

Client Orientation Handbook



Community Counseling Center

2801 “C” Court

Ashtabula, OH 44004

440-998-4210

cccoho.com

Facebook: facebook.com/cccoho

Instagram: [cccoho](https://www.instagram.com/cccoho)

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Welcome to Community Counseling Center!

This handbook is designed to provide you with information about what to expect while receiving services at Community Counseling Center. Among other things, this handbook outlines various aspects of your rights and responsibilities, as well as describes our services, policies, and expectations. You are encouraged to also consult with your treatment providers regarding any questions you may have. Since we strive to remain up to date with current practices and standards, we will provide you with an updated handbook at the time of your annual treatment plan review. This will also provide an opportunity for you to review its contents, ask questions of your providers, and offer input to this process.



Client Orientation Handbook

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Agency Vision, Values, & Mission Statement

Vision Statement:

Community Counseling Center will be recognized as a premier provider of quality behavioral health care services that utilizes evidence-based practices, offers integrated health care solutions, and seeks to broaden community access to treatment.

Values Statement:Our services will

- Protect the dignity and privacy of the persons served;
- Respond to community diversity through culturally sensitive and consumer focused care; and
- Target outcomes that satisfy the consumer and demonstrate program effectiveness.

Our staff will

- Be friendly, courteous and efficient;
- Observe the highest ethical and practice standards;
- Respond with empathy and compassion to the needs of the individuals we serve, and;
- Be committed to staying up to date with behavioral health sciences and current best practices.

Our service sites will

- Be accessible to all individuals;
- Safe, hospitable and well-organized, and;
- Governed by business practices that are efficient, accountable and honest.

Our management practices will

- Promote respect and dignity among staff;
- Encourage continuing professional development;
- Support staff participation in community activities important to the well-being of our agency; and
- Promote a broad-based partnership of coordinated community care.

Mission Statement:

Community Counseling Center is a non-profit behavioral health provider focused on engaging the community in recovery.

Your Rights & Responsibilities as a Client

CLIENT RIGHTS POLICY:

It shall be the policy of Community Counseling Center to afford all clients the full spectrum of rights as recipients of our services, to provide all clients with process by which to address any grievance, and to thoroughly report and investigate any allegation of abuse or neglect.

CLIENT RIGHTS PROCEDURE:

Each client shall be provided with a written statement of client rights and client grievance procedure (listed below) at the time of their admission to the agency; and annually if they are served in a program longer than one year.

The workforce of Community Counseling Center will explain any and all aspects of client rights and grievance procedure at any time upon request.

In a crisis or emergency situation, the client or applicant will be verbally advised of at least the immediate pertinent rights, such as the right to refuse the offered treatment and the consequences of that agreement or refusal. Written copy and verbal explanation may be delayed to the subsequent meeting.

Clients or recipients of community services may be provided a complete copy and explanation of the client rights policy at any time upon request.

A copy of the client rights policy is posted in a conspicuous location in each building operating by the agency & available on our agency website @ www.cccohio.com.

CLIENT RIGHTS:

A. Each client of Community Counseling Center has all the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
2. The right to reasonable protection from physical, sexual or emotional abuse, inhumane treatment, humiliation, and neglect;
3. The right to freedom from retaliation, financial or other exploitation;
4. The right to receive services in the least restrictive, feasible environment;
5. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;
6. The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency, composition of deliver team and release of information;
7. The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it;

Your Rights & Responsibilities Continued on Next page ...

8. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion;
9. The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
10. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology;
11. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;
12. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;
13. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;
14. The right to be informed of the reason for denial of a service;
15. The right not to be discriminated against on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental, and/or developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws;
16. The right to know the cost of services;
17. The right to be verbally informed of all client rights, and to receive a written copy upon request;
18. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
19. The right to file a grievance;
20. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance with the investigation and resolution of alleged infringement of rights;
21. The right to be informed of one's own condition; and,
22. The right to consult with an independent treatment specialist or legal counsel at one's own expense;
23. The right to access or to a referral to legal entities for appropriate representation, self-help support services and advocacy support services, and other legal rights.

Your Rights & Responsibilities Continued on Next page ...

- B. The agency has appointed a Client Rights Officer who is responsible to accept and oversee the process of any grievance filed by a client, or other person or agency on behalf of a client. That person is:

Georgia Farris Romanko, Client Rights Officer

Community Counseling Center

2801 "C" Court

Ashtabula, OH 44004

998-4210 or 1-800-998-4210 Ext. 414

Available during standard business hours: Monday thru Friday, 8:30 a.m. to 5:30 p.m.

If the Client Rights Officer is unavailable or the subject of the grievance, the alternative person designated to assist the client with his/her grievance is: **Mary Beth Porter x483**

- C. The workforce of Community Counseling Center will explain any and all aspects of client rights and grievance procedure upon request.
- D. A copy of this Client Rights Statement will be distributed to each applicant or client at the intake or next subsequent appointment in writing and orally. These rights will be distributed by the person performing the intake or by the client's primary service provider.
- a. In a crisis or emergency situation, the client or applicant will be verbally advised of at least the immediate pertinent rights, such as the right to refuse the offered treatment and the consequences of that agreement or refusal. Written copy and verbal explanation may be delayed to the subsequent meeting.
- b. Clients or recipients of community services, (information and referral, consultation, mental health education or prevention, training) may be provided a copy and explanation of the client rights policy upon request.
- E. A copy of the client rights policy shall be posted in a conspicuous location in each building operating by the agency.
- F. The agency shall provide that every workforce member, including administrative and support workforce, is familiar with all specific client rights and the grievance procedure.

Client Grievance

CLIENT GRIEVANCE POLICY:

It is the intent of Community Counseling Center to provide services in an equitable manner and with full respect of all due rights of its clients/family members. There may be times, however, when a client feels he/she has been responded to in a way which denies or violates his/her Client Rights. When this occurs, the agency seeks to address the complaint or grievance in a responsive and impartial manner and to strive for a fair resolution.

CLIENT GRIEVANCE PROCEDURE:

A grievance is a written complaint that alleges that client rights have been violated or denied. Should you feel that your rights as a client have been denied or violated you are encouraged to make this complaint known to the Client Rights Officer. This person can assist you in filing a grievance, will investigate the grievance on your behalf, and will represent you at the agency hearing on the grievance, if requested.

The grievance must be dated & signed by the client, or by the individual filing the grievance on behalf of the client. Filing a grievance will not result in retaliation or barriers to services.

Community Counseling Center workforce have a *continuing responsibility* to immediately advise any client or other person who is expressing a concern, complaint, or grievance of the availability of the client right's officer and the complainant's right to file a grievance. All reasonable effort will be made to provide persons with prompt access to the client rights officer.

TIMELINES:

1. A client may file a grievance at any time regardless of how long removed from the occurrence of the actions which caused the grievance. However, clients are encouraged to make grievances known as promptly as possible as this will lead to a higher probability of satisfactory investigation and resolution.
2. Once a grievance has been brought to the attention of the client rights officer and has been filed, the time frame for the client rights officer and the agency to process the grievance to resolution shall not exceed (20) twenty working days from the date of filing the grievance. Any extenuating circumstances indicating need for extension will be documented in file and written notification given to the client.

GRIEVANCE PROCEDURE FLOW:

1. A client formulates complaint into a grievance which is received and logged in writing by the client rights officer. The grievance must include the date, approximate time and description of incident and names of individuals involved.
2. Written acknowledgment of receipt of grievance is provided to each grievant within three (3) working days and includes; (a) date grievance received. (b) summary of grievance. (c) overview of investigation process. (d) time table for investigation/notification of resolution. (e) treatment provider contact name/ address/ Phone number.
3. Client Rights Officer investigates the grievance, gathers facts, speaks with all parties involved, and attempts to effect resolution satisfactory to the griever. If resolved, a written statement of results is given to client.

Client Grievance Procedure Continued on Next page ...

4. If not resolved to grievor's satisfaction, the grievor is entitled to a hearing before the CEO of the agency, as an impartial decision maker. At said hearing the grievor may be represented by the client rights officer, by his/herself, or by any other person the grievor chooses as their designated representative. At said hearing the CEO will review pertinent information and hear from the parties involved. The CEO will present his/her judgment concerning the grievance in writing to the grievor, the client rights officer, and other parties involved. At this point the grievance is resolved at the agency level.
5. If you are unsatisfied with the assistance by the Client Rights Officer, or at an earlier step in the Process, you may initiate a complaint with any of several outside entities. The Client Rights Officer will assist you if requested in furnishing all relevant information about the grievance to one or more of the organizations listed on the following page:

Appropriate professional licensing or regulatory associations:

Mental Health and Recovery Services Board of Ashtabula County 4817 State Road, Suite 203 Ashtabula, OH 44004 440.992.3121	Ohio Board of Nursing 17 South High Street, Suite 400 Columbus, OH 43215 1.614.466.3947
The Ohio Department of Mental Health & Addiction Services 30 East Broad St, 36 th Floor Columbus, OH 43215 1.614.466.2596	Ohio State Board of Psychology 77 South High Street Columbus, OH 43215 1.614.466.8808
The Ohio Legal Rights Service 8 E. Long St, 5 th Floor Columbus, OH 43215 1.614.466.7264	State Medical Board of Ohio 30 East Broad Street Columbus, OH 43215 1.614.466.3934
The U.S. Dept. of Health and Human Services Office for Civil Rights, Region V 233 N. Michigan Ave, Suite 240 Chicago, IL 60601 1.800.368.1019	Disability Rights Ohio 50 W. Broad St., Suite 1400 Columbus, OH. 43215 1.614.466.7264 1.800.282.9181
Ohio Counselor, Social Worker and Marriage and Family Therapist Board 50 West Broad Street, Suite 1075 Columbus, OH.43215 1.614.466.0912	

Your Input is Important to Us!

We listen to your ideas and value your input. We want you to let us know about your experience and satisfaction, or any concerns about your services and treatment.

You can provide input in a variety of ways. Please share directly with any of your providers or their supervisors. Additionally, CCC provides satisfaction surveys that ask about your experience and whether your needs are being met. The surveys are completed on a voluntary and anonymous basis without any negative consequences. Filling out these surveys is very important. The results help us to measure the quality of our services and we are always looking for ways to improve. Please complete and return the survey when you receive one.

We encourage you to determine whether to involve family members or significant support people in your treatment. You may also appoint a personal advocate when you do not feel you can adequately make decisions regarding your treatment.

You may receive education from your clinician relevant to your diagnosis, and are encouraged to ask questions so that you have a full understanding of your mental health concerns, relevant treatment services, and potential outcomes based on best practices.

Furthermore, during treatment, you will be asked your expectations for treatment. Your provider(s) will ask for your input regarding your treatment goals and timeframes for achieving your goals. You will be involved in discussing progress achieved on your goals and updating them at least annually and upon closure of a service or program.

Finally, we will ask for your input regarding transitioning to other services within CCC throughout treatment and/or referring to resources within the community. We also encourage your involvement in discharge planning.

We hope that your time at CCC will lead you to successful achievement of your goals and ultimate closure from our programs and services.

Agency Confidentiality Statement

According to Ohio State Laws, the HIPAA Privacy Rule (see below), and professional ethics, all protected health information (PHI) obtained during the evaluation and provision of services to a client must be held in the most strict of confidence. A client must provide written consent for the disclosure of any specific piece of information from the client's chart to another entity.

However, the clinician has a duty:

1. To warn and protect anyone whom she or he believes is in eminent danger from the client;
2. To take appropriate action to protect the client from harming him/herself;
3. To take appropriate action to prevent a serious criminal act planned by the client;
4. To inform proper authorities of suspected child abuse

If you were referred for services by an insurance company or managed care organization, specific, minimum necessary information may be shared with the company's service authorization person, depending upon the policy. Minimum necessary information required to collect a delinquent bill may be shared with a collection agency.

Your clinical chart will be kept for a minimum of seven (7) years, and can be reviewed by you upon request. You further have the right to request an amendment to your records upon presenting a written request specifying the reasons for the requested change. The agency will review your request and inform you of its decision within a reasonable amount of time. After seven years of inactivity, your records may be destroyed according to established regulations.

Legally required appointments, sanctions, or court notifications - Community Counseling Center works in collaboration with the **legal system** when appropriate. Individuals who are seeking services as a result of a court recommendation or court order are encouraged to inform workforce immediately. However, we will not communicate with the court system without your written authorization unless required by law. A client involved with the legal system can choose to have his/her information remain private, and Community Counseling Center will not release any information without a warrant or subpoena. Ultimately, it is your responsibility to comply with your court-ordered treatment.

However, understand that **once authorization is given, service providers will report and/or follow-up with authorized legal personnel and inform of progress, or lack of progress, if you are or should be mandated to services.**

Confidentiality of Substance Use Disorder Client Records (42 CFR part B, paragraph 2.22)

The confidentiality of records for clients with a Substance Use Disorder maintained by Community Counseling Center is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a client/person served attends the program, or disclose any information identifying a client/person served as an individual with a Substance Use Disorder unless:

1. The person served consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.
4. Declared emergencies resulting from natural disasters that disrupt treatment facilities and services are also considered a "bona fide medical emergency," for the purpose of disclosing SUD records without patient consent.
5. Disclosures for the purpose of payment and health care operations are permitted.
6. Disclosures are also permitted if you provide any information about a crime committed or a threat to commit a crime by a client either at the treatment program or against any person who works for the treatment program.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations)

Notice of Privacy

Notice Regarding the Use and Disclosure of Protected Health Information

Effective December 10, 2002

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Notice of Privacy Continued on Next page ...

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- We will never share any substance abuse treatment records without your written permission with the exception of the limitations of confidentiality according to 42 C.F.R.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Notice of Privacy Continued on Next page ...

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting Client Right's Officer Georgia Farris Romanko at georgia.farrisromanko@cccchio.com or 440-998-4210 ext. 414.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals or entities who are treating you or coordinating your care including but not limited to other mental health agencies or MHRS/CMH Boards.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. This includes the use of appointment reminders, unless you provide us with alternative instructions.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans (Medicaid, Private Insurance) or other entities. This may include sharing your PHI through the MACISIS (Multi-Agency Community Services Information System) to determine your eligibility for publicly funded services.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research. We will adhere to research guidelines and ethics in applicable cases.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. **This could include disclosures of PHI from alcohol and other drug treatment that does not require consent or authorization in the following circumstances in accordance with 42 C.F.R. Part 2:**

- If you provide any information about a crime committed or a threat to commit a crime by a client either at the treatment program or against any person who works for the treatment program.
- For the purpose of payment and health care operations.
- For research purposes and for audit's and/or program evaluation purposes.
- Declared emergencies resulting from natural disasters that disrupt treatment facilities and services.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information. When sharing your PHI with a third party “business associate” we will have a written contract that contains terms that protect the privacy of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice

- For questions about your privacy and this notice please contact Client’s Rights Officer, Georgia Farris Romanko at georgia.farrisromanko@cccchio.com or 440-998-4210 ext. 414.
- We never market or sell personal information.

CCC participates in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. CCC, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying the EHR System Administrator.

Intent & Consent to Treat (Informed Consent for Treatment Services)

POLICY:

It is the policy of Community Counseling Center that persons served by CCC shall receive treatment about which you have been fully informed as to the risks and benefits and alternatives.

CONTENTS of INFORMED CONSENT:

Confidentiality: Federal and state laws along with professional and ethical standards prohibit the disclosure of any information you provide us unless we have your prior written consent, including both Mental Health and Alcohol or Other Drug Services. Thus, if anyone inquires about your receiving services here, we would not be able to disclose any information about you without your written permission.

Even so, there are a few exceptions to the laws and standards of confidentiality wherein your treatment provider is legally obligated to inform proper authorities as well as others in some situations. The limitations to confidentiality are as follows:

- If you provide information indicating abuse of a child or dependent adult.
- If your treatment provider is court ordered to disclose information about you.
- If your treatment provider believes you or someone else identified needs protections from serious and foreseeable harm.

In addition, in accordance with 42 C.F.R and 42 C.F.R. Part 2, the records of clients receiving treatment for a Substance Use Disorder, including those of minors, are subject to federal confidentiality laws as indicated above which prohibits the treatment program or provider from disclosing any information identifying you as an alcohol or other drug treatment participant without your prior written consent. Signature of this Informed Consent document attests to all of the stipulations listed herein. Additional limitations of confidentiality for clients receiving treatment for a Substance Use Disorder, under 42 C.F.R. and 42 C.F.R. Part 2, are as follows:

- If you provide any information about a crime committed or a threat to commit a crime by a client either at the treatment program or against any person who works for the treatment program.
- Disclosures for the purpose of payment and health care operations are permitted.
- Disclosures for research purposes and for audits and/or program evaluation purposes are permitted.
- Declared emergencies resulting from natural disasters that disrupt treatment facilities and services are also considered a "bona fide medical emergency," for the purpose of disclosing SUD records without patient consent.

Informed Consent for Treatment Services Continued on Next page ...

Rights and Responsibilities: The course of treatment is determined by you and your treatment provider. You are encouraged to ask any questions you have regarding their education and professional background, therapeutic approach, and the specific treatment plan and progress. In addition, you have been provided a copy of the client's rights and grievance policy along with the Notice of Privacy (HIPAA Act).

Alternatives to Service, Treatment, or Therapy, Referrals, and Termination: Should services outside the scope of Community Counseling Center be needed, a referral to a more appropriate resource will be given to better meet your needs and goals. The resource will be explained in detail; and questions will be answered about the resource. Clients have the right to terminate treatment at any point during the process and can refuse any and all treatments. However, your service provider may also decline to provide clients treatment if the client refuses or cannot comply with the necessary requirements of that treatment.

Consultation and Supervision: In order to provide you with the best services possible, your treatment provider may choose to consult with other Community Counseling Center treatment providers. In addition, graduate level interns providing counseling services are supervised by a licensed clinical or a team that includes a licensed clinician. Colleagues who provide consultation and/or supervision are subject to the same confidentiality restraints as your clinician.

Communication and Technology: Community Counseling Center cannot ensure your email, text or any other electronic communications are confidential, are received or are addressed in a timely manner. You are encouraged to call 440-998-4210 if you have treatment related needs.

Treatment of Minors: Upon the request of a minor fourteen years of age or older, a mental health professional may provide outpatient mental health services, excluding the use of medication, without the consent or knowledge of the minor's patient or guardian. A minor age 14 or older is entitled to six sessions or 30 days until parental notification is required.

Risks and Benefits: Each Treatment service that you receive has risks and benefits associated with it. Research indicates that most people who engage in treatment can benefit from the experience. Even so, it's possible for things to get worse before they get better.

Your signature on the Informed Consent for Treatment Services in your electronic record indicates that you agree to receive this treatment and that you have received an explanation and copy of the risks and benefits (see above).

Furthermore, you understand that participation in treatment at Community Counseling Center is strictly voluntary; and that you may withdraw consent at any time.

Also by signing the Informed Consent for Treatment Services, you affirm that you have been provided an orientation to the agency, its programs, services, workforce, and facilities, as well as have been made aware of restrictions of privileges that may be imposed due to a violation of program rules; and that the information listed above has been reviewed in a way that is understandable; and that you have been given the opportunity to ask questions.

Informed Consent for Treatment Services Continued on Next page ...

Supervision Notification: The counseling workforce of Community Counseling Center is trained and qualified to be of assistance to you. This means that your service provider will occasionally review your case with a clinical supervisor. It also means you have the right to meet with your service provider's supervisor at any time upon your request.

Standards of Professional Conduct/ Code of Ethics

Community Counseling Center maintains a Code of Ethics for its workforce to ensure that clients are treated with respect for their person and their care, and that workforce functions in a manner consistent with the ethics of their professions. A copy of Community Counseling Center's complete Code of Ethics Policy & Procedure can be provided upon request. It can also be accessed on our agency website @ www.cccohio.com.

Financial Obligations, Fees, & Financial Arrangements

Payment for Services:

Community Counseling Center is a private non-profit agency whose mission is to engage the community in recovery. These services are provided regardless of religious affiliation, race, color, ethnicity, age, sex, sexual orientation or handicap.

Charges for services are based on agency approved rates (See *Fee Schedule* on next page for current rates). Payment for services can consist of a variety of sources including commercial insurance, self-pay fees, Medicaid, Medicare, or various grants, when applicable.

It is the practice of Community Counseling Center to bill the appropriate above payer source on behalf of the client. To perform this function for you, we must receive accurate and complete information regarding income, family size, or Insurance coverage. Any failure to provide accurate and complete information will result in you being charged the full fees. Full fees are charged to all payer sources. Payments made by any of the above payer sources are applied according to payer source's Explanation of Benefits (EOB). In the absence of an EOB, payments will be applied to the oldest outstanding charges. Any amount paid by a combination of self-pay fees and payer source payments that exceed the total account charges will be refunded to the client upon termination of services from the agency.

Should your charges to any of the above payer sources include a self-pay portion, payment of that self-pay portion is expected at each visit. If an account becomes delinquent and no arrangements are made for payment, services may be terminated.

All delinquent accounts are subject to collection by the State Credit Financial Management Group.

Financial Obligations, Fees, & Financial Arrangements Continued on Next Page ...

It is important to remember that it is your responsibility to notify Community Counseling Center's billing office of any changes in your financial situation or insurance coverage so that we may assist in accessing your payer sources. Any questions about your bill for services should be directed to Community Counseling Center's billing office.

Fee Schedule

The following information is the fees charged for services at Community Counseling Center. Co-pays are due at the time of your appointment.

Mental Health:

- | | |
|---|----------------------------------|
| • Intake (Initial Visit) | \$135.00/HR |
| • Individual Counseling/Psychotherapy | \$130.00/HR |
| • Pharmacological Management (Psychiatrist) Services | \$123-237/HR based on complexity |
| • Individual Community Psychiatric Supportive Services (Case Management) | \$120.00/HR |
| • Emergency Services | \$135.00/HR |
| • Day Treatment Program Partial Hospitalization Program (Children) | \$140.00/DAY |

Substance Use Services:

- | | |
|---|----------------------------------|
| • Intake (Initial Visit) (includes Nurse Visit & UDS) | \$260.00/HR |
| • Individual Counseling (Adult & Child) | \$130.00/HR |
| • Group Counseling (Adult & Child) | \$ 40.00/HR |
| • Psychiatrist Services (Adult & Child) | \$123-237/HR based on complexity |
| • Case Management Services (Adult & Child) | \$120.00/HR |
| • Emergency Services | \$135.00/HR |
| • Laboratory Analysis | \$ 60.00/DAY |

Community Counseling Center accepts Medicaid, Medicare, private insurance and self-pay. A sliding fee scale for payment is available based on need and can be determined by speaking with the Community Counseling Center Financial Specialist, who can be reached by calling 440-998-4210.

Certifications & Funding Sources

Community Counseling Center is certified by the Ohio Department of Mental Health and Addiction Services (Ohio MHAS), accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), and funded by the Ashtabula County Mental Health and Recovery Services (MHRS) Board.

HEALTH & SAFETY/Policies & Procedure

Community Counseling Center has guidelines in place to protect the health and safety of clients, family members, and workforce. You are expected to comply with these guidelines:

Special Treatment, Safety, & Restraint

At Community Counseling Center, we do not use seclusion or restraint, but rather we attempt to prevent a crisis before one develops.

If a client becomes agitated and or has problems controlling himself/herself, workforce member may suggest the client seek a quiet and/or more private area in which to regain self-control. Such seeking and use of a quiet and more private area is to be client initiated and client terminated and to be used as a self-directed teaching technique to learn self-control.

If a client continues to escalate and appears to be nearing the point of being dangerous to themselves or others, the police and or an ambulance will be called immediately.

Tobacco Use Policy

Community Counseling Center prohibits the use of tobacco within 50 feet of the entrances of Community Counseling Center. It also prohibits the use of tobacco in any agency-owned or leased vehicle. This includes use of tobacco of any kind, including and not limited to cigarettes, pipes, and other alternative tobacco products, such as e-cigarettes, smokeless tobacco, and water pipes.

Prescription & Over-the-Counter Medication

It is expected that, while receiving CCC services, all prescription and over-the-counter medications that you may have on your person or otherwise in your possession be kept concealed and out of visibility and reach of others. This policy extends to services that may be provided in agency-owned or leased vehicles or workforce-owned vehicles.

Weapons and Drugs Policy

The use and/or unauthorized possession of weapons, legal or illegal drugs, contraband material, or alcoholic beverages are strictly prohibited on CCC premises, as well as in any agency-owned or leased vehicles, or workforce-owned vehicles. Corrective action will be taken immediately.

Risk Management & Emergency Plan

It is the policy of Community Counseling Center to develop and maintain a Risk Management Plan for the purpose of assessing potential and actual risks for clients, visitors, and employees of CCC.

Regular **emergency and safety drills** are conducted to ensure practice and effectiveness of our emergency plans. If a drill occurs while receiving services, please remain calm and follow CCC workforce directions; and we welcome your feedback about how the drill was carried out.

Education, information and training will be provided when safety concerns are identified as a means to reduce risk and promote yours and others' safety.

We value your safety, and **encourage you to notice the location of exits, first aid kits, and fire extinguishers, as they are clearly posted throughout the agency.**

Emergency exit plans indicate the safest and quickest way out of the facility and to the nearest "TORNADO SAFETY ZONE"; and indicate the location of the fire extinguishers and the first aid kits.

All workforce are trained in agency emergency procedures and are familiar with the agency premises, including emergency exits and/or shelters, fire suppression equipment, and location of first-aid and AED kits. **Workforce members will assist persons served with emergency procedures and familiarization with emergency exits and/or shelters, fire suppression equipment, and location of first-aid kits as needed** and within proximity of the programs & services they are associated with.

Medical & Psychiatric Advance Directives

A **medical advance directive** is a legal document signed by a competent person to provide guidance for medical and health-care decisions (as the termination of life support or organ donation) in the event the person becomes incompetent to make such decisions. In Ohio, do not resuscitate orders, living wills, organ donation and durable powers of attorney are advance directives that are authorized by state law. For more information, go to <http://ohiohospitals.org/advance-directives> or <http://www.caringinfo.org/files/public/ad/ohio.pdf>

A **psychiatric advance directive** is a legal document that you prepare for use during a personal mental health crisis, which may help influence your care. The directive provides a clear statement of your medical treatment preferences and other wishes or instructions. You can also use it to grant legal decision-making authority to another person who will serve as your advocate and health care agent until the mental health crisis is over.

When you have a mental health crisis, you may become too sick to fully understand what treatment the doctor recommends or to make decisions about your treatment. At such times, you lack "capacity" to make informed decisions about your care. You might be unable to comprehend information, to make decisions or unable to communicate your desires. Psychiatric advance directives take effect during these times. The doctor may take into consideration your wishes as expressed in your psychiatric advance directive or by the instructions of the person you appointed to speak for you as your advocate/health care agent.

Source Cited: Mental Health America: <http://www.mentalhealthamerica.net/psychiatric-advance-directive>

If you currently have a witnessed or notarized psychiatric advance directive, please provide a copy to Community Counseling Center so that it can be reviewed with you and placed in your record to be used accordingly, as needed.

For more information about psychiatric advance directives, visit the National Resource Center on Advance Directives online at <http://www.nrc-pad.org/>

If you wish to complete a psychiatric advance directive, additional assistance is available from Disability Rights Ohio, previously the Ohio Legal Rights Service, at 50 West Broad Street, Suite 1400, Columbus, Ohio 43215 or (614) 466-7264/(800) 282-9181 or www.disabilityrightsohio.org

Special Communication Needs

Community Counseling Center shall provide the assistance for clients who speak a language other than English as a primary means of communications, or who have a communication disorder, such as deafness or hearing impairment. Assistance shall include availability of an interpreter or appropriate communication devices, including telecommunication devices for the deaf (TDD) and shall be provided at no additional cost to persons served.

General Health & Safety Policies & Information

General Information:

- All persons are to be treated with respect and dignity by all, showing the appropriate concern for each other's rights, privacy, culture, religion, feelings and physical well-being.
- Foul, threatening or abusive language is not appropriate and will not be permitted.
- Potentially dangerous situations are to be immediately reported to the appropriate supervisory personnel. In an emergency, all persons served and workforce are to remain calm and follow the appropriate emergency procedures. All persons served and workforce are to demonstrate the appropriate care and concern for others, the agency, and other's property.
- Persons served and workforce are to use appropriate and socially acceptable problem-solving techniques in handling disputes. Fighting or arguing is strictly prohibited.

Infectious Diseases

You/your family may request from Community Counseling Center additional education or counseling for any questions or concerns that you may have about infectious diseases and their relationship to drug use. The below information, including exposure to and transmission of HIV, Hepatitis A, B, and C, and Tuberculosis (TB), is from the Center for Disease Control and Prevention (CDC). For more information, go to www.cdc.gov or call CDC Health Information Line at 1.800.232.4637.

HIV 101

Without treatment, HIV (human immunodeficiency virus) can make a person very sick and even cause death. Learning the basics about HIV can keep you healthy and prevent transmission.

HIV Can Be Transmitted By



Sexual Contact



Sharing Needles
to Inject Drugs



Mother to Baby
during pregnancy, birth,
or breastfeeding

HIV Is **NOT** Transmitted By



Air or Water



Saliva, Sweat, Tears, or
Closed-Mouth Kissing



Insects or Pets



Sharing Toilets,
Food, or Drinks

Protect Yourself From HIV

- Get tested at least once or more often if you are at risk.
- Use condoms the right way every time you have anal or vaginal sex.
- Choose activities with little to no risk like oral sex.
- Limit your number of sex partners.
- Don't inject drugs, or if you do, don't share needles or works.



- If you are at very high risk for HIV, ask your health care provider if pre-exposure prophylaxis (PrEP) is right for you.
- If you think you've been exposed to HIV within the last 3 days, ask a health care provider about post-exposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.
- Get tested and treated for other STDs.



Keep Yourself Healthy And Protect Others If You Are Living With HIV

- Find HIV care. It can keep you healthy and greatly reduce your chance of transmitting HIV.
- Take your medicines the right way every day.
- Stay in HIV care.



- Tell your sex or drug-using partners that you are living with HIV. Use condoms the right way every time you have sex, and talk to your partners about PrEP.
- Get tested and treated for other STDs.



For more information please visit www.cdc.gov/hiv

July 2016

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



Infectious Diseases Continued on Next page ...

HEPATITIS A

General Information

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 A?

Hepatitis A is a highly contagious liver infection caused by the Hepatitis A virus. It can range in severity from a mild illness lasting a few weeks to a severe illness lasting several months.

Who is at risk?

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

- Travel to or live in countries where Hepatitis A is common
- Have sexual contact with someone who has Hepatitis A
- Are men who have sexual encounters with other men
- Use recreational drugs, whether injected or not
- Have clotting-factor disorders, such as hemophilia
- Are household members or caregivers of a person infected with Hepatitis A

How common is Hepatitis A?

Hepatitis A still occurs in the United States, although not as frequently as it once did. Over the last several decades, there has been more than a 90% decrease in Hepatitis A cases. New cases are now estimated to be around 3,000 each year. Many experts believe this decline is a result of the vaccination of children and people at risk for Hepatitis A. Many of the new cases, however, are from American travelers who got infected while traveling to parts of the world where Hepatitis A is common.



Hepatitis A can be prevented with a safe and effective vaccine.

How is Hepatitis A spread?

Hepatitis A is usually spread when a person ingests fecal matter—even in microscopic amounts—from contact with objects, food, or drinks contaminated by feces or stool from an infected person.

Hepatitis A can be spread when:

- An infected person does not wash his/her hands properly after going to the bathroom and then touches objects or food
- A caregiver does not properly wash his or her hands after changing diapers or cleaning up the stool of an infected person
- Someone engages in sexual activities with an infected person

Hepatitis A also can be spread through contaminated food or water. Contamination of food can happen at any point: growing, harvesting, processing, handling, and even after cooking. This most often occurs in countries where Hepatitis A is common.

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U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Infectious Diseases Continued on Next page ...

What are the symptoms of Hepatitis A?

Not everyone has symptoms. If symptoms develop, they usually appear 2 to 6 weeks after infection and can include:

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

Symptoms are more likely to occur in adults than in children. They usually last less than 2 months, although some people can be ill for as long as 6 months.



People can spread Hepatitis A even if they don't look or feel sick. Many children and some adults have no symptoms.

How is Hepatitis A diagnosed and treated?

A doctor can determine if a person has Hepatitis A by discussing his or her symptoms and taking a blood sample. To treat Hepatitis A, doctors usually recommend rest, adequate nutrition, fluids, and medical monitoring. Some people will need to be hospitalized. It can take a few months before people begin to feel better.

How serious is Hepatitis A?

Most people who get Hepatitis A feel sick for several months, but they usually recover completely and do not have lasting liver damage. Sometimes Hepatitis A can cause liver failure and death, although this is rare and occurs more commonly in people older than 50 and people with other liver diseases.

Can Hepatitis A be prevented?

Yes. The best way to prevent Hepatitis A is by getting vaccinated. Experts recommend the vaccine for all children, and people with certain risk factors and medical conditions. The vaccine is also recommended for travelers to certain international countries, even if travel occurs for short times or on closed resorts. The Hepatitis A vaccine is safe and effective and given as 2 shots, 6 months apart. Both shots are needed for long-term protection. Ask if your health plan will cover travel related vaccines. You can get vaccinated at your doctor's office, as well as travel clinics and other locations. Lower cost vaccination may be available at certain pharmacies and your local health department.

Who should get vaccinated against Hepatitis A?

Vaccination is recommended for certain groups, including:

- All children at age 1 year
- Travelers to countries where Hepatitis A is common
- Family and caregivers of adoptees from countries where Hepatitis A is common
- Men who have sexual encounters with other men
- Users of recreational drugs, whether injected or not
- People with chronic or long-term liver disease, including Hepatitis B or Hepatitis C
- People with clotting-factor disorders

For more information

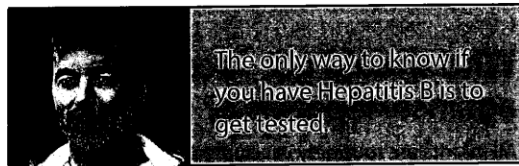
Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis or www.cdc.gov/travel.

HEPATITIS B

General Information

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. Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis. However, 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.



What is Hepatitis B?

Hepatitis B can be a serious liver disease that results from infection with the Hepatitis B virus. **Acute Hepatitis B** refers to a short-term infection that occurs within the first 6 months after someone is infected with the virus. The infection can range in severity from a mild illness with few or no symptoms to a serious condition requiring hospitalization. Some people, especially adults, are able to clear, or get rid of, the virus without treatment. People who clear the virus become immune and cannot get infected with the Hepatitis B virus again.

Chronic Hepatitis B refers to a lifelong infection with the Hepatitis B virus. The likelihood that a person develops a chronic infection depends on the age at which someone becomes infected. Up to 90% of infants infected with the Hepatitis B virus will develop a chronic infection. In contrast, about 5% of adults will develop chronic Hepatitis B. Over time, chronic Hepatitis B can cause serious health problems, including liver damage, cirrhosis, liver cancer, and even death.

How is Hepatitis B spread?

The Hepatitis B virus is spread when blood, semen, or other body fluids from an infected person enters the body of someone who is not infected. The virus can be spread through:

- **Sex with an infected person.** Among adults, Hepatitis B is often spread through sexual contact.
- **Injection drug use.** Sharing needles, syringes, and any other equipment to inject drugs with someone infected with Hepatitis B can spread the virus.
- **Outbreaks.** While uncommon, poor infection control has resulted in outbreaks of Hepatitis B in healthcare settings.
- **Birth.** Hepatitis B can be passed from an infected mother to her baby at birth. Worldwide, most people with Hepatitis B were infected with the virus as an infant.

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.

What are the symptoms of Hepatitis B?

Many people with Hepatitis B do not have symptoms and do not know they are infected. If symptoms occur, they can include: fever, feeling tired, not wanting to eat, upset stomach, throwing up, dark urine, grey-colored stool, joint pain, and yellow skin and eyes.

When do symptoms occur?

If symptoms occur with an acute infection, they usually appear within 3 months of exposure and can last up to 6 months. If symptoms occur with chronic Hepatitis B, they can take years to develop and can be a sign of advanced liver disease.

Continued on next page



U.S. Department of
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Control and Prevention

Infectious Diseases Continued on Next page ...

How would you know if you have Hepatitis B?

The only way to know if you have Hepatitis B is to get tested. Blood tests can determine if a person has been infected and cleared the virus, is currently infected, or has never been infected.

Who should get tested for Hepatitis B and why?

CDC develops recommendations for testing based upon a variety of different factors. Here is a list of people who should get tested. The results will help determine the next best steps for vaccination or medical care.

All pregnant women are routinely tested for Hepatitis B. If a woman has Hepatitis B, timely vaccination can help prevent the spread of the virus to her baby.

Household and sexual contacts of people with Hepatitis B are at risk for getting Hepatitis B. Those who have never had Hepatitis B can benefit from vaccination.

People born in certain parts of the world that have increased rates of Hepatitis B. Testing helps identify those who are infected so that they can receive timely medical care.

People with certain medical conditions should be tested and get vaccinated if needed. This includes people with HIV infection, people who receive chemotherapy and people on hemodialysis.

People who inject drugs are at increased risk for Hepatitis B but testing can tell if someone is infected or could benefit from vaccination to prevent getting infected with the virus.

Men who have sex with men have higher rates of Hepatitis B. Testing can identify unknown infections or let a person know that they can benefit from vaccination.

How is Hepatitis B treated?

For those with acute Hepatitis B, doctors usually recommend rest, adequate nutrition, fluids, and close medical monitoring. Some people may need to be hospitalized. People living with chronic Hepatitis B should be evaluated for liver problems and monitored on a regular basis. Treatments are available that can slow down or prevent the effects of liver disease.

Can Hepatitis B be prevented?

Yes. The best way to prevent Hepatitis B is by getting vaccinated. The Hepatitis B vaccine is typically given as a series of 3 shots over a period of 6 months. The entire series is needed for long-term protection.

Who should get vaccinated against Hepatitis B?

All infants are routinely vaccinated for Hepatitis B at birth, which has led to dramatic declines of new Hepatitis B cases in the US and many parts of the world. The vaccine is also recommended for people living with someone infected with Hepatitis B, travelers to certain countries, and healthcare and public safety workers exposed to blood. People with high-risk sexual behaviors, men who have sex with men, people who inject drugs, and people who have certain medical conditions, including diabetes, should talk to their doctor about getting vaccinated.

For more information

Talk to your doctor, call your health department, or visit www.cdc.gov/hepatitis.

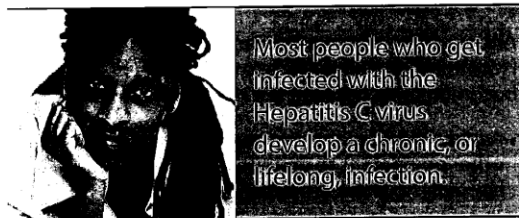
HEPATITIS C

General Information

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.

Heavy alcohol use, toxins, some medications, and certain medical conditions can cause hepatitis. However, 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.



What is Hepatitis C?

Hepatitis C is an infection of the liver that results from the Hepatitis C virus. **Acute** Hepatitis C refers to the first several months after someone is infected. Acute infection can range in severity from a very mild illness with few or no symptoms to a serious condition requiring hospitalization. For reasons that are not known, about 20% of people are able to clear, or get rid of, the virus without treatment in the first 6 months.

Unfortunately, most people who get infected are not able to clear the Hepatitis C virus and develop a chronic, or lifelong, infection. Over time, **chronic** Hepatitis C can cause serious health problems including liver disease, liver failure, and even liver cancer.

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, syringes, or any other equipment to inject drugs. Before widespread screening of the blood supply in 1992, Hepatitis C was also spread through blood transfusions and organ transplants. While uncommon, poor infection control has resulted in outbreaks in healthcare settings.

While rare, sexual transmission of Hepatitis C is possible. Having a sexually transmitted disease or HIV, sex with multiple partners, or rough sex appears to increase a person's risk for Hepatitis C. Hepatitis C can also be spread when getting tattoos and body piercings in unlicensed facilities, informal settings, or with non-sterile instruments. Also, approximately 6% of infants born to infected mothers will get Hepatitis C. Still, some people don't know how or when they got infected.

What are the symptoms of Hepatitis C?

Many people with Hepatitis C do not have symptoms and do not know they are infected. If symptoms occur, they can include: fever, feeling tired, not wanting to eat, upset stomach, throwing up, dark urine, grey-colored stool, joint pain, and yellow skin and eyes.

When do symptoms occur?

If symptoms occur with acute infection, they can appear anytime from 2 weeks to 6 months after infection. If symptoms occur with chronic Hepatitis C, they can take decades to develop. When symptoms appear with chronic Hepatitis C, they often are a sign of advanced liver disease.

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How would you know if you have Hepatitis C?

The only way to know if you have Hepatitis C is to get tested. Doctors use a blood test, called a Hepatitis C Antibody Test, which looks for antibodies to the Hepatitis C virus. Antibodies are chemicals released into the bloodstream when someone gets infected. Antibodies remain in the bloodstream, even if the person clears the virus.

A positive or reactive Hepatitis C Antibody Test means that a person has been infected with the Hepatitis C virus at some point in time. However, a positive antibody test **does not** necessarily mean a person still has Hepatitis C. An additional test called a RNA test is needed to determine if a person is currently infected with Hepatitis C.

Who should get tested for Hepatitis C?

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

- Were born from 1945 – 1965
- Received donated blood or organs before 1992
- Have ever injected drugs, even if it was just once or many years ago
- Have certain medical conditions, such as chronic liver disease and HIV or AIDS
- Have abnormal liver tests or liver disease
- Have been exposed to blood from a person who has Hepatitis C
- Are on hemodialysis
- Are born to a mother with Hepatitis C

Can Hepatitis C be treated?

Yes. However, treatment depends on many different factors, so it is important to see a doctor experienced in treating Hepatitis C. New and improved treatments are available that can cure Hepatitis C for many people.



Testing is the only way to know if you have Hepatitis C.

How can Hepatitis C be prevented?

Although there is currently no vaccine to prevent Hepatitis C, there are ways to reduce the risk of becoming infected with the Hepatitis C virus.

- Avoid sharing or reusing needles, syringes or any other equipment to prepare and inject drugs, steroids, hormones, or other substances.
- Do not use personal items that may have come into contact with an infected person's blood, even in amounts too small to see, 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.

For more information

Talk to your health professional, call your health department, or visit www.cdc.gov/hepatitis.

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.

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National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Tuberculosis Elimination



CS227840_A

Infectious Diseases Continued on Next page ...

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>

October 2011

10 Tips for Preventing the Spread of Infection



Some diseases have become immune to the antibiotics we use.

As a result, controlling diseases and preventing infections from spreading are more crucial than ever, and doing so begins with measures every individual can take.

Here are "10 tips" to remember:

1. Wash your hands frequently—especially before preparing food, before eating, and after using the restroom. Insist that your health care providers wash their hands and use gloves.
2. Don't insist that your physician give you antibiotics if you don't need them. Antibiotics have no effect on illnesses caused by viruses.
3. Take prescribed antibiotics exactly as instructed; do not stop taking them without checking with your physician, even if the medicine makes you feel better—or worse.
4. Keep your immunizations up to date.
5. Follow safe sexual practices.
6. Don't send your child to a day care center or to a school with symptoms of an infection—such as vomiting, diarrhea, and/or fever.
7. Do not use I.V. drugs; if you do, do not share needles.
8. Don't share personal items—such as razor blades, tooth brushes, combs, and hairbrushes—and don't eat or drink from others' plates or glasses.
9. Keep kitchen surfaces clean, especially when preparing meat, chicken, and fish; disinfect kitchen surfaces.
10. Keep hot foods hot and cold foods cold, especially when they will be left out for a long time.

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ASSOCIATION FOR PROFESSIONALS IN
INFECTION CONTROL AND EPIDEMIOLOGY, INC.

Universal Precautions: It is to be noted that workforce at CCC follow universal precautions, which are defined by the CDC as the following: “A set of precautions designed to prevent the transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other blood borne pathogens when providing first aid or health care”.

Ways you may see workforce protecting themselves or others may include wearing latex gloves, face shields, or protective body clothing, as well as washing hands and other skin surfaces thoroughly and immediately following any contamination with fluids to which universal precautions apply.

CCC workforce disposes of needles, syringes, and other sharp items in a puncture resistant container marked with a biohazard symbol.

Program Information

Agency/Program Hours & After-Hour Services

Regular agency hours are 8:30 AM to 7:00 PM, Monday through Thursday; and 8:30 AM to 5:30 PM on Friday.

Individuals requesting services are encouraged to utilize the agency’s Community Access (aka Walk-in) Clinic (see Community Access Clinic Procedure). The purpose of the Access Clinic is to offer immediate or same-day access to assessments for treatment, resource linkage, and/or pre-crisis supportive engagement. Client’s identified as having a pre-crisis/urgent (but not emergent) need will take precedence. The Access Clinic is available M-F 9:00am-3:00pm (later when deemed necessary) and can provide service for clients with no insurance or Medicaid.

Individuals with private insurance or specifically requesting a scheduled assessment will be provided with a scheduled appointment within seven days of initial contact or at the Consumer’s convenience. Individuals with private insurance will be scheduled with providers paneled with that respective insurance plan.

If services are needed beyond Community Counseling Center’s regularly scheduled hours, individuals are encouraged to utilize the Ashtabula County **HOPELINE by calling 1-800-577-7, a 24-Hour Crisis and Suicide Prevention Hotline**. Individuals can also access the **Crisis Text Line 24-hours by texting Text 4hope to 741741**.

Agency Admission & Diagnostic Assessment

Introduction:

Community Counseling Center makes every effort to understand the challenges of providing effective, affordable best practice services for clients and families seeking behavioral health interventions and support.

It is the goal of Community Counseling Center to provide services and supports that help clients attain outcomes that promote achievement of the highest quality of life in spite of the challenges and barriers each individual experiences.

The clinical philosophy subscribed to by the agency is one of engagement and access to services. As part of our commitment to engagement, CCC encourages the use of Motivational Interviewing (MI) by all direct care clinicians. MI is a SAMHSA-approved evidence-based practice that assists us in encouraging clients to explore their desire to make changes in their own lives. The foundations of MI are the use of OARS (Open-ended Questions, Affirmations, Reflective Listening, and Summarizing) skills. We also use Prochaska and DiClemente's Stages of Change Model to assist in determining level of care and appropriateness of services, particularly within the SUD Program. Utilizing all available community programs and resources, along with focusing on "where they are at", helps to keep clients engaged in programs and supports them as they transition through stages of treatment as their needs change.

Agency Admission and Diagnostic Assessment:

To qualify for admission to any behavioral health service, a client must have a diagnosable mental disorder which meets criteria according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). All service provision shall be preceded by a Diagnostic Assessment to clearly establish these criteria.

This extensive clinical evaluation is used to gather information necessary to determine a Client's strengths, needs, abilities and preferences (SNAP); to develop a diagnostic impression; determine what services would benefit the client; and determine medical necessity. This information becomes the foundation of the person-centered treatment plan and helps to match the client with an appropriately skilled provider and/or treatment team. All mental health assessments are done by trained and properly credentialed and competent clinicians.

During the Diagnostic Assessment, a written evaluation is completed of the Client's Mental Health or Substance Use status. This assessment is completed face-to-face with the Client and Guardian, if applicable. For Substance Use Assessments, an ASAM (American Society Addiction Medicine) Level of Care is established at the time of the assessment.

CCC Programs, Services, & Person(s) Responsible for Service Coordination

<u>Programs and Services:</u>	Population Served	Person Responsible for Service Coordination
<p>1. <u>Crisis Intervention – Mental Health, Substance Use, or Dual Diagnosis:</u> Crisis Intervention is a service that is provided for clients of CCC to assess whether they are at risk of imminent danger as a threat of harm to self or others. The intention of a crisis intervention is to evaluate a client's current level of risk and establish a plan of safety that is as least restrictive as possible while also ensuring the safety of client and others. Crisis interventions are conducted by qualified behavioral health professionals when a client presents that he/she may be at risk. Crisis interventions are documented on a designated billable note that specifies all of the assessment criteria and includes a safety plan and an internal incident report is filed.</p>	<ul style="list-style-type: none"> • Children • Adolescents • Adults • Older Adults 	Any Clinical Supervisor
<p>2. <u>Psychiatric Treatment/Pharmacologic Management (PHM):</u> Clients who are referred to this program undergo a psychiatric evaluation to determine if he or she would benefit from a medication regime. If so, medication is prescribed and monitored by the psychiatrist and the nurses. Education regarding the proper use of medication, and possible side effects is also provided to clients.</p>	<ul style="list-style-type: none"> • School-Aged Children • Adolescents • Adults • Older Adults 	PHM Clinical Supervisor
<p>3. <u>Behavioral Health Counseling and Therapy (BHCT):</u> The outpatient counseling program provides diagnostic and treatment services that are goal oriented and include individualized treatment plans. Services are provided by workforce with Master Degrees who are trained and experienced in mental health. Therapists meet or exceed standards of the Ohio Department of Mental Health and Addiction Services and are licensed and/or supervised by an independently licensed mental health professional.</p>	<ul style="list-style-type: none"> • Children • Adolescents • Adults • Older Adults 	BHCT Clinical Supervisor

Programs/Services/Coordination Continued on Next page ...

Programs and Services Cont'd:

	Population Served	Person Responsible for Service Coordination
<p>4. <u>Substance Use Counseling</u>: Counseling within our Substance Use Disorder (SUD) Department comes in two forms, Individual/Family Therapy and Group Therapy. All Substance Use Counseling is provided by clinicians who are licensed or certified to provide substance use interventions and are qualified to do so by virtue of their experience level and the level of clinical supervision they are currently receiving. Substance Use group placement at CCC is based upon many elements, including ASAM Level of Care, current motivation to change, and other environmental factors.</p>	<ul style="list-style-type: none"> • Children • Adolescents • Adults • Older Adults 	SUD Clinical Supervisor
<p>5. <u>Intensive Outpatient Program (IOP)</u>: IOP is provided to substance use clients who meet the appropriate ASAM Level of Care for this service. It involves nine to twelve hours per week of intensive group counseling. The IOP curriculum runs on a twelve week cycle and includes topics such as substance addiction education, nutritional education, life skills, abstinence coaching, codependency and parenting training.</p>	<ul style="list-style-type: none"> • Adults • Older Adults 	SUD Clinical Supervisor
<p>6. <u>Medication Assisted Treatment (MAT)</u>: Medication Assisted Treatment (MAT) is an evidence-based protocol for the treatment of substance use disorders. MAT is utilized in order to provide clients several physician-supervised options to serve as an adjunct to the agency's other substance use treatment services.</p> <p>Specialized Services within MAT:</p> <p>a. Transitions to Recovery - Ambulatory Detoxification Program provides a local option for adult residents of Ashtabula County who want help from a doctor to safely transition off heroin or opiates on an outpatient basis.</p>	<ul style="list-style-type: none"> • Adults • Older Adults 	SUD Clinical Supervisor
<p>7. <u>CJBH (Criminal Justice and Behavioral Health Linkages Project)</u>: The CJBH utilizes MHRS Board funds to provide services for reentry from the Ashtabula County Jail. The goal of this program is to reduce recidivism within individuals in Ashtabula County who are struggling with Mental Health and/or Substance Use disorders.</p>	<ul style="list-style-type: none"> • Adults • Older Adults 	SUD Clinical Supervisor

Programs/Services/Coordination Continued on Next page ...

Programs and Services Cont'd:

	Population Served	Person Responsible for Service Coordination
<p><u>Community Psychiatric Supportive Treatment/Case Management:</u></p> <p>CPST/Case Management services come in three varieties -</p> <p>Child Community Psychiatric Supportive Treatment services are designed to provide assistance, advocacy, education and support to children that are diagnosed with a mental health issue. Community Support Workers help children develop appropriate coping and social skills to enable them to function well at school, at home and in the community. We also provide families with education related to the child's mental health issues and work cooperatively with parents and caregivers. We work in a variety of settings including home, schools and the juvenile justice system.</p> <p>Adult Community Psychiatric Supportive Treatment services are designed to help mental health consumers cope with symptoms. These services involve providing assistance and advocacy to consumers to locate safe and affordable housing, obtain benefits through Job and Family Services and Social Security, and to seek employment, job training, or volunteer work. ACPST workers also link consumers to additional resources such as food pantries, rent and utility assistance, clothing banks, and transportation options.</p> <p>Case Management services provide many of the same benefits as the Child and Adult CPST services listed above, with the difference that Case Management is designed for clients with substance use disorders. Individuals providing Case Management services receive training and are experienced at working with substance use in addition to mental health diagnoses.</p>	<ul style="list-style-type: none"> • Children • Adolescents • Adults • Older Adults 	Community-Based or School Based CPST Clinical Supervisor
<p><u>Children's Day Treatment Program:</u> The Children's Day Treatment Program is a non-residential program that offers a full day of outpatient mental health treatment for adolescents ages 8-12. The program provides clinical diagnostic assessment and treatment services on a level of intensity equal to an inpatient program, but on less than 24-hour basis. The program serves up to 16 children with a mental health diagnosis who are currently having difficulty maintaining successful behavior in a regular school setting, being disruptive in the community, and/or experiencing difficulty functioning within the family.</p>	<ul style="list-style-type: none"> • Children • Adolescents 	Children's Day Treatment Clinical Supervisor
<p><u>Parent Project:</u> The Parent Project is a 12-week class that is typically held from 5:30-8:30. CCC holds 3-4 sessions of the Parent Project each year, and its intent is to provide parents of adolescents with skills to use in order to prevent and/or intervene in their adolescent's high-risk behaviors (like gang involvement or substance use). It also provides parents techniques that can help them communicate more effectively with their adolescents.</p>	<ul style="list-style-type: none"> • Parents of Adolescent-Aged Children 	Community-Based CPST Clinical Supervisor
<p><u>Loving Solutions:</u> Loving Solutions is a 10-week parenting curriculum that was created as a branch of The Parent Project. Whereas The Parent Project is targeted towards parents of adolescents, Loving Solutions focuses on parents of children ages 5-10 years.</p>	<ul style="list-style-type: none"> • Parents of children 5-10 years old 	Community-Based CPST Clinical Supervisor

Programs/Services/Coordination Continued on Next page ...

Programs and Services Cont'd:

	Population Served	Person Responsible for Service Coordination
12. <u>Transition Youth Services (TYS)</u> : YYS utilizes a strengths-based evidence-supported practice that helps guide transition-age youth (14-29) with emotional/behavioral difficulties (EBD) and/or mental illness in setting goals for independence and achieving positive outcomes across the transition domains of Employment and Career, Educational Opportunities, Living Situation, Personal Effectiveness and Well-being, and Community-Life Functioning, and can involve any combination of CPST, BHCT, and SE services.	<ul style="list-style-type: none">• Adolescents Age 14-17• Adults Age 18-29	TYS Clinical Supervisor
13. <u>Supported Employment-Individual Placement and Support (SE-IPS)</u> : Community Counseling Center provides employment services, under the evidence-based SE-IPS model (Supported Employment with Individualized Placement and Support). CCC's SE Program assists individuals with severe and persistent mental illness and substance use disorders in obtaining and maintaining meaningful work. The SE-IPS Program is monitored by the Ohio Department of Mental Health and Addiction Services (OhioMHAS), in order to ensure adherence to the SE-IPS model.	<ul style="list-style-type: none">• Adults	SE Clinical Supervisor

Treatment

Treatment Modalities: We make every possible effort at Community Counseling Center to employ the most current practices and modalities within the field. Our clinicians have very eclectic personal styles and come from a wide variety of theoretical backgrounds. Evidence-based practices currently in use at CCC include Motivational Interviewing (MI), Supported Employment-Individual Placement and Support Model (SE-IPS), Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA), Cognitive-Behavioral Therapy (CBT), Dialectical Behavioral therapy (DBT), Transition to Independence Process (TIP), Trauma-Informed Care (TIC), and Medication Assisted Treatment (MAT).

Family & Significant Other/Support System Involvement: You are invited and encouraged to involve in your treatment those persons in your life that provide support to you. It is important for them to have knowledge and understanding of your treatment goals, your struggles, and your achievements so that they can support you appropriately in your recovery.

Person-Centered Treatment Plan: It is the policy of Community Counseling Center to ensure that each client receiving services will have a person-centered plan of treatment that is integrated across all services to assure maximum clinical benefit to the client/family and to assure client/family participation in its development and implementation.

An individualized service plan (ISP) provides the blueprint of care and treatment for every client admitted to CCC for service. The plan is developed in collaboration with the client/family and is the primary tool used to communicate the overall treatment plan.

In addition to identifying treatment goals, each ISP reflects the strengths, needs, abilities, and preferences (SNAP) of the client/family being served; and depending upon program and/or service, may include how motivational incentives may be used to help promote achievement of progress and goals.

Progress toward goals is captured in progress notes, which are required to be written by your service provider following every contact. Progress is also reflected in individualized service plan reviews.

Upon request, a printed copy of the ISP may be provided to the client/family.

Integrated Care: Should you receive multiple services at CCC, your providers will communicate together in order to address emergent and ongoing issues, continuity of services, and decisions concerning you in order to exchange of information and insure a unified approach regarding your treatment plan and progress.

Ineligible for Requested Program/Service: If it is determined you are not eligible for a program or service that you've requested, you, and your family or support system as appropriate, and the referral source, will be informed as to the reason why; and recommendations for alternative resources, as available, will be provided.

Program Rules, Responsibilities, & Expectations

Community Counseling Center takes numerous steps to maintain your rights as a client, and in turn it is expected that you will also assume some responsibilities to aid in positive treatment outcomes and help create and maintain a safe environment for you, your family, and all workforce, clients, and other stakeholders at Community Counseling Center, or in the community during the provision of services by Community Counseling Center workforce.

- ☐ Be respectful and safe – Be respectful of all agency property, workforce, and clients at all times. Help create safe surroundings by helping control noise and disturbances, and following no-weapons and tobacco free policies.
- ☐ Accurate and updated information – You and your family are responsible for providing, to the best of your or their knowledge, accurate and complete information, initially about your history of treatment, care, or services; and on-going, reporting unexpected changes in your condition or circumstances. Accurate and current information will allow your service providers to provide you with optimal guidance in meeting your treatment goals.
- ☐ Regular attendance – You and your family can be best served and experience the greatest outcomes by attending and being an active participant and partner in your scheduled appointments.
- ☐ Cancelling/Re-scheduling - However, we want you and your family to practice good self-care and wellness. We care about your well-being. If you are ill or have another emergency or urgent matter that needs to be tended to during the time of a scheduled appointment or group, please call, cancel, and re-schedule.
- ☐ Prescribed medications – Please take all prescribed medications as directed by your doctor; or talk with your prescriber before stopping or changing medicines or medication times. Report any unexpected changes in your condition or health status.
- ☐ Please no gifts! Thank you for your thoughtfulness! However, no workforce member is permitted to accept personal gifts or favors from clients, or to request personal favors from a client. Donations made to the agency are acceptable.
- ☐ Follow the law - All clients are expected to follow all federal, state, and county laws
- ☐ Financial responsibility – You and your family are responsible for properly meeting any financial obligation agreed upon with Community Counseling Center.
- ☐ Additional Program or Service Rules & Expectations – You and your family are responsible to abide by any additional rules and expectations put forth by specific programs & services at Community Counseling Center.

Consequences & Restrictions

Privileges, unlike rights, can be lost through violations of agency, program, & services rules, or a failure to demonstrate progress in treatment. Any client or family member who is asked to leave the premises and complies will be allowed to reschedule the appointment. Clients or family members whose actions require police involvement will be allowed to return only after a review by the administration and clinical supervisory team. All violations of agency, program, & services rules will be reviewed on a case by case basis; and a disposition and/or plan of action outlining ways in which restricted privileges may be regained will be determined and shared with the client and/or family member.

Transition, Discharge, and Voluntary Leave

It is the belief of Community Counseling Center that transition planning begins at the start of services, during the individual planning and service delivery process and then on-going during treatment, as a measure to recognize progress in treatment and to help ensure a seamless transition when a person prepares to close in a service or services, to transfer to a different level of care, or prepare for a planned discharge from the agency. Transition planning is developed with the input and participation of the client, program workforce, and when appropriate or permitted, the family, a legally authorized representative, the referral source and any other community service(s).

In the event you wish to voluntarily terminate services against the advice of your clinician, the potential consequences of early termination will be explained; and every effort will be made to encourage continued participation and/or needed referrals for services elsewhere will be provided.

Community Counseling Center workforce will make every effort to engage you in planning your own closure in a program, service, or the agency.

A discharge summary will be mailed to you either when there has been an agreement to close in a program or service; or when services have been discontinued and there has been no contact with workforce members. At the time of discharge, whether planned or unplanned, recommendations and/or referrals will be given in person or in writing.

Affirmation of Orientation

By signing your Informed Consent for Treatment Services in your electronic client record, you affirm or validate that you have been provided an orientation to the agency, its programs, services, workforce, and facilities, as well as have been made aware of restrictions of privileges that may be imposed due to a violation of program rules; and that the information listed above has been reviewed in a way that is understandable, and that you have been given the opportunity to ask questions.

*Thank you for choosing Community Counseling Center as a partner in your recovery!
We look forward to working successfully with you to achieve your goals!*

Appendix A:

Other COMMUNITY RESOURCES: 2-1-1

Is the following true for you or your family...

"We need help but we don't know where to turn. I wish there was one place we could call that would direct us to the right place to help us out."

There is such a place... just dial 2-1-1.



Call us- we can
connect you to the
services you need.

Just dial... 2-1-1.

Or search on-line:

2-1-1 is also available via the web so
you can search all of our resources on
your own at www.211ashtabula.org
just click...



www.211ashtabula.org

Alternate Phone- 1-800-874-8545

*Fax- (440)997-6162

*Email- 211@accaa.org

*PO Box 2610 *Ashtabula, Ohio 44005-2610

A service of...



What is 2-1-1?

2-1-1 is an easy-to-remember three-digit telephone number which can be dialed anywhere in Ashtabula County to connect people in need with community, social, health and human service programs and resources.

2-1-1 Ashtabula is not new. For more than 10 years, Community Action has been providing the vital link connecting people in need to services to assist with practical problems in their lives.

2-1-1 is at no charge to the caller and is available 24/7.

Does 2-1-1 work from all phones?

2-1-1 is available to all residents of Ashtabula County via landline and cell phone. If for some reason you cannot connect to our service by dialing 2-1-1, call toll free 1-800-874-8545.

with
ENHANCED

Information and Referral
for Seniors

An offshoot of our comprehensive 2-1-1 information and referral service, Enhanced Information and Referral for Seniors provides more time for those Seniors that are trying to gain access to health, human and social services and need extra assistance to get connected to a resource.

For Fire, Medical or Police Emergency call 9-1-1

For community, social, and health and human service information call 2-1-1.

2-1-1 Ashtabula County is funded in part by...

United Way of Ashtabula County, Ashtabula County Department of Job and Family Services-TXX, Ohio Development Services Agency-CSBG, and the Ashtabula County Senior Services Levy