and detoxification protocols. Ongoing expertise in Suboxone since 2002. Medical Staff member. On-call duties for 68 beds.

PIMA PSYCHIATRIC ASSOCIATES *June 2013 - Present*
Consultation-liaison service for two general medical hospitals, total beds > 600. Clinical inpatient psychiatrist for Bridges Geriatric-Psychiatric Unit at Carondelet St. Mary's and for O'Reilly Care Center at Carondelet St. Joseph's. Medical staff member since 2012. Heavy on-call duties for Carondelet hospital systems.

COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA,

Physician Advisor

August 2013 – Oct 2015

Specialty Reviewer for quality of concern death cases, medication prior authorization approval for regional formulary, reviews and appeals for inpatient psychiatric hospitalizations as well as multilevel out of home placement determinations. [CPSA is a regional health authority that manages Medicaid monies for the psychiatric care of its members in Southeastern Arizona.]

PROVIDENCE SERVICE CORPORATION

June 2006 to Oct 2008

Medical Director. Direct supervision of three NPs and four psychiatrists, chairman of QA committee, interfaced with multiple community agencies re' mental health care of children/adolescents in Pima County catchment area. Provided 20 hours of clinical work/week with emphasis on complicated psychiatric and substance abuse issues. Instituted case management/supervision and collaborative program direction with clinical director and medical services liaison. Member of PSC Executive Staff. Chaired Utilization Management and Credentials Committees.

CARILION BEHAVIORAL HEALTH

June 1999 to May 2006

Employed-position, general psychiatric practice of adolescents, adults, and elderly. Patient population a mix of acute and chronic mental illness, frequently with co-morbid medical, substance abuse or chronic pain diagnoses. Trained in the use of buprenorphine. Practice settings split equally between outpatient, and inpatient/partial hospitalization settings. Served as Medical Director for practice of 6 psychiatrists and 5 therapists, and for 35-bed psychiatric hospital. Provided consultation liaison services to nursing homes and local hospitals. Created physician-extender model utilizing pharmacist and nurse practitioner in outpatient setting. Participated in the design of new psychiatric unit, opening March 2004. Six-year stint with local community mental health center, treating adolescents.

VIRGINIA HIGHLAND HEALTH ASSOCIATES

April 1997 to May 1999

Independent private practitioner serving general patient population in inpatient and outpatient settings with emphasis on adolescents and young adults. Extensive experience in complicated substance abuse detoxification treatments, including alcohol, prescription opiates, and heroin. Consultation-liaison support provided to three local hospitals. Staffed two rural outpatient mental health clinics within 125 miles, including evaluations and treatment of children and adolescents. Provided inpatient and outpatient psychiatric services for Virginia Polytechnic Institute and State University (student population 25,000). Consultant for Social Security Administration for disability reviews. Preferred psychiatric reviewer for Medical Consultants Network regarding Southwestern Virginia and West Virginia workers' compensation cases.

ALEGENT IMMANUEL MEDICAL CENTER

January 1994 to March 1997

Associate Medical Director for two satellite clinics to include supervision of therapists and clerical staff. Very active inpatient and outpatient hospital-based group practice. A leading producer in 11-member psychiatric cohort. Consultation-liaison service provided to large, urban hospital, including on-demand ICU evaluations and competency

assessments. Redesigned on-call system to balance workload, efficiency and quality of care. Created tracking system to monitor at-risk patients and enhance timely follow-up.

UNITED STATES AIR FORCE

August 1987 to December 1993

Directed inpatient and outpatient services at regional hospital, Offutt Air Force Base, with international referral catchment draw. Spearheaded contractual arrangement at local civilian hospital to provide psychiatric services to active and dependent personnel saving the U.S.A.F. more than \$50,000. Supervised psychologists, psychiatrists, social workers, mental health technicians, and civilians. Interfaced throughout assignments with substance abuse branches, family advocacy, and squadron commanders concerning the care and readiness of all military personnel. Coordinated wartime preparedness for on-site personnel and Naval Reserve units during Operation Desert Storm. Honors: "Distinguished Graduate" (highest rating from USAF Institute of Technology, 1987). Medals: National Defense Service Medal, Commendation Medal (two), Achievement Medal. Honorable Discharge. Highest rank held: Major.

OFFICES and POSITIONS

President, Tucson Psychiatric Society, 2011-2012
Medical Director, Providence Service Corporation, 2006 - 2008
Chairman, Dept of Psychiatry, St. Albans Psychiatric Center, 2004-2006
Medical Director, Saint Albans Psychiatric Center, July 2003 – 2006
Director, St. Albans Recovery (substance abuse), 2004-2006
Director, Risperdal Consta Management Clinic, 2005-2006
President, Southwestern Virginia Psychiatric Society, June 2001 – July 2003
Vice-President, Southwestern Virginia Psychiatric Society, June 1999 to May 2001
Chairman, Medical Records Committee, St. Albans, April 2000 – October 2003
President, Medical Staff, St. Albans Psychiatric Center, October 1998 to Sept 2000
Secretary-Treasurer, Southwestern Virginia Psychiatric Society, 1997 to May 1999
Secretary-Treasurer, Nebraska Psychiatric Society, 1996-1997

INTERESTS

Administrative psychiatry: quality indicators/risk management/algorithms
Utilization Review/AHCCCS in Arizona
Geriatric psychiatry
Wellness, self-esteem and productivity concepts
Inpatient acute care and emergency psychiatry
Psychiatric consult liaison service on medical units
Object relations theory in short-term and midterm psychotherapy
Psychopharmacology of severe and persistent mental illness
Post-Traumatic Stress Disorders and stress inoculation (combat-related)
Adult and adolescent attention deficit disorder
Poetry therapy
Spirituality and its influence on quality life changes
Substance abuse; in particular, complicated opioid detoxification and sobriety protocols

Mission Statement

*To improve my Patients' lives utilizing Vaillant's
Biopsychosocial model of treatment; and foster
harmonious relationships with staff and colleagues.*

*From THE GOLDEN BOWL OF LIFE :
To give back more
than is taken.*

MD PROFILE PAGE



Arizona Medical Board

azmd.gov

Printed on 06/11/15 @ 11:08

General Information

Higinio Zuniga MD	License Number: 8597
Eloy Detention Center	License Status: Active
1705 E Hanna Rd.	Licensed Date: 01/17/1975
Eloy AZ 85131	License Renewed: 02/21/2015
Phone: (520) 466-4141	Due to Renew By: 11/10/2016
	If not Renewed, License Expires: 03/10/2017

Education and Training

Medical School:	UNIV NACL AUTO DE MEXICO, FAC DE MED University City, Mexico
Graduation Date:	02/16/1957
Internship:	06/30/1957 - 06/30/1958 MEMORIAL HOSPITAL ALBANY , NY
Residency:	07/01/1958 - 06/30/1959 (Anatomic/Clinical Pathology) METHODIST HOSPITAL OF BROOKLYN BROOKLYN , NY
Residency:	

07/01/1963 - 06/30/1966 (Psychiatry)
PARKLAND HOSPITAL
DALLAS , TX

Area of Interest Psychiatry

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.

Board Actions

None

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Credentials Verification professionals, please click [here](#) for information on use of this website.

NFCS

FIRST CHOICE IN PSYCHIATRIC RECRUITMENT

Higinio Zuniga, MD.

7563 Desert Anchor Blvd
Tucson, Arizona 85715
Evening Phone: 520-906-2036
Day Phone: 520-834-3348
higiniozuniga3@gmail.com

LICENSURE: Arizona 88597 Expires 11/2016
Texas D0603 Expires 02/2016

LANGUAGES: Spanish-Advanced in reading, writing and speaking.

EDUCATION: Colegio Frances de Preparatoria, Mexico City.
09/1943-06/1945

University of Mexico, Mexico City.
M.D. Degree.
09/1945-06/1952

POST GRADUATE TRAINING

Private practice in rural Mexico
Tabasco State.
01/1953-12/1956

Rotating internship at the Methodist Hospital in Albany,
New York.
06/1957-06/1958

Resident in Pathology at the Methodist Hospital in
Brooklyn, New York.
07/1958-06/1959

Resident in Surgery at the Wykoff Heights Hospital in
Brooklyn, New York.
07/1958-06/1961

Staff Physician at the Confederate Home for Men,
Austin, Texas.
07/1961-06/1962

Resident program in Psychiatry at the Southwestern
Medical School.
Dallas, Texas.
07/1962-06/1965

FCS

FIRST CHOICE IN PSYCHIATRIC RECRUITMENT

PROFESSIONAL POSITIONS:

* At all of my employments I have worked 40 hours per week *

Staff Psychiatrist at Wichita Falls
State Hospital. Wichita Falls, Texas.
07/1965-06/1968.

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

Staff Psychiatrist at Middletown State Hospital:
Middletown, New York.
07/1968-06/1971

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members

Chief Psychiatrist of the Mental Hygiene Clinic at the
Veterans Administration Hospital: Tucson, Arizona.
07/1971-06/1988

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

Visited family in Mexico City.
07/1988-08/1988.

Chief Psychiatrist at the Border Mental Health Center:
Silver City, New Mexico.
09/1988-11/1989

- In addition to standard clinical work, did consultations regarding patients need for forensic evaluation.

Staff Psychiatrist San Antonio State Hospital: San
Antonio, Texas.
01/1990-06/1992

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

FCPS

FIRST CHOICE IN PSYCHIATRIC RECRUITMENT

Big Spring State Hospital: Big Spring, Texas.

07/1992-1993: Assignments as follows:

- Evaluation and reorganization of the admission service.
- Part time (18 months) Psychiatrist at the Reflections Program of the Scenic Mountain Hospital in the Geriatric Psychiatric Unit.

Assistant Medical Director for Big Spring State Hospital.

1993

- Assists in over seeing the medical staff.
- Routine duties, outlined above as Psychiatrist.

Staff Psychiatrist of the Active Treatment Unit (Southwest Unit).

1993-1994

- Duties as described above.
- Staff supervision & consultation.

Staff Psychiatrist at the Extended Care Unit (North East Unit).

1994-1995

- Duties as described above.
- Staff supervision and consultation.

6 months Staff Psychiatrist in charge of the children and adolescence unit, while awaiting additional staff members.

Clinical Director at the West Texas State operated MHMR Community Services.

Big Spring, Texas.

1995-1996

- Oversee all the medical staff and patients.
- Duties as described above.

Clinical Director at the Laredo State Operating MHMR Community Services. Laredo, Texas.

07/1996-06/1999.

- Standard clinical work and oversee the medical staff.
- Insured facility and staff compliance with State and Federal Regulations.

FFCS

FIRST CHOICE IN PSYCHIATRIC RECRUITMENT

Private Practice: Laredo, Texas.

07/1999-06/2001

- Evaluated, consulted and treated mental patients as outpatients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

Private Practice: San Antonio, Texas.

07/2001-06/2002

- Evaluated, consulted and treated mental patients as outpatients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

Psychiatrist at the Center of Health Care Services in the East Commerce Clinic Community MHMR: San Antonio, Texas.

07/2002-06/2004

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.

Geriatric Psychiatrist at the Veri Care Company: San Antonio, Texas.

07/2004-06/2007

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.

POSITION LOCUM TENENS:

Value Options: Phoenix, Arizona.

07/2007-08/2007

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.

Tropical Region: Edinburg, Texas.

09/2007-12/2007

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.

NFC

FIRST CHOICE IN PSYCHIATRIC RECRUITMENT

MHMR (Mental Health & Mental Retardation): Austin, Texas.

02/2008-05/2008

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.

Border Region: Laredo, Texas.

05/2008-07/2008

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.

Jester IV Correctional Institutions:

Richmond, Texas.

08/2008-09/2008

- Standard clinical work.
- Consultations regarding patients need for forensic evaluation.

Harris Co. Jail MHMR: Houston, Texas.

10/2008-12/2008

- Standard clinical work.
- Consultations regarding patients need for forensic evaluation.

Hill Country Mental Health Clinic:

Hondo, Texas.

01/2009-06/2009

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

Pine View Mental Health Clinic:

Show Low, Arizona.

08/2009-09/2009

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

Hill Country Mental Health Clinic:

Hondo, Texas.

10/2009-10/2010

NFC

FIRST CHOICE IN PSYCHIATRIC RECRUITMENT

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Counseled patients and family members.

Temporary Retirement Under Legal Recommendation
(Financial/Divorce).

River Crest Hospital
1636 Hunters Glenn
San Angelo, TX
03/2011-04/2011

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.

The Center for Health Care Services
30331 IH West
San Antonio, TX 78201
05/2011-06/2011

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Resolution of Psychiatric Crisis.

Choices Arcadia Road Clinic
3311 N. 44th Street, Suite #100
Phoenix, AZ 85018
07/2011-08/2011

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Resolution of Psychiatric Crisis.

The Center for Health Care Services
30331 IH West
San Antonio, TX 78201
09/2012-09/2012

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Resolution of Psychiatric Crisis.

La Paz Community Health Center
530 San Pedro

NFC

FIRST CHOICE IN PSYCHIATRIC RECRUITMENT

San Antonio, TX 78201

11/2012-11/2013

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Resolution of Psychiatric Crisis.

Eloy Detention Center

1705 E Hanna Road

Eloy, AZ 85131

02/2013-01/2015

- Evaluated, consulted and treated mental patients.
- Prescribed and monitored psychotherapeutic medication.
- Resolution of Psychiatric Crisis.

* At all of my employments I have worked 40 hours per week *

BOARD CERTIFICATION:

American Board of Psychiatry and Neurology
10/1971

REFERENCES:

Patricia Sepulveda, MD.
Eloy, AZ.
520-256-3874

Donald Durham, Ph.D.
Phoenix, AZ
602-692-9238

PHILIP J. BERENT, M.D., F.A.P.A
2604 Dempster, Suite 306
Park Ridge, IL. 60068
Telephone: (847) 687-5903 Fax: (847) 939-1450
philip.berentmd@gmail.com

CERTIFICATION AND LICENSURE:

Illinois Licensed Physician & Surgeon No. 036-041148 expires
7/31/2017;

Illinois Licensed Physician & Surgeon Controlled Substance IIN II III
IV V IIN No. 336.009739 036.041149 expires 7/31/2017;

Indiana Licensure No. 01067014A expires 10/31/15;

Arizona Licensure No. 45421 expires 12/9/2015;

Arizona Controlled Substance PMP 02 72 03 expires 4/30/2015;

Board Certified, Adult Psychiatry & Neurology, 1974;

Board Certified, Child Psychiatry, 1976;

Certified by the American Society of Addiction Medicine, April 1989.

EDUCATION:

M.D. University of Illinois, College of Medicine, Chicago, IL.
1966.

POST GRADUATE TRAINING:

Institute for Juvenile Research, Chicago, IL. Fellowship in Child
Psychiatry, 1971-73;

Resident in Adult Psychiatry, 1970-1971 University of Illinois,
Neuropsychiatric Institute, Chicago, IL.;

Resident in Adult Psychiatry Rush-Presbyterian-St. Luke's Hospital,

Chicago, IL. 1967-68;

General Rotating Internship, Illinois Masonic Hospital, Chicago, IL.
1966-67.

PRACTICE EXPERIENCE:

United States Air Force, Captain, MC, 1968-1970, Tachikawa, Japan;

Private Practice, 1973 to present;

Consultant in Psychiatry, 1971-1972, Rogers Park Mental Health
Center, Chicago, Ill.;

Director Child and Adolescent Psychiatric Services, 1976-1981,
Northwest Mental Health Center, Arlington Heights, Ill.;

Consultant in Child and Adolescent Psychiatric Services, 1972-1975,
Maine Township Mental Health Clinic, Park Ridge, Ill.;

School Consultant District 207, 1972-1975, Park Ridge, Ill.;

Bloomington Meadows Hospital, Bloomington, Indiana, locum tenens,
July 2009 to May 2010;

Madison Center, South Bend, Indiana, locum tenens, June, 2010 to
Dec, 2010;

Oaklawn Outpatient Clinic, South Bend, Indiana, locum tenens,
January 2011 to June 2011;

McDonough District Hospital, Macomb, IL., locum tenens, July 2011
to August 2012;

Banner Thunderbird Behavioral Health, Glendale, AZ., locum tenens,
October 2012 to January 2013;

Greenville Regional Hospital, Greenville, IL., locum tenens, February
2013 to May 2013;

Ada McKinley Clinic, Chicago, IL. May 2013 to February 2014.

Wabash Valley Clinic, Lafayette, IN., locum tenens, April 2014 to July 2014;

Presence St. Joseph's Hospital, Joliet, IL. , locum tenens July 2014 to January 2015.

HOSPITAL AND TEACHING APPOINTMENTS:

Associate Medical Director, Parkside Lodge, Mundelein, Ill, April 1989 – June 1991;

Clinical Assistant Professor, Department of Psychiatry, University of Illinois, college of medicine, Chicago, Ill, 1973 – present;

Attending Staff, Lutheran General Hospital, 1973 – 2008, Park Ridge, Ill.;

Attending Staff, Northwest Community Hospital, 1973-1998. Utilization, Quality Assurance, Education Committees, Arlington Heights, Ill;

Attending Staff, Old Orchard Hospital, 1984-1990. Pharmacy and Therapeutics Committee, Treasurer, medical staff, Skokie, Ill.

PROFESSIONAL ASSOCIATIONS:

American Psychiatric Association, 1973 to present.

Fellow, American Psychiatric Association;

American Academy of Child & Adolescent Psychiatry, 1973 to present;

Illinois Council for Child Psychiatry, 1973 to present.

AREA OF EXPERTISE AND PRACTICE:

General adult psychiatry, hospital and outpatient;

Psychopharmacology Adolescent and Child Psychiatry Hospital and Outpatient;

Diagnostic Evaluations for schools, institutions;

Consultations to MD's, psychologists, social workers, involving on-going case management and supervision;

Long Term Individual Dynamic psychotherapy;

Short term cognitive, behavioral, family psychotherapies;

Attention Deficit and Oppositional Disorders;

Pediatric Bipolar Disorder;

Substance Abuse Disorders;

Clinical Ecological Medicine, (Allergy Disease), as it relates to psychiatric illness;

Mental Retardation Geriatric Psychiatry;

Heart Centered Hypnotherapy;

Holographic Memory Resolution for Traumatic States.

MD PROFILE PAGE



Arizona Medical Board

azmd.gov
Printed on 11/12/15 @ 06:33

General Information

Philip Joseph Berent MD	License Number: 45421
	License Status: Active
2604 West Dempster	Licensed Date: 08/15/2012
#306	License Renewed: 10/03/2013
Park Ridge IL 60068	Due to Renew By: 12/09/2015
Phone: (847) 687-5903	If not Renewed, License Expires: 04/09/2016

Education and Training

Medical School:	UNIV OF IL COLL OF MED CHICAGO, IL
Graduation Date:	06/10/1966
Internship:	07/01/1966 - 06/30/1967 (Intern/Transitional Year) ADVOCATE ILLINOIS MASONIC MEDICAL CENTER CHICAGO, IL
Residency:	07/01/1967 - 06/30/1968 (Psychiatry) RUSH UNIVERSITY MEDICAL CENTER ACGME Approved CHICAGO, IL
Residency:	09/01/1970 - 08/31/1971 (Psychiatry) UNIV OF IL COLL OF MED ACGME Approved CHICAGO, IL
Fellowship:	09/01/1971 - 08/31/1973 (Child and Adolescent Psychiatry (Psychiatry & Neurology))

UNIV OF IL COLL OF MED
CHICAGO , IL

Area of Interest Child and Adolescent Psychiatry (Psychiatry & Neurology)
Area of Interest Psychiatry

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.

Board Actions

None

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please [click here](#) for information on use of this website.

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA

IN AND FOR THE COUNTY OF PINAL

In the Matter of:

MH -

PETITION FOR COURT-
ORDERED EVALUATION
(Pursuant to A.R.S. § 36-523)

RE: Mental Health Services

 X Custodial
 Non-Custodial

STATE OF ARIZONA)
) ss.
COUNTY OF PINAL)

Petitioner, _____ being first duly sworn/affirmed alleges that:
(Deputy) Medical Director

1. There is now in this County a person whose name and address are as follows:

NAME: _____
ADDRESS: _____

2. The person may presently be found at: Sonora Behavioral Health 6050 N Corona Rd.
Tucson, AZ 85704

3. There is reasonable cause to believe that the person has a mental disorder and is as a result:

Danger to Self Danger to Others
 Gravely Disabled Persistently or Acutely Disabled

4. The person is unwilling to undergo voluntary evaluation as evidenced by the following facts:

5. The person is unable to undergo voluntary evaluation, as demonstrated by the following:

6. The person is believed to be in need of supervision, care and treatment because of the following facts:

7. The conclusion that a person has a mental disorder is based on the following facts:

8. The conclusion that the person is dangerous or disabled is based on the following facts:

9. The conclusion that all available alternatives have been investigated and deemed inappropriate is based on the following facts:

10. Name of Applicant: _____
Address of Applicant: _____
Relationship to or interest in the Proposed Patient: _____

11. In the opinion of the Petitioner, the person is X is not _____ in such a condition that, without immediate or continuing hospitalization, he/she is likely to suffer serious physical harm or inflict serious physical harm upon another person.

12. In the opinion of the Petitioner, evaluation should _____ should not X take place on an outpatient basis based upon the following reasons: The patient is unable/unwilling to cooperate with evaluation and/or outpatient treatment on a voluntary basis.

PETITIONER REQUESTS THAT THE COURT:

Issue an Order requiring the person to be given an X **Inpatient** _____ **Outpatient** evaluation.

Dated: _____

Petitioner, Medical Director/Deputy

Printed Name

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2015.

Notary Public

My Commission Expires: _____

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF PINAL

In the Matter of)

) MH:

) PETITION FOR COURT-ORDERED
) TREATMENT (Pursuant to A.R.S.
) §36-533) Danger to Self/Others
) Or Persistently or Acutely
) Disabled or Gravely Disabled
)
)
)

re: Mental Health Services)
_____)

STATE OF ARIZONA)

) ss

COUNTY OF PINAL)

Petitioner _____, being first duly sworn/affirmed, alleges that:
(Medical Director)

1. PRISCELLA MARRERO is, as a result of a mental disorder:

Danger to self

Danger to others

Gravely disabled

Persistently or acutely disabled

and in need of treatment.

2. The court-ordered treatment alternatives that are appropriate and available are:

outpatient treatment [A.R.S. §36-540 (A) (1)].

combined inpatient and outpatient treatment [A.R.S. §36-540 (A) (2)].

inpatient treatment [A.R.S. §36-540 (A) (3)] at Sonora Behavioral Health Hospital

6050 N. Corona Rd. Suite #3, Tucson, AZ 85704.

3. The person is unwilling or is unable to accept treatment voluntarily.

4. A summary of the facts supporting the above allegations is in the attached reports of examining physicians.

5. The person is residing or present in this county, or is admitted to an institution pursuant to an order of a court of competent jurisdiction sitting in this county, or who was committed by an Arizona tribal court, which order of commitment was duly domesticated pursuant to A.R.S. §12-1702 et seq.

6. The person is entitled to notice of hearing of the petition and may be found at Sonora Behavioral Health Hospital, 6050 N. Corona Rd. Suite #3, Tucson, AZ 85704.

(Location)

ADHS/BHS Form MH-110 (9/93)

7. Petitioner believes the person requires a:

___ Title 14 Guardian; ___ Conservator; ___ Title 36 Guardian

and requests the Court to order an investigation and report be made to the Court regarding this need. Said need exists because:

8. Petitioner believes the proposed person needs the immediate services of a temporary ___ guardian ___ conservator and requests the Court appoint the same because:

9. Petitioner believes that _____ ; address: _____, is the person's guardian/conservator, who should receive notice of any hearing.

1. A copy of this Petition has been mailed to the Public Fiduciary of _____ County and (other guardian, if any) _____.

Petitioner requests that the Court:

1. Set a date for a hearing; and
2. After notice and hearing find that the person is suffering from a mental disorder the result of which renders him/her dangerous to self or others, persistently or acutely disabled, or gravely disabled and order a period of treatment, all as set forth in paragraphs (1) and (2) above.
3. Check if applicable:

Order an independent investigation and report to the Court regarding the need for a Title 14 guardian or conservator or Title 36 guardian.

Appoint the following-named person as temporary guardian and/or conservator of

The person, who Petitioner believes to be a fit and proper person to serve in that capacity:

(Proposed Temporary Guardian/Conservator)

(Relation to Patient)

(Address of Proposed Temporary Guardian/Conservator)

Impose duties of a Title 36 guardian upon the person's A.R.S. Title 36 guardian who is _____.

Date

Signature of Petitioner
Medical Director

SUBSCRIBED AND SWORN to before me this _____.
(Name of Petitioner)

NOTARY PUBLIC OR DEPUTY CLERK OF THE SUPERIOR COURT

My Commission Expires: _____

PHYSICIAN'S AFFIDAVIT
(Medications within last 72 hours)

STATE OF ARIZONA)
)
COUNTY OF COCHISE) ss

REGARDING: MH -__
The undersigned, being first duly sworn/affirmed, deposes and says:

- 1. Affiant is a physician licensed in the State of Arizona and experienced in psychiatric matters;
- 2. Affiant has examined and studied the medical chart and medications sheet(s) and other information about the proposed patient and has spoken to the treatment team. The proposed patient has received the following medications within the last 72 hours:

MEDICATION	AMOUNT	DATES/TIMES (last 72 hrs)

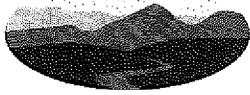
- 3. _____ met with and observed the proposed patient on _____, at _____ o'clock A.M. P.M.
- 4. Based upon the foregoing, it is my professional opinion that the treating physicians have taken all reasonable precautions to insure that the proposed patient is not so under the influence of or so suffers the effects of the drugs, medications or other treatment as to be hampered in preparing for or participating in today's hearing for Court-Ordered Treatment.

Physician's Signature

Physician's Printed or Typed Name

SUBSCRIBED AND SWORN to before me this _____ (Name of Petitioner)

Notary Public



PINAL COUNTY
wide open opportunity

Response Form 2 – Pricing
Sheet
ROQ-150321
Behavioral Health Services

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

Court Ordered Evaluation

Services	Total
Court Ordered Evaluation	Revised 12/14/15: \$900.00 per patient per 24 hour day, including weekends and holidays when the 2 nd Psychiatric Evaluation cannot be filed until the first business day following a holiday or weekend. For Pinal County residents who are petitioned in a county other than Pinal County, Sonora Behavioral Health is requesting Pinal County consider payment for its residents if the county in which patient is petitioned is unwilling to pay for Court Ordered Evaluation services.

Alcohol and Illegal Substance Abuse

Services	Total
Initial Intake or Psychiatric evaluation services	\$ each
Crisis Services	\$ per hour
Individual Counseling Services	\$ per hour
Medication Monitoring Services	\$ per 15 minutes
Group Therapy Services	\$ per hour

Sex Abuse Treatment

Services	Total
Individual and Family Therapy	\$ per hour
Group Therapy	\$ per hour, per client
Full Psychophysiological evaluation	\$ each
Abel Screen	\$ each
Abel Re-test	\$ each
MSI-II	\$ each
MMPI-II	\$ each



PINAL COUNTY
wide open opportunity

**Response Form 2 – Pricing
Sheet
ROQ-150321
Behavioral Health Services**

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

Plethysmograph (initial)	\$	each
Plethysmograph (re-test)	\$	each

1. The County will not reimburse the Contractor for probationer "no shows"
2. The Contractor shall bill assessment, motivation enhancement and relapse prevention, as a regular counseling session, unless requested by the county as a stand-alone visit.

Pre-Petition Screening

Services	Total
Crisis Intervention Services	\$ per 15 minutes
Crisis Intervention Service (2 person team)*	\$ per 15 minutes

* 2 person team may only be used in non-secured environments.

***NOTE: This is all-inclusive. No additional fees will be paid by the County.**

Sonora Behavioral Health / Edeli Kinsala, CEO
Firm/Individual

Edeli Kinsala 12/14/15
Authorized Signature and Date

END OF PRICING SHEET



PINAL • COUNTY
wide open opportunity

**Response Form 2 – Pricing
Sheet
ROQ-150321
Behavioral Health Services**

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

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Alcohol and Illegal Substance Abuse

Services	Total
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Individual Counseling Services	\$ per hour
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Group Therapy Services	\$ per hour

Sex Abuse Treatment

Services	Total
Individual and Family Therapy	\$ per hour
Group Therapy	\$ per hour, per client
Full Psychophysiological evaluation	\$ each
Abel Screen	\$ each
Abel Re-test	\$ each
MSI-II	\$ each
MMPI-II	\$ each
Polygraph	\$ each
Plethysmograph (initial)	\$ each
Plethysmograph (re-test)	\$ each

1. The County will not reimburse the Contractor for probationer "no shows"



PINAL COUNTY
wide open opportunity

**Response Form 2 – Pricing
Sheet
ROQ-150321
Behavioral Health Services**

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

- The Contractor shall bill assessment, motivation enhancement and relapse prevention, as a regular counseling session, unless requested by the county as a stand-alone visit.

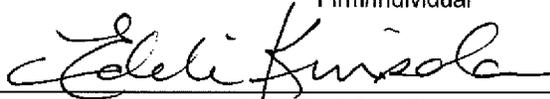
Pre-Petition Screening

Services	Total
Crisis Intervention Services	\$ per 15 minutes
Crisis Intervention Service (2 person team)*	\$ per 15 minutes

* 2 person team may only be used in non-secured environments.

***NOTE: This is all-inclusive. No additional fees will be paid by the County.**

Sonora Behavioral Health Hospital/ Edeli Kinsala, CEO
Firm/Individual



Authorized Signature and Date

END OF PRICING SHEET