



Helping people change direction.

### **New Client Welcome Packet**

Welcome to OneEighty! We are a dynamic, integrated health system operating multiple facilities and six major service programs: Addiction Services, Mental Health Services, Domestic Violence and Sexual Assault Services, Rape Crisis Center, Housing and Supportive Services and Prevention and Education Services.

#### **Wayne County Office**

Gault Liberty Center - 104 Spink Street, Wooster, Ohio 44691

Phone 330.264.8498 Fax 330.264.3777

Office Hours: Monday-Friday 8:00 am–5:00 pm, Evening hours by appointment

#### **Holmes County Office**

34C S. Clay Street, Millersburg, Ohio 44654

Phone 330.674.1020; Fax 330.674.1047

Office Hours: Monday–Friday 8:00 am – 5:00 pm

#### **Milltown Professional Building**

128 E. Milltown Road, Suite 105, Wooster, OH 44691

Hours by appointment

#### **24 Hour Domestic Violence/Sexual Assault Hotline**

Phone 330.263.1020; Toll Free 1.800.686.1122

Visit us on the web - [www.one-eighty.org](http://www.one-eighty.org)

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## **WELCOME**

Welcome to OneEighty! We are a dynamic, integrated health system operating multiple facilities and six major service programs: Addiction Services, Mental Health Services, Domestic Violence and Sexual Assault Services, Rape Crisis Center, Housing and Supportive Services and Prevention and Education Services. Although the circumstances surrounding your participation in our program may not be positive, we hope that you will be able to use the tools provided by OneEighty to improve your life situation. This packet should answer many of your questions about our agency. Many of our specific programs such as Shelter Services and Residential Treatment have additional information for clients in those programs. Please be aware of that information as well as this packet. If you have any additional questions, please do not hesitate to ask.

## **BELIEF STATEMENTS OF ONEEIGHTY**

We believe . . .

- in the basic worth of every individual, the value of diversity, and in the wellness of body, mind, and spirit.
- people can change.
- prevention is a key component in keeping communities healthy.
- that services should be provided based upon individual needs and preferences.
- addiction is a primary, progressive, chronic, disease of brain reward, motivation, memory and related circuitry. Like other chronic diseases, addiction involves cycles of relapse and remission.
- it is important to differentiate between substance use, abuse, and addiction to intervene based on each individual's specific needs.
- in the value of community support, such as 12 Step Programs, as an important part of the recovery of individuals and families impacted by alcohol or other drugs.
- that abuse is any act that has a negative impact on the wellness of body, mind or spirit.
- everyone has the right to lead an abuse free life and to be safe in their own environment.
- physical, emotional, and sexual violence are community problems that demand community solutions and violence is unacceptable.
- perpetrators of violence are responsible for their own behaviors and choices and must be held accountable.
- the majority of persons we serve have experienced trauma and services should be provided in a trauma-informed manner.

- housing is a basic human need and all persons have the right to safe, affordable, and decent housing.
- in a *Housing First* approach defined as issues that may have contributed to a household's homelessness can be best addressed once they are in stable housing.
- that homelessness is first and foremost a housing problem, and should be treated as such.
- it is important to remain cognizant of current research, skills, approaches, and best practices.
- in hiring and retaining highly qualified and diverse staff while still providing cost effective services to the community.
- in being committed to excellence in developing and implementing advancements in the field on state and national levels.

## **POLICY REGARDING PROVISION OF SERVICES TO CLIENTS WITH SENSORY IMPAIRMENT AND CLIENTS WITH LIMITED ENGLISH SPEAKING ABILITY**

This agency provides qualified sign language interpreters and other auditory aids to persons with sensory impairment and translators for persons with limited English speaking ability when necessary to afford such person an equal opportunity to benefit from services we provide. Such interpreters and auxiliary aids will be provided at no cost to the client. Clients, significant others or family members requiring an interpreter or auxiliary aid should notify our staff in advance so arrangements for these provisions can be made.

## **CLIENT RESPONSIBILITIES**

1. Keep all scheduled appointments. Please call with as much prior notice as possible if you must cancel. Failure to show for an appointment could result in a small fee.
2. Inform us of any changes in address, phone number, employment, insurance coverage, or emergency contact person.
3. Communicate to staff any special safety needs and participate in a safety plan as necessary.
4. Participate meaningfully in the development and implementation of your treatment plan.
5. Inform us of any barriers to treatment or any other problems which might need to be addressed including, but not limited to, special communication needs.
6. Request clarification or express concern in regards to any confusing or disagreeable approaches to your treatment.
7. Refrain from treating staff, facilities, or other clients in an abusive or violent manner. Inability to do so could result in termination of services.
8. Maintain the confidentiality of other clients you may encounter while receiving services.

9. Adhere to financial arrangements. Payment of fees will be expected following each visit. We do not want payment of fees to impose serious financial hardship; therefore, we request that individuals make prior arrangements if fees cannot be paid at the time of each visit.
10. Refrain from bringing any weapons into any facility.
11. All smoking including the use of vaping products should take place in designated smoking areas only at each facility. No use of tobacco or vaping products in any facility or residence.
12. Clients are asked to refrain from all criminal activity on site at any OneEighty facility including possessing, buying, selling, or distributing illegal or legal addictive substances. Illegal activities on our properties may be reported to law enforcement. Illegal substances will be turned into authorities.
13. Each program has specific transition and/or discharge criteria. Please be aware of this and discuss with your provider.
14. Many of our programs have specific guidelines on prescription medication. Please see your program's guidelines.

We thank you for upholding these responsibilities and helping us to serve you in the best professional manner possible. Inability to follow through with these responsibilities could result in discharge from the specific program or the agency. You will be notified of the reason for dismissal and have the opportunity to appeal this decision.

## **CLIENT PAYMENT OBLIGATIONS**

What to bring - 2 current pay stubs, Medicaid card, insurance card. Client will be held responsible for 100% of fee if sufficient proof of income is not provided.

How fee will be determined – Wayne County Department of Job and Family Services Sliding Fee schedule. Children's fees will be determined by custodial parent income and billed to them.

Insurance Billing – Agency will submit claims and notify client of eligibility status. Client will be responsible for deductibles and co-pays.

Changes of Information– Client is responsible to advise agency of any change to financial situation or demographics.

Expectation – Clients will be expected to remain current with payment of fees. Service can be denied should there be a pattern of delinquency with payments.

**I understand that my sliding fee will be \_\_\_\_\_%.**

Payment is expected at the time of service.

Effective July 1, 2020 the following is the fee schedule for OneEighty. *These fees are based on an hourly rate unless noted.*

Diagnostic Assessment	\$150.00
Case Management	\$90.00
Individual	\$130.00
Intensive Outpatient (Choices)	\$200.00 per session
Educational Groups	\$55.00
Medication Assisted Treatment Induction	\$300.00
Medication Assisted Treatment Follow Up (30 minutes or less)	\$150.00
Medication Assisted Treatment Follow Up (31-45 minutes)	\$200.00
Urine Collection	\$40.00
TB Test	\$10.00
Residential Day	\$150.00 per day
Residential Day & Treatment	\$500.00 per day
Peer Recovery Services	\$75.00

We accept insurance, cash, check, credit card, money order or Medicaid.

## CLIENT BILL OF RIGHTS

Our philosophy is that every client shall have the right to be treated with consideration and respect for personal dignity, autonomy and privacy. The following expands on this philosophy:

1. Every client shall have the right to be treated with consideration, and respect for personal dignity, autonomy and privacy.
2. Every client can reasonably expect to obtain from the staff complete and current information concerning his/her condition and diagnosis; treatment and prognosis in terms and language the client can reasonably be expected to understand.
3. Every client shall have the right to participate in the development/review/revision of one's own individual treatment plan and receive a copy of it. Every client will have the opportunity to give consent or refuse any service, treatment or therapy.
4. Every client shall have the right to know by name and specifically, the staff member primarily responsible for the coordination of his/her care.

5. Every client shall have the right to respectfulness and privacy as it relates to his/her case discussion, consultation, examination, and treatment because these are confidential and should be conducted discreetly.
6. Every client shall have the right to obtain information as to any relationship of the facility to other health care and related institutions in so far as his/her care.
7. Every client shall have the right to receive services in the least restrictive feasible environment, to expect a reasonable continuity of care and be informed of available program services.
8. Every client shall have the right to obtain information concerning the purpose of psychological tests prior to their administration.
9. Every client shall have the right to service in the least restrictive, humane setting as defined in the treatment plan. He/she has the right to consent or refuse any service, treatment or therapy upon full explanation of the expected consequences of such consent or refusal.
10. Every client shall have a right to a current, written, individualized service plan that addresses one's mental health, physical health, social and economic needs. He/she has the right to be an active and informed participant in the establishment and review of the treatment plan.
11. Every client shall have the right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan.
12. Every client shall have the right to be informed of and refuse any unusual or hazardous treatment procedures.
13. Every client shall have the right to be advised of and refuse observation by techniques such as one-way mirrors, tape recorders, video records, television, movies or photographs.
14. Every client shall have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense.
15. Every client shall have the right to confidentiality of communications and of all personally identifying information within limitations and requirements for disclosure of client information to various funding and/or certifying sources, State or Federal Statutes, unless release of information is specifically authorized by the client, parent or legal guardian of a minor client, or a court appointed guardian of the person of an adult client.
16. Every client shall have the right to access one's own treatment and/or service records, unless access to particular identified items of information is specifically restricted for

that individual client for clear treatment reasons in the client's treatment plan or other appropriate documentation.

17. Every client shall have the right to be informed in advance of the reason(s) for termination of participation in a program, and to be involved in planning for the consequences of that event. He/she shall have the right to receive an explanation of the reasons for denial of a service.
18. Every client shall have the right not to be discriminated against in the provision of service on the basis of race, ethnicity, age, color, religion, sex, national origin, gender identity or sexual orientation, pregnancy, genetic information, disability, military or veteran status, HIV infection, asymptomatic or symptomatic AIDS, lifestyle, or inability to pay.
19. Every client shall have the right to know the cost of services.
20. Every client shall be informed of proposed services, treatments, therapies and alternatives.
21. Every client shall have the right to freedom from unnecessary physical restraint or seclusion.
22. Every client shall have the right to be fully informed of all rights and to exercise any and all rights without reprisal in any form including continued and uncompromised access to service. He/she has the right to file a grievance and to have oral and written instructions, for filing a grievance. Requests for information regarding filing a grievance shall be submitted to the Client's Rights Officer. A copy of the client rights policy and grievance procedure shall be provided to each client during orientation services and can be located in the client reception area.

## **SECLUSION AND RESTRAINT**

Please be advised that OneEighty does not physically or chemically restrain clients who are acting out or seclude them. If a client or visitor is in crisis and behaviorally acting out, staff will use verbal de-escalation procedures to help calm the person down. If the person is unable to calm down, staff will call 911 for assistance.

## **CLIENT ABUSE POLICY**

Goal: To protect the rights of persons applying for or receiving services at OneEighty by establishing procedures for prevention or addressing abuse or neglect of client by OneEighty staff or volunteers. All clients have the right to receive services free from abuse.

Definitions: Abuse is defined as behavior which injures a client emotionally or physically including, but not limited to verbal, physical and/or sexual abuse, attempts to deceive, improper use of treatment, financial or other exploitation, retaliation, humiliation, and neglect. Neglect means willful failure to provide care in keeping with federal and state

regulations as well as independent licensing boards, which places the client in any kind of risk.

The use of all cruel and unusual punishments and practices are prohibited and include, but are not limited to:

1. Physical punishments such as spanking, punching, paddling, shaking, biting or roughly handling a client.
2. Physically strenuous work or exercises when used solely as a means of punishment.
3. Forcing a client to maintain an uncomfortable position or to continuously repeat physical movements when used solely as a means of punishment.
4. Group consequences for the behavior of an individual unless the program has an established policy, which defines appropriate circumstances for group consequences.
5. Verbal abuse directed at a client, including swearing or derogatory remarks about a client's family, race, religion or cultural background.
6. Denial of social or recreational activities for more than seven consecutive days without prior written approval of the program director.
7. Denial of alcohol and drug treatment services, social, mental health treatment or educational services.
8. Denial of access to the guardian ad litem or attorney, Ohio Legal Rights service representative or other legal advocate.
9. Deprivation of meals.
10. Use or denial of medication as a punishment.
11. Denial of visitation or communication rights of a client with his/her family as a punishment.
12. Denial of sleep.
13. Denial of shelter, clothing or use of restroom facilities.
14. Use of physical restraint as a means of punishment.
15. Organized social ostracism, such as codes of silence.
16. Use of chemical restraints.
17. Use of mechanical restraints as a means of punishment.
18. Isolation in a locked room as a means of punishment.
19. The striking of a client, a prospective client, a client's family member or a client's significant other by any employee, contract staff, volunteer or student intern is strictly prohibited.
20. Corporal punishment is prohibited as a form of discipline. Corporal punishment is the deliberate infliction of pain intended as correction or punishment such as spanking, paddling, or hitting using an object. Parenting classes are available to educate parents to alternatives to corporal punishment. Staff witnessing clients using corporal punishment should intervene, complete an incident report and notify the supervisor on staff.

The program director, clinical director or program employees with direct care responsibilities who have been trained in the programs approved behavioral interventions policy and procedures shall be the only ones that are authorized to administer behavioral intervention.

#### **Client Abuse Policy Procedure:**

When a report of client abuse or neglect is made by staff, volunteers, clients or other persons, the Executive Director or designee will complete the preliminary investigation utilizing the client grievance procedure. If the Executive Director is the person against whom the report is made, the Chairperson of the OneEighty Board Personnel Committee will serve as the Client Rights Officer.

If it is determined that abuse and or neglect occurred, appropriate disciplinary action would be taken which may include immediate termination of employment or volunteer service.

In cases where the incident is of such a nature that a report to Child Protective Services or Adult Protective Services is required the report will be made by the Executive Director, utilizing the procedure on reporting child abuse/neglect cases.

Regulatory boards and law enforcement authorities will be notified as deemed appropriate by the Executive Director.

The staff member or volunteer will be notified of the decision of the Executive Director, including reports to Protective Services, outside regulatory boards or law enforcement authorities.

All staff and volunteers will receive a copy of the client abuse/neglect procedure during their orientation and sign a statement documenting its receipt. A copy of this policy will also be given to each client and to his/her parent or legal guardian if the client is a minor. Documentation will be maintained in the client file indicating they received a copy.

### **CLIENT COMPLAINT AND GRIEVANCE PROCEDURE**

The purpose of this procedure is to protect and enhance the rights of persons applying for or receiving services at OneEighty by establishing specific rights of clients and procedures for responsive and impartial resolution of client grievances.

- 1) A copy of the client rights statement shall be distributed to each client at the intake or next subsequent appointment in writing. If the client is unable to read or asks questions regarding the client rights policy, it shall be explained to him/her orally. The client is asked to sign the acknowledgement that he/she received a copy of the client rights statement and a copy of this acknowledgement is placed in the client file.
- 2) In a crisis or emergency situation, the client shall be verbally advised of at least the immediately pertinent rights, such as the right to consent to or to refuse the offered treatment and the consequences of that agreement or refusal. Written copy and full explanation of the client rights policy may be delayed to a subsequent meeting.
- 3) Persons receiving community services (i.e., prevention, education, training, etc.) may have a copy and explanation of the client rights policy upon request.
- 4) A copy of the client rights policy shall be posted in a conspicuous location in each building operated by the agency. A copy of the client rights policy and grievance procedure shall be provided to each client during orientation to agency services.
- 5) The Executive Director is responsible for ensuring that each staff person is familiar with all-specific client rights and grievance procedures.
- 6) Any complaints should be reported to the immediate supervisor. Efforts should be made to resolve any complaints on this level. If the complaint is not settled with the supervisor, the complaint shall be forwarded to the Client Rights Officer who shall determine if the complaint is, in fact, a grievance. A grievance occurs when a client's rights have been violated. Non-grievances shall be dealt with at the management team level.
- 7) The Quality Improvement Director, Trish Staiger shall be considered the Client Rights Officer. Her direct phone number is 330.804.3306. She is available during business hours 9am-4pm. If she is not available to respond to the grievance in a timely manner or is subject of the grievance, the Clinical Director or her/his designee shall be considered the Client Rights Officer.
- 8) If a client indicates a desire to file a grievance, the following procedure should be followed:
  - a) The staff member who has been notified of the client's desire to file a grievance should notify the Client Rights Officer within 24 hours.
  - b) The Client Rights Officer shall provide the client with a written copy of the Grievance procedure and shall review this orally.
  - c) The client then has the right to file a grievance with the Client Rights Officer in written form at any time after the alleged rights were violated. This notice must be signed and dated by the client or individual filing the grievance on behalf of the client. The notice should be provided to the Client Rights Officer. The Support Staff will be designated to assist the client in filing the grievance if necessary.
  - d) The grievance must include the date, approximate time and description of the incident, along with names of individuals involved.

- e) The Client Rights Officer will provide written acknowledgement of receipt of the grievance to each grievant within 3 working days which includes: (1) date grievance received; (2) summary of grievance; (3) overview of investigation process; (4) timetable for investigation/notification of resolution; (5) treatment provider contact name, address and phone number.
- f) The Client Rights Officer will make a resolution decision on the grievance within 21 calendar days of receipt. If the Client Rights Officer needs additional time and shows extenuating circumstances, the need for extension must be documented in file and written notification given to the client.
- g) If the complaint is based on a discrimination charge, the Client Rights Officer shall also provide written notice of the complaint to the MHRB Board of Wayne/Holmes Counties and the Director of OhioMHAS listing: the accusing party's name; address; phone number, if available; discriminatory allegations and other information which may be pertinent to the allegation.
- h) If the client does not feel that the situation has been resolved to his/her satisfaction, he/she may appeal the decision to the OneEighty Board of Trustees or Executive Committee of the Board. The client then has the right to file an appeal in written form within 10 days of the decision. This appeal must be signed and dated by the client or individual filing the grievance on behalf of the client. The Support Staff will be designated to assist the client in filing the appeal if necessary. The appeal should be provided to the Client Rights Officer, who is responsible for submitted the appeal to the Board. The Board will respond in writing within ten working days of the appeal.
- i) OneEighty will maintain records of written client grievances received that include (a) copy of the grievance, (b) documentation of the resolution of the grievance, and (c) copy of the letter to the client reflecting the resolution of the grievance. These files will be maintained for two years from resolution.
- j) A resident living in OneEighty recovery homes may contact the Ohio Recovery Housing as a last option for any concerns residents may have. Ohio Recovery Housing phone is 614-453-5133.
- k) A client can grieve to outside organizations at anytime during the grievance process. Those organizations include, but are not limited to: Wayne/Holmes Mental Health and Recovery Board, Ohio MHAS, Ohio Legal Rights, U.S. Dept. of HHS, and Civil Rights regional office in Chicago.
- l) If the situation is still not resolved to the client's satisfaction, he/she may appeal the decision to the following agencies:

Mental Health and Recovery Board  
Executive Director  
1985 Eagle Pass, Wooster OH 44691  
T: 330-264-2527

Disability Rights Ohio  
50 W Broad St, 14<sup>th</sup> Floor  
Columbus OH 43215-2999  
T: 800-282-9181 Fax: 614-466-7264

Wayne County Department of Jobs  
and Family Services

Region V –Chicago (IL, IN, MN, OH, WI)  
Office for Civil Rights US Department of Health & Human Services

Director, Title XX Coordinator  
T: 330-287-5800

233 N. Michigan Ave. Suite 240  
Chicago, Illinois 60601  
T: 312-886-2359 TDD: 312-353-5693 Fax:312-886-1807

Ohio Mental Health and Addiction Services (OhioMHAS)  
30 East Broad Street, 7<sup>th</sup> Floor  
Columbus OH 43215-2256  
T: 614-466-3445 Fax 614-485-9739

Any relevant information will be provided to one or more of the organizations specified above to which the client has appealed a grievance.

9) The action of filing a complaint shall not result in retaliation or barriers to service.

## CONFIDENTIALITY STATEMENT

The confidentiality of patient records maintained by this agency is protected by Federal Law and Regulations (42 CFR Part B, Paragraph 2.22). Generally, the agency may not say to a person outside the agency that a patient attends the program, or disclose any information identifying the patient UNLESS:

- 1) The patient consents in writing
- 2) The disclosure is allowed by a court order
- 3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program, evaluation.
- 4) You are a physical threat to yourself or someone else. This includes if you drive your vehicle off OneEighty's property and staff have reason to believe that you are impaired by alcohol or other drugs.
- 5) Suspected child abuse or neglect
- 6) Crime on premises – Law enforcement agencies can be notified if an immediate threat to the health or safety of an individual exists due to a crime on program premises or against program personnel. Only pertinent information is released (the circumstances of incident, including the individual's name, address, last known whereabouts, and status as a participant in the program).

Violation of the federal law and regulations by a Part 2 program is a crime and suspected violations may be reported to the United States Attorney in the judicial district in which the violation occurs. Contact information is listed below.

Headquarters Office Cleveland: Office of the United States Attorney  
United States Court House  
801 West Superior Avenue; Suite 400, Cleveland, Ohio 44113-1852  
Tel: (216) 622-3600 TTY: (216) 522-3086

Toledo: U.S. Attorney's Office  
Four Seagate, Third Floor, Toledo, Ohio 43604  
Tel: (419) 259-6376 TTY: (419) 259-3721

Akron: U.S. Attorney's Office  
2 South Main Street, Akron, Ohio 44308  
Tel: (330) 375-5716 TTY: (216) 522-3086

Youngstown: U.S. Attorney's Office  
100 Federal Plaza East, Youngstown, Ohio 44503  
Tel: (330) 746-7974 TTY: (330) 746-0696

Correspondence may be sent to this office at:  
Office of the United States Attorney  
801 West Superior Avenue, Suite 400, Cleveland, OH 44113-1852

## INFORMED CONSENT

I understand the risks involved in each of the treatment modalities and that my participation in treatment is completely voluntary. I understand that I have the right to refuse specific procedures or treatments, but when I refuse treatment in accordance with professional standards, OneEighty has the right to terminate the relationship with reasonable notice. I further understand that OneEighty offers no guarantees or positive assurances regarding the outcome of therapeutic interventions. I understand that if I do not provide written consent I will not receive an assessment and treatment services at OneEighty, but can receive a referral to another agency.

## TELEHEALTH INFORMED CONSENT

OneEighty offers telehealth services. OneEighty determines appropriateness of telehealth based on individual needs of those we serve in addition to environmental factors. If it is mutually decided to engage in telehealth methods, I understand:

1. This service is provided by technology (including but not limited to video, phone, text, and email) and may not involve direct, face to face, communication. I will need access to, and familiarity with, the appropriate technology to participate in the service provided. Exchange of information will not be direct and any paperwork exchanged will likely be exchanged through electronic means or through postal delivery.
2. I understand there are benefits to telehealth including, but not limited to: 1) convenience of scheduling; 2) increased confidentiality by not being seen in the office by other clients; 3) less travel and gas expenses; and 4) reduction of barriers of transportation and childcare.

3. I understand there are risks to telehealth including, but not limited to: 1) the therapy relationship dynamic may be influenced because nothing takes the place of in-person contact and communication; 2) technology failure such as internet disruption of power in a particular area that could disrupt a session; 3) security and confidentiality issues because even the most secure platform could be compromised; and 4) lack of research on the effectiveness of counseling through telehealth.
4. I will provide at each session, my name and date of birth to verify my identity. I will also provide my physical location at the time of the appointment.
5. If a need for direct, face to face services arises, it is my responsibility to contact OneEighty at 330.264.8498 (Wooster) or 330.674.1020 (Millersburg) and request a face to face appointment. I understand that an opening may not be immediately available.
6. I may decline any telehealth services at any time without jeopardizing my access to future care, services, and benefits.
7. These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over the internet that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. My provider and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of technology.
8. In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means.
9. My provider will respond to communications and routine messages within one to two business days. If I do not receive a response, I will contact OneEighty's office.
10. It is my responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.

11.If there is an interruption or technical issue, clinical staff will attempt to use the phone to make an audio call. Additionally, if you experience a crisis and cannot reach your provider please utilize the following crisis phone numbers:

- The Counseling Center's Crisis Line 330-264-9029
- Domestic Violence/Sexual Assault Hotline 1-800-686-1122
- Peer Support Hotline 330-464-1423
- Suicide Prevention Hotline 1-800-273-TALK [8255]
- Crisis Text-line - 741741
- Or 911

12. The laws and professional standards that apply to in-person services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

## **TREATMENT CONSENT**

This section will explain our assessment and treatment processes so that you can have the information you need to be fully-informed about our services. Your provider will also review this information with you. We are a dynamic, integrated health system operating multiple facilities and six major service programs: Addiction Services, Mental Health Services, Domestic Violence and Sexual Assault Services, Rape Crisis Center Services, Housing and Supportive Services and Prevention and Education Services. Although the circumstances surrounding your participation in our program may not be positive, we hope that you will be able to use the tools and services provided by OneEighty to improve your life situation and make a OneEighty! This packet should answer many of your questions about our agency. If you have any additional questions, please do not hesitate to ask.

### ***Assessment and Treatment (Mental Health and Substance Abuse/Addiction Services:***

The first step in treatment is a thorough assessment. The first 1-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, your provider will be able to offer you some initial impressions of what services would be helpful to you. At that point, you will discuss your treatment goals with your provider and create an initial treatment plan. You should evaluate this information and make your own decisions about whether you feel comfortable with this plan. The services could include individual counseling, group counseling, case management, residential services, an evaluation for medication and/or a referral to another provider or a combination of any of these. If you have questions about any services, please discuss them whenever they arise. If your doubts persist, you can set up a meeting with another professional for a second opinion at your own expense.

Treatment Services have both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness, because the process often requires discussing some unpleasant aspects of your life. However, treatment services have been shown to have benefits for individuals who undertake it. Treatment services often lead to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, increased sobriety, and resolutions to specific problems. But, there are no guarantees about what will happen. Treatment services require a very active effort on your part. In order to be most successful, you will have to work on things outside of sessions.

Treatment services involve a relationship between client and provider that works in part because of clearly defined rights and responsibilities held by each person. As a client you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. This booklet explains those rights and responsibilities.

### ***Treatment Services for Children and Adolescents:***

Treatment and Counseling services for children and adolescents can be a bit more complicated because of consent. The parent or guardian must consent to the treatment of children under 14. Adolescents will be asked to sign the treatment consent. If custody issues are unclear, you may be asked to provide a copy of custody decrees from the court. Prior to beginning treatment, it is important for the parent(s) or guardian to understand the provider's approach to child therapy and agree to some rules about your child's confidentiality during the course of his/her treatment. The information herein is in addition to the information contained in the HIPAA and Privacy section of this booklet.

One risk of child therapy involves disagreement among parents and/or disagreement between parents and provider regarding the best interests of the child. If such disagreements occur, the provider will strive to listen carefully to all perspectives and fully explain the provider's perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, the parent(s)/guardians will decide whether treatment will continue. If either decides that treatment should end, OneEighty will honor that decision; however, we ask that you allow the option of having a few closing sessions with the child to appropriately end the treatment relationship.

Therapy is most effective when a trusting relationship exists between the provider and the patient. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their

parents. However, it is often necessary for children to develop a “zone of privacy” whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. OneEighty hopes that you will allow your child or adolescent some privacy and not ask to review your child’s chart unless absolutely necessary. Additionally, adolescents will be asked to sign a release of information to their parent(s)/guardian(s) specifying what information is released to parents especially drug and alcohol use information that cannot be released without the adolescent’s consent.

If your child is an adolescent, it is possible that he/she will reveal sensitive information regarding sexual contact, alcohol and drug use, or other potentially problematic behaviors. Sometimes these behaviors are within the range of normal adolescent experimentation, but at other times they may require parental intervention. We must carefully and directly discuss your feelings and opinions regarding acceptable behavior. If the provider ever believes that your child is at serious risk of harming him/herself or another, you will be informed.

Although responsibility to your child may require involvement in conflicts between the parents or caregivers, the involvement will be limited to that which will benefit your child. Treatment may be recommended for parents or caregivers. We ask that you will treat what is said in sessions as confidential. We ask that our providers are not included in divorce or custody disputes. We understand that you may not be able prevent a judge from requiring our testimony, even though we will work to prevent such an event. If we are required to testify, our providers are ethically bound not to give an opinion about either parent’s custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, we will provide information as needed (if appropriate releases are signed or a court order is provided), but we will not make any recommendations about the final decision.

### ***Marital/Couples and Family Therapy:***

Couple and family therapy is unique in that techniques for therapy involve interactions that can bring out intense emotions and reactions. There are criteria in which the family must meet prior to beginning treatment, so that all family members are emotionally safe. These include such things as a period of at least six months of non-violence in a relationship with a history of intimate partner violence and a specified time period of at least one month of abstinence from alcohol or drugs if a party has a history of substance abuse or addiction. A referral for couple or family therapy does not mean that family sessions will begin right away. The family counselor will let you or your individual provider know when you can schedule an appointment. Once in session, your family counselor may have an individual meeting with you or other family members to assess or determine needs. A “no secrets” discussion will likely occur because “secrets” can be damaging.

Depending upon the number of family members participating in the sessions, the provider may open one chart on one specified person or multiple charts on multiple family members. This will be decided on a case-by-case basis. Please discuss with the provider if you have any concerns.

With marital therapy the possibility of divorce must be acknowledged. Unfortunately, marital therapy cannot help all relationships. The decision to end a relationship or marriage is solely up to the couple. We ask that you will treat what is said in sessions as confidential. We ask that our providers are not included in divorce or custody disputes. We understand that you may not be able to prevent a judge from requiring our testimony, even though we will work to prevent such an event. If we are required to testify, our providers are ethically bound not to give an opinion about either parent's custody or visitation suitability. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, we will provide information as needed (if appropriate releases are signed or a court order is provided), but we will not make any recommendations about the final decision.

***Family and/or Significant Others Involvement in Treatment:***

Sometimes it is helpful to have a family member, support person, or significant other involved in your treatment to assist you in reaching your goals. This person will not be considered a "client" at OneEighty and is not subject to treatment (unless they request treatment for themselves). The role of the significant other will vary greatly from person to person. They may only attend one session with or without you, the client, to provide information, they may attend several counseling sessions to help you with your goals or they may attend family programming that we offer. The role of your significant other will be discussed with you and you will have final say.

OneEighty will not release specific treatment information to your family member, support person, or significant other unless you sign a release of information. You have the right to revoke this at anytime. Information provided to us by your significant other may be included in your record and you have a right to review this information.

Staff of OneEighty have a legal and ethical duty to protect others; therefore, information shared by significant others that lead us to believe we have mandated reporting requirements may be utilized. Please see Confidentiality Statement below.

***Persons Mandated to Treatment:***

You may be coming to OneEighty for Treatment Services because you have been mandated by a court, child protective services, or another entity. We are still asking you to voluntarily consent to our services. You have a right to refuse services with us, but you may have consequences from the referring entity. Information will be shared with the referral source

for as long as the Release of Information is valid or if there is a court order to release information.

***Drug Screening:***

Observed Urine Drug Screening and Breathalyzers may be part of the assessment process and treatment for individuals receiving services at OneEighty for any Substance Use Disorder.

**ELECTRONIC HEALTH RECORD AND BILLING CONSENT**

All medical programs use electronic health records (EHR) and you consent to our disclosure of your personal information to the current EHR provider for purposes of managing your records for OneEighty services, and to releasing any information necessary to bill for your OneEighty services.

**ONEEIGHTY Notice Regarding the Use and Disclosure of Protected Health Information - Effective April 1, 2003**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice has been prepared by OneEighty. It tells you how Protected Health Information about you can be created, shared, protected and maintained.

**A. What is my Protected Health Information?**

- Anything from the past, present or future;
- About your mental or physical health or condition;
- That is spoken, written, or electronically recorded, and is;
- Created by or given to anyone providing care to you; a health plan; a public health authority; your employer; your insurance company; your school or university; or anyone who processes health information about you.

**What Rights Do I Have About My Protected Health Information?**

- You have the right to consent to the use and disclosure of your Protected Health Information for the limited purpose of diagnosing you and administering and paying for your treatment.
- You have the right to authorize the sharing of your Protected Health Information. Exceptions to this information are psychotherapy notes; information prepared for certain legal proceedings; and information maintained by clinical laboratories.
- You have the right to request that we amend your Protected Health Information.

- You have the right to be informed about and to share your Protected Health Information in a confidential manner chosen by you. The manner you choose must be possible for us to do.
- You have the right to restrict how we use and disclose your Protected Health Information. We do not have to agree to your restrictions. If we do agree, we must follow your restrictions.
- You have the right to obtain a copy of a record of certain disclosures of your Protected Health Information that we make. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. Your request will be responded to within 14 days.
- You have the right to have a copy of this Privacy Notice. We may change the terms of this Privacy Notice from time to time. You can always get a copy of the current Privacy Notice by requesting it from our Privacy Officer.

## **1. Consent**

What can be done with my information if I consent to disclose it for my diagnosis or to administer and pay for my treatment?

With your consent, we can share information about your health with other specialists so that you can receive the most appropriate treatment. For example, your counselor could share with your treating physician that you are depressed. The doctor could then prescribe medication to help you feel better.

With your consent, we can share information about when and for what purpose you were seen, so that we can be paid for treating you. For example, we could send a form to your insurance company stating when and for what condition you were at the office. They can then send us money to help cover your costs of being seen.

With your consent, we can share information with other healthcare entities to ensure that you obtain the correct diagnosis. For example, if you were seeking mental health treatment, we could refer you and your information to a hospital that handles psychiatric services. The information we send them can help the hospital provide immediate treatment.

### **Can I revoke my consent?**

Yes. You can revoke your consent. You must do this in writing and bring it to us so that we can stop using and disclosing your Protected Health Information. We are permitted to use and disclose your Protected Health Information based on your consent until we receive your revocation in writing. However, if you revoke your consent, we reserve the right to refuse to provide further treatment to you, on the basis of your refusal to allow us to share your information for purposes of treatment, payment and healthcare operations.

## **2. Authorization**

What can be done with my information if I authorize its disclosure for other purposes?

With your permission, we can share your Protected Health Information for reasons other than to diagnose you and to administer and pay for your treatment. For example, you might agree to allow us to share your Protected Health Information with a drug company so that it can send you information about new medications to treat your condition.

### **Can I revoke my authorization?**

Yes. You can revoke your authorization. You must do this in writing and bring it to us so that we can stop sharing your Protected Health Information. We are permitted to share your Protected Health Information based on your authorization until we receive your revocation in writing.

Are there any circumstances when my information can be shared without my consent or authorization?

Yes. Your Protected Health Information can be shared without your prior consent or authorization:

- 1) In an emergency so long as consent is obtained as soon as possible;
- 2) When required by law:
  - For public health activities according to specific requirements
  - To protect victims of abuse, neglect or domestic violence according to specific requirements
  - For health oversight activities according to specific requirements
  - For judicial and administrative proceedings according to specific requirements
  - For law enforcement purposes according to specific requirements
  - To a coroner/medical examiner according to specific requirements
  - To a funeral director according to specific requirements
  - For organ/eye/tissue donation according to specific requirements
  - For research purposes according to specific requirements
  - To avert serious threats to health or safety according to specific requirements
  - To facilitate specialized government functions according to specific requirements
  - To correctional institutions for specific reasons according to specific requirements
  - To facilitate eligibility determinations or enrollment into public benefit programs according to specific requirements
  - For Workers Compensation according to specific requirements

- 3) When there are substantial communication barriers and it is reasonable to believe that you are giving your consent or authorization.

***What about any other uses of my medical information?***

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

***What will you do to protect my health information?***

We will maintain the privacy of your Protected Health Information as required by law. At your request, we will provide you with a Privacy Notice containing our legal responsibilities and privacy practices regarding Protected Health Information.

We will follow the terms of the Privacy Notice currently in effect.

We reserve the right to change the terms contained in this Privacy Notice. If we do this, it will affect all Protected Health Information maintained by us. We will notify you that we have changed the Privacy Notice by posting it at our offices, and by mailing it to you at the address you provide.

What can I do if I have questions or want to complain about the use and disclosure of my Protected Health Information?

All questions and complaints about the use and disclosure of your Protected Health Information may be sent to: Privacy Officer, 104 Spink Street, Wooster OH 44691 330.264.8498.

We may not retaliate against you for complaining about the use and disclosure of your Protected Health Information.

**VICTIM ADVOCACY**

Our Victim Advocates, in both Wayne and Holmes Counties, are able to offer free services, including education about intimate partner and sexual violence, assistance with protection orders, explanation of legal consultation options, companionship during court hearings, guidance in developing safety plans, support groups, and information concerning community

resources. They will listen to you free of judgement or personal opinion and assist you in increasing your safety.

## **HOUSING INITIATIVE PROGRAM**

The Housing Initiative at OneEighty is dedicated to serving persons struggling with homelessness or facing a housing crisis, by providing referrals to community assistance; case management geared toward improved employment, income, budgeting, transportation, childcare, etc.; and housing support and assistance based on available funding. Trained Housing Case Managers can help clients determine goals for success, including finding and maintaining safe, sustainable housing. By providing assistance in overcoming obstacles, such as poor credit, previous evictions, and criminal history, the OneEighty Housing Initiative can be a resource for families and individuals who are seeking stability and self-sufficiency.

## **PHYSICAL HEALTH**

Your health history form may be reviewed by a physician or registered nurse. Regular medical care is essential to health and well-being. It is recommended that all clients be examined by their medical doctor yearly and as needed. If you do not have a physician, OneEighty will provide a referral list of local doctors and clinics. All information is confidential except as noted.

## **WEATHER POLICY**

If Wooster City Schools are closed due to weather, please call the office at 330.264.8498 to confirm we are operating under our normal business hours. The message will reflect if we are operating on a delay or have closed the office.

## **VIDEO SURVEILLANCE**

For the purpose of client safety, our facilities are equipped with video surveillance. Video surveillance and recordings are kept to public areas, such as, hallways, waiting areas, parking lots, etc. Recordings are kept for a limited amount of time and then destroyed per Agency policy.

## **AFTER HOURS ACCESS**

OneEighty's main office is open Monday, Tuesday, Thursday 8:00am to 9:00pm and Wednesday and Friday 8:00am to 5:00pm. Please check the website for other locations' hours. If you have an emergency after hours related to domestic violence or sexual violence please call our hotline at 330.263.1020 or 1.800.686.1122. For behavioral health emergencies please call The Counseling Center's Crisis Line at 330.264.9029. For substance

use urgent matters, please call the OneEighty Treatment Navigator Line at 330.466.0678. For medical emergencies, please go to the nearest emergency department or call 911.

## **CLIENT INPUT**

We value your input! Approximately every three months, OneEighty provides surveys to clients so that we can get your feedback on how we are doing and if you are satisfied with services. We often make changes in our services based on client feedback. Please take the time to complete these surveys. There are locked boxes in many of our facilities to collect these surveys and at some locations computer access to survey links. Please feel free to also put ideas and suggestion in these boxes at any time.

## **IMPORTANT HEALTH INFORMATION**

The following pages include important health information about Tuberculosis, Hepatitis, and HIV transmission. Persons who have abused illegal drugs and persons who have been sexually violated are vulnerable to some of these illnesses and we want you to have this information. Please talk to your provider about any health concerns you might have.

# TB Elimination

## *Tuberculosis: General Information*

### What is TB?

Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with TB can die if they do not get treatment.

### What are the Symptoms of TB?

The general symptoms of TB disease include feelings of sickness or weakness, weight loss, fever, and night sweats. The symptoms of TB disease of the lungs also include coughing, chest pain, and the coughing up of blood. Symptoms of TB disease in other parts of the body depend on the area affected.

### How is TB Spread?

TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. These germs can stay in the air for several hours, depending on the environment. Persons who breathe in the air containing these TB germs can become infected; this is called latent TB infection.

### What is the Difference Between Latent TB Infection and TB Disease?

People with latent TB infection have TB germs in their bodies, but they are not sick because the germs are not active. These people do not have symptoms of TB disease, and they cannot spread the germs to others. However, they may develop TB disease in the future. They are often prescribed treatment to prevent them from developing TB disease.

People with TB disease are sick from TB germs that are active, meaning that they are multiplying and destroying tissue in their body. They usually have

symptoms of TB disease. People with TB disease of the lungs or throat are capable of spreading germs to others. They are prescribed drugs that can treat TB disease.

### What Should I Do If I Have Spent Time with Someone with Latent TB Infection?

A person with latent TB infection cannot spread germs to other people. You do not need to be tested if you have spent time with someone with latent TB infection. However, if you have spent time with someone with TB disease or someone with symptoms of TB, you should be tested.

### What Should I Do if I Have Been Exposed to Someone with TB Disease?

People with TB disease are most likely to spread the germs to people they spend time with every day, such as family members or coworkers. If you have been around someone who has TB disease, you should go to your doctor or your local health department for tests.

### How Do You Get Tested for TB?

There are tests that can be used to help detect TB infection: a skin test or TB blood tests. The Mantoux tuberculin skin test is performed by injecting a small amount of fluid (called tuberculin) into the skin in the lower part of the arm. A person given the tuberculin skin test must return within 48 to 72 hours to have a trained health care worker look for a reaction on the arm. The TB blood tests measures how the patient's immune system reacts to the germs that cause TB.

## What Does a Positive Test for TB Infection Mean?

A positive test for TB infection only tells that a person has been infected with TB germs. It does not tell whether or not the person has progressed to TB disease. Other tests, such as a chest x-ray and a sample of sputum, are needed to see whether the person has TB disease.

## What is Bacille Calmette–Guèrin (BCG)?

BCG is a vaccine for TB disease. BCG is used in many countries, but it is not generally recommended in the United States. BCG vaccination does not completely prevent people from getting TB. It may also cause a false positive tuberculin skin test. However, persons who have been vaccinated with BCG can be given a tuberculin skin test or TB blood test.

## Why is Latent TB Infection Treated?

If you have latent TB infection but not TB disease, your doctor may want you to take a drug to kill the TB germs and prevent you from developing TB disease. The decision about taking treatment for latent infection will be based on your chances of developing TB disease. Some people are more likely than others to develop TB disease once they have TB infection. This includes people with HIV infection, people who were recently exposed to someone with TB disease, and people with certain medical conditions.

## How is TB Disease Treated?

TB disease can be treated by taking several drugs for 6 to 12 months. It is very important that people who have TB disease finish the medicine, and take the drugs exactly as prescribed. If they stop taking the drugs too soon, they can become sick again; if they do not take the drugs correctly, the germs that are still alive may become resistant to those drugs. TB that is resistant to drugs is harder and more expensive to treat. In some situations, staff of the local health department meet regularly with patients who have TB to watch them take their medications. This is called directly observed therapy (DOT). DOT helps the patient complete treatment in the least amount of time.

## Additional Information

CDC. Questions and Answers About TB  
<http://www.cdc.gov/tb/publications/faqs/default.htm>

<http://www.cdc.gov/tb>

# HEPATITIS B

## General Information



### Who is at risk?

Although anyone can get Hepatitis B, some people are at greater risk, such as those who:

- Have sexual contact with an infected person
- Have multiple sex partners
- Have a sexually transmitted disease
- Are men who have sexual encounters with other men
- Inject drugs or share needles, syringes, or other injection equipment
- Live with a person who has Hepatitis B
- Are on hemodialysis
- Are exposed to blood on the job
- Are infants born to infected mothers

### What is hepatitis?

“Hepatitis” means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected.

Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C. Heavy alcohol use, toxins, some medications, and certain medical conditions can also cause hepatitis.

### What is Hepatitis B?

Hepatitis B is a contagious liver disease that results from infection with the Hepatitis B virus. When first infected, a person can develop an “acute” infection, which can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. **Acute** Hepatitis B refers to the first 6 months after someone is exposed to the Hepatitis B virus. Some people are able to fight the infection and clear the virus. For others, the infection remains and leads to a “chronic,” or lifelong, illness. **Chronic** Hepatitis B refers to the illness that occurs when the Hepatitis B virus remains in a person’s body. Over time, the infection can cause serious health problems.

**The best way to prevent Hepatitis B is to get vaccinated.**

### Is Hepatitis B common?

Yes. In the United States, approximately 1.2 million people have chronic Hepatitis B. Unfortunately, many people do not know they are infected. The number of new cases of Hepatitis B has decreased more than 80% over the last 20 years. An estimated 40,000 people now become infected each year. Many experts believe this decline is a result of widespread vaccination of children.

### How is Hepatitis B spread?

Hepatitis B is usually spread when blood, semen, or other body fluids from a person infected with the Hepatitis B virus enter the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes, or other injection drug equipment. Hepatitis B can also be passed from an infected mother to her baby at birth.

Hepatitis B is not spread through breastfeeding, sharing eating utensils, hugging, kissing, holding hands, coughing, or sneezing. Unlike some forms of hepatitis, Hepatitis B is also not spread by contaminated food or water.



### Can Hepatitis B be spread through sex?

Yes. In the United States, Hepatitis B is most commonly spread through sexual contact. The Hepatitis B virus is 50–100 times more infectious than HIV and can be passed through the exchange of body fluids, such as semen, vaginal fluids, and blood.



## Who should get vaccinated against Hepatitis B?

Vaccination is recommended for certain groups, including:

- Anyone having sex with an infected partner
- People with multiple sex partners
- Anyone with a sexually transmitted disease
- Men who have sexual encounters with other men
- People who inject drugs
- People who live with someone with Hepatitis B
- People with chronic liver disease, end stage renal disease, or HIV infection
- Healthcare and public safety workers exposed to blood
- Travelers to certain countries
- All infants at birth

## What are the symptoms of acute Hepatitis B?

Not everyone has symptoms with acute Hepatitis B, especially young children. Most adults have symptoms that appear within 3 months of exposure. Symptoms can last from a few weeks to several months and include:

- |                    |                       |              |
|--------------------|-----------------------|--------------|
| ■ Fever            | ■ Vomiting            | ■ Dark urine |
| ■ Fatigue          | ■ Abdominal pain      | ■ Joint pain |
| ■ Loss of appetite | ■ Grey-colored stools | ■ Jaundice   |
| ■ Nausea           |                       |              |

## What are the symptoms of chronic Hepatitis B?

Many people with chronic Hepatitis B do not have symptoms and do not know they are infected. Even though a person has no symptoms, the virus can still be detected in the blood. Symptoms of chronic Hepatitis B can take up to 30 years to develop. Damage to the liver can silently occur during this time. When symptoms do appear, they are similar to acute infection and can be a sign of advanced liver disease.

## How serious is Hepatitis B?

Over time, approximately 15%–25% of people with chronic Hepatitis B develop serious liver problems, including liver damage, cirrhosis, liver failure, and liver cancer. Every year, approximately 3,000 people in the United States and more than 600,000 people worldwide die from Hepatitis B-related liver disease.

## How is Hepatitis B diagnosed and treated?

Hepatitis B is diagnosed with specific blood tests that are not part of blood work typically done during regular physical exams. For acute Hepatitis B, doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring. Some people may need to be hospitalized. Those living with chronic Hepatitis B should be evaluated for liver problems and monitored on a regular basis. Even though a person may not have symptoms or feel sick, damage to the liver can still occur. Several new treatments are available that can significantly improve health and delay or reverse the effects of liver disease.

## Can Hepatitis B be prevented?

Yes. The best way to prevent Hepatitis B is by getting vaccinated. For adults, the Hepatitis B vaccine is given as a series of 3 shots over a period of 6 months. The entire series is needed for long-term protection. Booster doses are not currently recommended.

## For more information

Talk to your health professional, call your health department, or visit [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis).



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention

*Division of Viral Hepatitis*



[www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)

# HEPATITIS C

## General Information



### Can Hepatitis C be prevented?

Yes. To reduce the risk of becoming infected with the Hepatitis C virus:

- Do not share needles or other equipment to inject cosmetic substances, drugs, or steroids
- Do not use personal items that may have come into contact with an infected person's blood, such as razors, nail clippers, toothbrushes, or glucose monitors
- Do not get tattoos or body piercings from an unlicensed facility or in an informal setting

### Is there a vaccine for Hepatitis C?

Although there is currently no vaccine to prevent Hepatitis C, research is being conducted to develop one.

### What is hepatitis?

"Hepatitis" means inflammation of the liver. The liver is a vital organ that processes nutrients, filters the blood, and fights infections. When the liver is inflamed or damaged, its function can be affected.

Hepatitis is most often caused by a virus. In the United States, the most common types of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C. Heavy alcohol use, toxins, some medications, and certain medical conditions can also cause hepatitis.

### What is Hepatitis C?

Hepatitis C is a contagious liver disease that results from infection with the Hepatitis C virus. When first infected, a person can develop an "acute" infection, which can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization.

**Acute** Hepatitis C is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis C virus. For reasons that are not known, 15%–25% of people "clear" the virus without treatment. Approximately 75%–85% of people who become infected with the Hepatitis C virus develop "chronic," or lifelong, infection.

**Chronic** Hepatitis C is a long-term illness that occurs when the Hepatitis C virus remains in a person's body. Over time, it can lead to serious liver problems, including liver damage, cirrhosis, liver failure, or liver cancer (see chart).

### How is Hepatitis C spread?

Hepatitis C is usually spread when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected. Today, most people become infected with Hepatitis C by sharing needles or other equipment to inject drugs. Before widespread screening of the blood supply began in 1992, Hepatitis C was also commonly spread through blood transfusions and organ transplants. Although uncommon, outbreaks of Hepatitis C have occurred from blood contamination in medical settings.

### Can Hepatitis C be spread through sex?

Yes, although scientists do not know how frequently this occurs. Having a sexually transmitted disease or HIV, sex with multiple partners, or rough sex appears to increase a person's risk for Hepatitis C. There also appears to be an increased risk for sexual transmission of Hepatitis C among gay men who are HIV-positive.

### Can a person get Hepatitis C from a tattoo or piercing?

There is little evidence that Hepatitis C is spread by getting tattoos in licensed, commercial facilities. Whenever tattoos or body piercings are given in informal settings or with non-sterile instruments, transmission of Hepatitis C and other infectious diseases is possible.

#### Progression of Hepatitis C



OVER TIME



## How is Hepatitis C treated?

Since acute Hepatitis C rarely causes symptoms, it often goes undiagnosed and therefore untreated. When it is diagnosed, doctors recommend rest, adequate nutrition, fluids, and antiviral medications. People with chronic Hepatitis C should be monitored regularly for signs of liver disease. Even though a person may not have symptoms or feel sick, damage to the liver can still occur. Antiviral medication can be used to treat some people with chronic Hepatitis C, although not everyone needs or can benefit from treatment. For many, treatment can be successful and results in the virus no longer being detected.

## What can people with Hepatitis C do to take care of their liver?

People with chronic Hepatitis C should see a doctor regularly. They also should ask their health professional before taking any prescriptions or over-the-counter medications—including herbal supplements or vitamins—as they can potentially damage the liver. People with chronic Hepatitis C should also avoid alcohol since it can accelerate liver damage.

## How common is Hepatitis C?

An estimated 3.2 million people in the United States have chronic Hepatitis C. Most are unaware of their infection. Each year, about 17,000 Americans become infected with Hepatitis C.

## How serious is Hepatitis C?

Chronic Hepatitis C is a serious disease that can result in long-term health problems, including liver damage, liver failure, and liver cancer. Approximately 12,000 people die every year from Hepatitis C-related liver disease.

## What are the symptoms of Hepatitis C?

Many people with Hepatitis C do not have symptoms and do not know they are infected. Even though a person has no symptoms, the virus can still be detected in the blood.

If symptoms occur with acute infection, they can appear anytime from 2 weeks to 6 months after exposure. Symptoms of chronic Hepatitis C can take up to 30 years to develop. Damage to the liver can silently occur during this time. When symptoms do appear, they often are a sign of advanced liver disease. Symptoms for both acute and chronic Hepatitis C can include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, grey-colored stools, joint pain, and jaundice.

## How is Hepatitis C diagnosed?

Doctors can diagnose Hepatitis C using specific blood tests that are not part of blood work typically done during regular physical exams. Typically, a person first gets a screening test that looks for “antibodies” to the Hepatitis C virus. Antibodies are chemicals released into the bloodstream when a person becomes infected. The antibodies remain in the bloodstream, even if the person clears the virus. If the screening test is positive for Hepatitis C antibodies, different blood tests are needed to determine whether the infection has been cleared or has become a chronic infection.

## Who should get tested for Hepatitis C?

Testing for Hepatitis C is recommended for certain groups, including people who:

- Currently inject drugs
- Injected drugs in the past, even if it was just once or occurred many years ago
- Have HIV infection
- Have abnormal liver tests or liver disease
- Received donated blood or organs before 1992
- Have been exposed to blood on the job through a needlestick or injury with a sharp object
- Are on hemodialysis

## For more information

Talk to your health professional, call your health department, or visit [www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis).



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention

*Division of Viral Hepatitis*



# HIV and Its Transmission FactSheet

HS02-034B (9-04)

Research has revealed a great deal of valuable medical, scientific, and public health information about the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The ways in which HIV can be transmitted have been clearly identified. Unfortunately, false information or statements that are not supported by scientific findings continue to be shared widely through the Internet and popular press. Therefore, the Centers for Disease Control and Prevention (CDC) prepared this fact sheet to correct a few misperceptions about HIV.

## How HIV is Transmitted

HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected, or, less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors. Babies born to HIV-infected women may become infected before or during birth or through breast-feeding after birth.

In the health care setting, workers have been infected with HIV after being stuck with needles containing HIV-infected blood or, less frequently, after infected blood gets into a worker's open cut or a mucous membrane (for example, the eyes or inside of the nose). There has been only one instance of patients being infected by a health care worker in the United States; this involved HIV transmission from one infected dentist to six patients. Investigations have been completed involving more than 22,000 patients of 63 HIV-infected physicians, surgeons, and dentists, and no other cases of this type of transmission have been identified in the United States.

Some people fear that HIV might be transmitted in other ways; however, no scientific evidence to support any of these fears has been found. If HIV were being transmitted through other routes (such as through air, water, or insects), the pattern of reported AIDS cases would be much different from what has been observed. For example, if mosquitoes could transmit HIV infection, many more young children and preadolescents would have been diagnosed with AIDS.

All reported cases suggesting new or potentially unknown routes of transmission are thoroughly investigated by state and local health departments with the assistance,

guidance, and laboratory support from CDC. No additional routes of transmission have been recorded, despite a national sentinel system designed to detect just such an occurrence.

The following paragraphs specifically address some of the common misperceptions about HIV transmission.

## HIV in the Environment

Scientists and medical authorities agree that HIV does not survive well in the environment, making the possibility of environmental transmission remote. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva, and tears. (See *Saliva, Tears, and Sweat*.) To obtain data on the survival of HIV, laboratory studies have required the use of artificially high concentrations of laboratory-grown virus. Although these unnatural concentrations of HIV can be kept alive for days or even weeks under precisely controlled and limited laboratory conditions, CDC studies have shown that drying of even these high concentrations of HIV reduces the amount of infectious virus by 90 to 99 percent within several hours. Since the HIV concentrations used in laboratory studies are much higher than those actually found in blood or other specimens, drying of HIV-infected human blood or other body fluids reduces the risk of environmental transmission to that which has been observed — essentially zero. Incorrect interpretations of conclusions drawn from laboratory studies have unnecessarily alarmed some people.

Results from laboratory studies should not be used to assess specific personal risk of infection because (1) the amount of virus studied is not found in human specimens or elsewhere in nature, and (2) no one has been identified as infected with HIV due to contact with an environmental surface. Additionally, HIV is unable to reproduce outside its living host (unlike many bacteria or fungi, which may do so under suitable conditions), except under laboratory conditions; therefore, it does not spread or maintain infectiousness outside its host.



## Businesses and Other Settings

There is no known risk of HIV transmission to co-workers, clients, or consumers from contact in industries such as food-service establishments (see *HIV in the Environment*). Food-service workers, known to be infected with HIV, need not be restricted from work unless they have other infections or illnesses (such as diarrhea or hepatitis A) for which any food-service worker, regardless of HIV infection status, should be restricted. CDC recommends that all food-service workers follow recommended standards and practices of good personal hygiene and food sanitation.

In 1985, CDC issued routine precautions that all personal-service workers (such as hairdressers, barbers, cosmetologists, and massage therapists) should follow, even though there is no evidence of transmission from a personal-service worker to a client or vice versa. Instruments that are intended to penetrate the skin (such as tattooing and acupuncture needles, ear piercing devices) should be used once and disposed of or thoroughly cleaned and sterilized. Instruments not intended to penetrate the skin but which may become contaminated with blood (for example, razors) should be used for only one client and disposed of or thoroughly cleaned and disinfected after each use. Personal-service workers can use the same cleaning procedures that are recommended for health care institutions.

CDC knows of no instances of HIV transmission through tattooing or body piercing, although hepatitis B virus has been transmitted during some of these practices. One case of HIV transmission from acupuncture has been documented. Body piercing (other than ear piercing) is relatively new in the United States, and the medical complications for body piercing appear to be greater than for tattoos. Healing of piercing generally will take weeks, and sometimes even months, and the pierced tissue could conceivably be abraded (torn or cut) or inflamed even after healing. Therefore, a theoretical HIV transmission risk does exist if the unhealed or abraded tissues come into contact with an infected person's blood or other infectious body fluid. Additionally, HIV could be transmitted if instruments contaminated with blood are not sterilized or disinfected between clients.

## Households

Although HIV has been transmitted between family members in a household setting, this type of transmission is very rare. These transmissions are believed to have resulted from contact between skin or mucous membranes and infected blood. To prevent even such rare occurrences, precautions, as described in previously published guidelines, should be taken in all settings "including the

home", to prevent exposures to the blood of persons who are HIV infected, at risk for HIV infection, or whose infection and risk status are unknown. For example,

- Gloves should be worn during contact with blood or other body fluids that could possibly contain visible blood, such as urine, feces, or vomit.
- Cuts, sores, or breaks on both the caregiver's and patient's exposed skin should be covered with bandages.
- Hands and other parts of the body should be washed immediately after contact with blood or other body fluids, and surfaces soiled with blood should be disinfected appropriately.
- Practices that increase the likelihood of blood contact, such as sharing of razors and toothbrushes, should be avoided.
- Needles and other sharp instruments should be used only when medically necessary and handled according to recommendations for health-care settings. (Do not put caps back on needles by hand or remove needles from syringes.) Dispose of needles in puncture-proof containers.

## Saliva, Tears, and Sweat

HIV has been found in saliva and tears in very low quantities from some AIDS patients. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be transmitted by that body fluid. HIV has not been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.

## Insects

From the onset of the HIV epidemic, there has been concern about transmission of the virus by biting and bloodsucking insects. However, studies conducted by researchers at CDC and elsewhere have shown no evidence of HIV transmission through insects — even in areas where there are many cases of AIDS and large populations of insects such as mosquitoes. Lack of such outbreaks, despite intense efforts to detect them, supports the conclusion that insects do not transmit HIV.

The results of experiments and observations of insect biting behavior indicate that when an insect bites a person, it does not inject its own or a previously bitten person's or animal's blood into the next person bitten. Rather, it injects saliva, which acts as a lubricant or anticoagulant so the insect can feed efficiently. Such diseases as yellow fever

and malaria are transmitted through the saliva of specific species of mosquitoes. However, HIV lives for only a short time inside an insect and, unlike organisms that are transmitted via insect bites, HIV does not reproduce (and does not survive) in insects. Thus, even if the virus enters a mosquito or another sucking or biting insect, the insect does not become infected and cannot transmit HIV to the next human it feeds on or bites. HIV is not found in insect feces.

There is also no reason to fear that a biting or bloodsucking insect, such as a mosquito, could transmit HIV from one person to another through HIV-infected blood left on its proboscis. Two factors serve to explain why this is so — first, infected people do not have constant, high levels of HIV in their bloodstreams and, second, insect parts do not retain large amounts of blood on their surfaces. Further, scientists who study insects have determined that biting insects normally do not travel from one person to the

next immediately after ingesting blood. Rather, they fly to a resting place to digest this blood meal.

***For more information...***

**CDC National AIDS Hotline:**

1-800-342-AIDS

Spanish: 1-800-344-SIDA

Deaf: 1-800-243-7889

**Internet Resources:**

<http://www.cdc.gov/nchstp/od/nchstp.html>

<http://www.cdc.gov/hiv>

<http://www.cdcpin.org>

Disclaimer: Information contained in this training program is considered accurate at time of publication.

# Welcome . . .

TO THE

## **MENTAL HEALTH & RECOVERY NETWORK**

The Mental Health & Recovery Board of Wayne and Holmes Counties oversees and pays for mental health and substance abuse treatment services for local citizens based upon need. The benefits provided by the Board are available to Wayne and Holmes County residents through a Network of providers. Help is available for most emotional and addiction problems. The Board and its agencies work together in many ways to ensure quality services are there for people in need.

### **WHAT IS THIS NETWORK BENEFIT PLAN?**

The Mental Health & Recovery Network Benefit Plan is the health plan that provides for public funds to be used in payment of services. Network agencies cooperate so that a wide range of treatment options are available to individuals and families as they work toward recovery. These include counseling, medication, case management, housing, job training and consultation with schools, social supports and development of everyday living skills. The Network has also been designed to deal with the mental health and substance abuse crises that families and individuals sometimes face.

### **WHERE DO NETWORK FUNDS COME FROM?**

The Mental Health & Recovery Board's Network is funded by your taxes and is here for you and your family. Voters have approved a one mill, ten year Mental Health & Recovery levy that generates revenue for mental health and recovery care in Wayne and Holmes Counties. Major funding also comes from Federal sources, including Medicaid, and from Ohio Mental Health and Addiction Services.

### **WHAT HELP DOES THE NETWORK BENEFIT PLAN OFFER?**

Quality mental health and recovery services are offered to residents no matter how severe their illnesses. Many kinds of mental health and addiction problems can be treated through the Mental Health & Recovery Network. Personal behavioral and social problems can be addressed through counseling, medications, support groups and education. At Network agencies help is available for people of all ages, including children.

### **WHAT ABOUT MORE SERIOUS MENTAL ILLNESSES?**

Serious mental illnesses, sometimes referred to as brain disorders, are conditions such as major depression, bipolar disorder, schizophrenia, and obsessive compulsive disorder. These psychiatric conditions may range from mild to severe and are treated by qualified providers through the Network. Your opportunity for success is increased when you cooperate with the treatment plan suggested by your provider.

### **HOW CAN I RECEIVE THESE SERVICES?**

In an emergency situation, call 1-877-264-9029. If you are not in an emergency situation, contact the intake department of the agency from which you would like to receive services and request an appointment. A professional staff person will ask you about your situation to make sure the services which that agency provides are appropriate for your needs. You may also be referred to another agency, since the level of care you need may only be available from certain providers.

## **WHAT IF I CAN'T AFFORD TO PAY FOR MY SERVICES?**

Help is provided for people of all income levels. Priority is given to those most in need. You must be a resident of Wayne or Holmes County to be eligible for Network benefits. Non-residents can receive services in a crisis situation.

## **HOW DO I BECOME PART OF THE BENEFIT PLAN?**

We want to make it as easy and convenient as possible for local citizens to be able to get the help they need. Any Wayne or Holmes County resident who request services at one of the provider agencies will be given the opportunity to enroll in the Mental Health & Recovery Board's Network Benefit Plan. Membership in the benefit plan will make it easier to offer you the full range of Board-supported services. Financial assistance offered to you is based on information regarding your specific needs and your financial status. We evaluate and monitor local services using the most up to date technology.

## **WHAT DOES ENROLLMENT IN THE BENEFIT PLAN INVOLVE?**

When you enroll you'll be asked to sign a billing authorization statement. This form permits the provider to bill the Board for public funds to help offset the cost of your mental health and substance abuse treatment. During intake, you will be asked about your income, family size, whether you have medical insurance or whether you are covered by Medicaid or Medicare. This information will be entered into a computerized billing system operated by the Board in cooperation with Ohio mental Health and Addiction Services and Ohio Department of Human Services.

At intake and enrollment, the agency will also collect specific personal data. This will be kept in the computer system in a confidential file labeled with an anonymous number. Information gathered by the agency will be submitted to the Board. Only information necessary for billing will be stored with your name.

## **WILL MY PRIVATE INSURANCE COVER MY CARE?**

Agencies also accept insurance cards. Some Network agencies and specific staff professionals are on managed care panels and will work with you to establish whether or not your treatment is covered under your private insurance plan.

## **DO I HAVE TO ENROLL IN THE NETWORK BENEFIT PLAN?**

You may choose not to enroll. In that case, however, you may not qualify for all treatment and services available through the Network agencies. Other arrangements will need to be made for covering your treatment costs if you do not enroll, and you may be billed.

## **HOW WILL I KNOW I'M GETTING THE BEST SERVICES?**

Network agencies' services and facilities are regularly reviewed by the Mental Health & Recovery Board of Wayne and Holmes Counties and Ohio Mental Health and Addiction Services. The agencies must meet certain standards of quality in order to operate. Many agencies are also accredited by various professional organizations. Treatment staff must have specific degrees, certifications and training as determined by the state departments and professional organizations.

## **CAN MY FAMILY AND I HELP DECIDE MY TREATMENT?**

You are encouraged to be involved in decisions regarding your treatment. This is a right granted to you by state law. In addition, when there is no conflict with confidentiality, families are encouraged to be involved and informed about the treatment being received. In most cases, the more a family is part of the individual's care, the more progress can be made.

## **WHAT FAMILY SUPPORTS ARE AVAILABLE TO US?**

Families and individuals dealing with all types of mental illness and addictions may wish to join NAMI Wayne and Holmes Counties. This group also includes the Suicide Prevention Coalition. They provide support groups, training, education, events and activities. Courses include Family to Family and NAMI Basics for family members and parents of mentally ill children. It provides information and support to families dealing with major depression, bipolar disorder and schizophrenia. Agencies also have information available for alcohol and drug abuse support groups such as Alcoholics Anonymous, Ala-non, Nar-Anon and Ala-teen. In addition, support and education is available for families dealing with domestic violence.

## **HOW CAN I BE SURE MY TREATMENT IS SUCCESSFUL?**

In order for you and your family to receive the most benefit from the services, you must think of yourself as part of the treatment team. Family members of both children and adults are also important. They give support and help the one they love do what needs to be done to recover.

## **WHAT IF I SEEK SERVICES OUTSIDE THE NETWORK?**

Enrollees are encouraged to use local services that are part of the Network. If an enrollee seeks services in another county, outside the Network, special arrangements need to be made and some benefits may not be available.

## **I'M CONCERNED: IS MY INFORMATION KEPT CONFIDENTIAL?**

The Network, including the Board and agencies, must comply with state and federal laws regarding confidentiality. Your personal information, including your name, will be kept confidential. Only information needed for billing will be stored in the computer system with your name.

Policies and procedures are in place to ensure that cases are not discussed inappropriately with any other person unless official authorization is given. There may be times when information must be communicated to other staff who become involved in the case, especially if there is a strong possibility that the person may hurt themselves or someone else. Board staff may also review cases to verify whether a service has been provided for billing purposes. In rare instances, disclosure of information may be required by law, such as in the case of child or elder abuse. When the person in treatment is a minor child, parents or guardians are part of the treatment team and will be informed of the details of the case.

## **WHAT IF I'M NOT SATISFIED WITH MY CARE?**

Although the Network tries to ensure that you are well served, sometimes a family or person in treatment feels their needs and concerns are not being addressed properly. If this is the case you are encouraged to discuss this with your treatment provider. If the problem persists, you may want to consider filing a formal grievance. Each agency, as well as the Mental Health & Recovery Board, has a plan for dealing with such complaints. To begin this process, ask to speak to the client's rights officer. Your rights are fully explained in the client's Rights Policy and Grievance Procedure. To obtain a copy call 330-264-2527 or 1-800-400-6518.

1985 Eagle Pass, Wooster, OH 44691  
phone: 330-264-2527 or 330-674-5772 toll free: 1-800-400-6518  
fax: 330-264-7879 website: [www.whmhrb.org](http://www.whmhrb.org)

**MENTAL HEALTH AND RECOVERY BOARD OF WAYNE & HOLMES COUNTIES  
NOTICE OF PRIVACY PRACTICES**

**Effective: September 23, 2013**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**If you have any questions about this Notice, please contact:**

***Privacy Officer  
Mental Health & Recovery Board  
of Wayne & Holmes Counties  
1985 Eagle Pass Drive  
Wooster, Ohio 44691  
(330) 264-2527***

**OUR DUTIES REGARDING YOUR HEALTH INFORMATION**

At the Mental Health and Recovery Board of Wayne-Holmes Counties we understand that health information about you and your health is personal. We are committed to protecting your health information and safeguarding that information against unauthorized use or disclosure.

When you receive services paid for in full or part by the Mental Health and Recovery Board of Wayne-Holmes Counties, we receive health information about you. The information we receive may include, for example, eligibility, claims and payment information. We create a record of your enrollment in Ohio's public mental health and addiction services system and maintain that record and records related to the services you receive in the public system and payment for those services. We may also receive information from your treatment provider related to your diagnosis, treatment, progress in recovery, and any major unexpected emergencies or crises you may experience to help the Board plan for and improve the quality of services paid for with Board funds.

We are required by law to: 1) maintain the privacy of your health information; 2) give you Notice of our legal duties and privacy practices with respect to your health information; 3) abide by the terms of the Notice that is currently in effect; and 4) notify you if there is a breach of your unsecured health information. This Notice will tell you about the ways in which we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

We may use or share your health information for such activities as conducting our internal board business known as health care operations, paying for services provided to you, communicating with your healthcare providers about your treatment, and for other purposes permitted or required by law, as described in more detail below.

**Payment**– We may use or disclose your health information for payment activities such as confirming your eligibility, paying for services, managing your claims, conducting utilization reviews and processing health care data.

**Health Care Operations** – We may use your health information for our internal health care operations such as to train staff, manage costs, conduct quality review activities, perform required business duties and make plans to better serve you and other community residents who may need mental health or substance abuse services. We may also disclose your health information to health care providers and other health plans for certain health care operations of those entities such as care coordination, quality assessment and improvement activities and health care fraud and abuse detection or compliance, provided that the entity has had a relationship with you and the information pertains to that relationship.

**Treatment** – We do not provide treatment but we may share your health information with your health care providers to assist in coordinating your care.

**Other Uses and Disclosures** - We may use or disclose your health information, in accordance with specific requirements, for the following purposes: To alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes; to reduce or prevent threats to public health and safety; for health oversight activities such as evaluations, investigations, audits, and inspections; to governmental agencies that monitor your services; for lawsuits and similar proceedings; for public health purposes such as to prevent the spread of a communicable disease; for certain approved research purposes; for law enforcement reasons if required by law or in regards to a crime or suspect; to correctional institutions in regards to inmates; to coroners, medical examiners and funeral directors (for decedents); as required by law; for specialized government functions such as military and veterans activities, national security and intelligence purposes, and protection of the President; for Workers' Compensation purposes; for the management and coordination of public benefits programs; to respond to requests from the U.S. Department of Health and Human Services; for us to receive assistance from business associates that have signed an agreement requiring them to maintain the confidentiality of your health information; and for the purpose of raising funds to benefit the Board.

If you have a guardian or a power of attorney, we are also permitted to provide information to your guardian or attorney in fact.

**Fundraising Activities** - We may also use your health information to contact you to raise money as part of fundraising efforts, such as for assistance in passing levies. You have the right to opt-out of receiving such communications by notifying us, at the address below, that you do not wish to be contacted for such purposes.

#### **USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN PERMISSION**

We are prohibited from selling your health information, such as to a company that wants your information in order to contact you about their services, without your written permission.

We are prohibited from using or disclosing your health information for marketing purposes, such as to promote our services, without your written permission.

All other uses and disclosures of your health information not described in this Notice will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written permission. We are unable to take back any disclosures we have already made with your permission.

#### **PROHIBITED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

If we use or disclose your health information for underwriting purposes, we are prohibited from using and disclosing any genetic information in your health information for such purposes.

#### **POTENTIAL IMPACT OF OTHER LAWS**

If any state or federal privacy law requires us to provide you with more privacy protections than those described in this Notice, then we must also follow that law in addition to HIPAA. For example, drug and alcohol treatment records generally receive greater protections under federal law.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for purposes of treatment, payment, and health care operations and to inform individuals involved in your care about that care or payment for that care. We will consider all requests for restrictions carefully but are not required to agree to any requested restrictions.\*
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
- **Right to Inspect and Copy.** You have the right to request access to certain health information we have about you. Under certain circumstances we may deny access to that information such as if the information is the subject of a lawsuit or legal claim or if the release of the information may present a danger to you or someone else. We may charge a reasonable fee to copy information for you.\*
- **Right to Amend.** You have the right to request corrections or additions to certain health information we have about you. You must provide us with your reasons for requesting the change.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures we make of your health information, except for those related to treatment, payment, our health care operations, and certain other purposes, such as if the information is the subject of a lawsuit or legal claim or if release of the information may present a danger to you or someone else. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.\*
- **Right to a Paper Copy of Notice.** You have the right to receive a paper copy of this Notice. This Notice is also available on our web site: <http://www.whmhrb.org>, but you may contact us to obtain a paper copy.

To exercise any of your rights described in this paragraph, please contact the Board Privacy Officer at the address or phone number listed below:

**Privacy Officer  
Mental Health & Recovery Board  
of Wayne & Holmes Counties  
1985 Eagle Pass Drive  
Wooster, Ohio 44691  
(330) 264-2527**

\* To exercise rights marked with a star (\*), your request must be made in writing. Please contact us if you need assistance with your request.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at the Board Office and on our website at: <http://www.whmhrb.org>. Each Notice will contain an effective date on the first page in the top center. In addition, each time there is a change to our Notice, we will mail information about the revised Notice and how you can obtain a copy to the last known address we have for you in our plan enrollment file.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Board or with the Secretary of the Department of Health and Human Services. To file a complaint with the Board, contact the Privacy Officer at the address above. We will investigate all complaints and will not retaliate against you for filing a complaint.