



Client Orientation Handbook

This handbook is provided to you to help orient you to our agency. If you have questions or need further information, please see a staff member. Included in the handbook is the following:

- Agency Mission Statement
- Service Description (Including hours of operation)
- Copy of agency Rules & Regulations
- Copy of Client Rights form and Client Grievance Procedure
- Explanation of client satisfaction survey process
- Information regarding access to after-hours services in the community
- Copy of agency Ethics Statement
- Copy of Notice of Confidentiality / Privacy Practices
- Site Map (for locations of emergency exits, fire extinguishers, first aid kits)
- Copy of policy on seclusion & restraint
- Educational information on HIV/AIDS, TB, Hepatitis B, and Hepatitis C other infectious diseases, how to access information on advance directives

Mission Statement:

Through proven programs delivered by supportive and dedicated professionals, CRC offers a path to wellness for the prevention of and recovery from substance abuse and related issues for individuals and families in our community.

Location:

Main Office: 1088 Wasserman Way, Suite C, Batavia, OH 45103 513-735-8100
Adolescent Office: 1088 Wasserman Way, Suite B, Batavia, OH 45103 513-732-5500
TASC Office: 1074 Wasserman Way, Batavia, OH 45103 513-735-8100

Hours of Operation:

Monday 8:30am – 9:00pm
Tuesday 8:30am – 9:00pm
Wednesday 8:30am – 9:00pm
Thursday 8:30am – 9:00pm
Friday 8:30am – 4:30pm
Saturday 8:30am – 4:30pm

For emergency and inclement weather closings please refer to local news Channel 9 WCPO.

Access to After-Hours Services

Clermont Recovery Center, Inc. does not provide 24-hour access to services. Below is a list of after-hours resources in the community:

Clermont County Crisis Hotline 528-SAVE (7283)
Greater Cincinnati Alcoholics Anonymous 351-0422
Poison Control 872-5111

Levels of Care offered by Clermont Recovery Center, Inc.

CRC offers the following levels of care:

- Level I-A- Non-Intensive Outpatient
- Level I-B Intensive Outpatient
- Level III-A Ambulatory Detoxification

Admission to each level of care is based upon the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) protocols for levels of care placement.

The protocols involve a review of criteria for seven dimensions (life areas):

- Acute Intoxication & Withdrawal Potential
- Biomedical Conditions & Complications
- Emotional/ Behavioral/ Cognitive Conditions & Complications
- Treatment Acceptance and Resistance
- Relapse Potential
- Recovery Environment
- Family/ Caregiver Functioning (Adolescents only)

Admissions & Reviews

A clinical supervisor reviews all admissions. Reviews are conducted on a regular basis. Continuation of services is determined based on the protocols and client progress in treatment as verified by:

- Achievement of goals & objectives from the individualized treatment plan
- Results of random urine screening
- Input from the client & counselor

Discharges

A clinical supervisor approves all discharges. Discharge criteria are also based upon the protocols and client progress in treatment as verified by:

- Achievement of goals & objectives from the individualized treatment plan
- Results of random urine screening
- Input from the client & counselor



Clermont Recovery Center, Inc. offers a variety of outpatient services, which are designed to meet the individual treatment needs of its clients.

Registration- Registration is the first step for the client in accessing services. The registration process includes completion of the paperwork necessary to open the client's case, a determination of financial resources available for payment of fees (fees for most services are based on a sliding fee scale to Clermont County Residents, full-fee for out of County residents), and a toxicology screen. Intake takes about 45minutes.

Urine Toxicology Screening – These are done at the point of intake and randomly throughout the duration of services. A positive and/or negative drug screen result is not the only factor in deciding the level of care that will be recommended. Specimens are taken following “chain of custody” procedures and are sent to a NIDA certified lab for processing. Results can be obtained by telephone within twenty-four hours and written results are back within forty-eight hours.

ADULT TREATMENT

Assessment – The assessment provides a comprehensive overview of the client and his/her problems. Assessment includes the alcohol and other drug history, including

past treatment or efforts to abstain, functioning in the areas of family, employment, health, mental health, legal, social and other life areas. Strengths available to support the recovery process, client motivation for recovery, and ability to abstain from alcohol and other drugs on an outpatient basis are also assessed. Recommendations for additional services, if appropriate, are also a part of the assessment process. The assessment usually takes one and a half-hours. Some clients may require additional assessment time. Upon completion of the assessment, an **Individualized Treatment Plan** is developed. The plan is based on the results of the assessment and establishes the goals for treatment. The client is encouraged to participate in the development of the treatment goals and the treatment plan.

A primary therapist will be assigned and will be responsible for service coordination.

Traditional Outpatient Program (TOPP) – A treatment program for clients with an alcohol or drug dependency diagnosis that meets once or twice per week in a three hour session. Generally, the client will not have had prior treatment services, will have an external support system that is conducive to or tolerant of the recovery process and will have sufficient coping strategies to abstain in a less structured program. Self-help group attendance and abstinence are a requirement. Emphasis is on reducing denial of the alcohol or other drug problem, increasing positive coping skills, which will assist with abstinence after discharge, and the avoidance of another alcohol or other drug related arrest or problem. Individual sessions are a part of this program. The average length of this program is twelve

weeks. Women's specific groups are available also.

Co-Occurring Disorders Program- This program is designed to meet the needs of individuals who have two DSM-IV Axis One diagnoses: one is Substance Dependence and the other is a Mood or Anxiety Disorder. Emphasis is on treating both conditions at the same time. The average length of this program is twelve weeks.

Intensive Outpatient Program – This three hour, three night a week group program is designed for the client with a diagnosis of alcohol or other drug dependency and assessed as needing a highly structured program to support the recovery process. Often this client will have had previous treatment. Multiple life problems including more than one arrest, employment, health and relationship issues are present. The client may also have significant denial of the presence of an alcohol or other drug problem. The program usually lasts from eighteen to twenty-four days and transfer to step down care is based upon progress in treatment. Attendance at a self-help group and abstinence is mandatory. Emphasis is placed on reducing denial, motivating the client to accept help from self help groups, and the attainment of life skills such as communication, decision making, relaxation, etc. Individual treatment is part of this program.

TASC (Treatment Alternatives to Street Crime) Program

The focus of TASC at Clermont Recovery Center is individuals who are felony level offenders. Clients may be placed in individuals only or group and individual sessions. The length of stay will vary depending on the needs of the client. If clients participate in groups, they will do so for approximately 12 – 14 weeks. A counselor and supervisor will determine if there are needs to be

addressed beyond the group sessions through individuals. Clients may attend groups once or twice a week depending on need and risk factors. The individual sessions may take place at the agency, within the home, or at other places within the community as deemed clinically appropriate.

Ambulatory detox - The ambulatory detox program is approximately three days in length. An individual completes registration and assessment. Once a supervisor reviews the case, the person is scheduled to meet with the nurse who completes a screening process to determine if the individual is likely to be benefit from the ambulatory detox program. The nurse reviews each case with the doctor who accepts the individual into the suboxone program. Each person is monitored daily during the induction phase. The client is placed in to IOP immediately after completing the ambulatory detox level of care. During the titration that last approximately fourteen weeks the individual is monitored by the nurse and the physician for withdrawal and medication issues. Clients are required to attend counseling in conjunction with ambulatory detox and the titration to increase the efficacy of treatment efforts and to support their recovery for sustainability.

Individual and Family Counseling: This service is available as a part of an existing group program or as a stand-alone service.

Case Management – Case management is provided to assist clients with obtaining necessary services to meet basic needs or to support the recovery process. While emphasis is placed on serving the dually diagnosed client, services can also be provided to clients who are experiencing difficulty with housing, medical care or other basic services.

Relapse Prevention

This group program is designed to provide support to those clients who have experienced a relapse after a period of sobriety. Clients in this program identify themselves as having an addiction and have established a recovery program in the past.

Substance Abuse Risk Reduction Program (SARRP) – This six-week self-pay program was established to provide services to the client who has a diagnosis of alcohol or other drug abuse but not dependency and who is assessed as having significant risk for future substance abuse problems. These individuals generally appear moderately motivated to make the necessary life style changes to avoid future problems or have plans, which are inadequate to avoid such problems.

Cannabis Use Treatment Program (C.U. T. Program) – This program provides brief educational and intervention services to individuals who meet the criteria for cannabis dependence. The program is delivered in a group format. Individuals attend the group sessions once per week for six consecutive weeks. Each group will be two hours in length. The program is a self-pay program and must be paid for by participants prior to beginning the program.

Individuals referred to this program must be at least 18 years of age. Individuals cannot have any additional substance dependence criteria. Individuals will be recommended to utilize community-based groups as ancillary sober supports.

DRIVER INTERVENTION SERVICES

Clermont Recovery Center, Inc. operates two different services for intervening with the impaired driver.

Remedial Driving Program – This eight-hour program is offered one Saturday per month from 8 a.m. to 4:50 p.m. and is designed for the driver who has received an excessive number of points on his/her

drivers license and wishes to attend a remedial program which satisfies state requirements. Drivers may register for the program during regular business hours at Clermont Recovery Center. Fees must be paid in advance of admission to the program. Those who successfully complete the program are eligible to have a two point extension on his/her license.

Residential Driver Intervention Program (R-DIP) – This seventy-two hour residential program is certified by the Ohio Department of Alcohol and Drug Addiction Services to provide interventions to persons arrested for a first time Driving Under the Influence (DUI) charge. State law allows this program to be substituted for the mandatory three days in jail stipulated for first time DUI offenses. Seventy-two hour attendance is a strict requirement of the program. The program begins on Thursday evenings at 6:00p.m. and ends at 6:00p.m. Sunday. The program provides testing, educational sessions, group and individual counseling for assessment, intervention and recommendations. Both mayors and municipal courts refer clients to the program. Fees are payable in advance and there is no sliding fee scale available. Payment for this program must be made, in full, in advance before attendance to this program. Medicaid, SSI, SSDI, Cash, Check, Visa or MasterCard may be accepted as payment.

INTERVENTION

PREVENT – The Personal Responsibility and Values Education Training is a fifteen-hour program that meets Monday through Thursday from 6:00 until 9:00 p.m. The program is for young adults who are charged with underage consumption or possession and who do not have other legal charges. The goal of the program is to increase personal responsibility and to prevent future legal problems.

ADOLESCENT SERVICES

The adolescent with an alcohol/drug problem has different treatment needs than adult men and women. Programs designed specifically for adolescents emphasize the physical, intellectual, social and emotional aspects of this developmental period. Early problem identification and a program that serves both the clients' and the families' needs are key to success.

Assessment – The assessment provides a comprehensive overview of the client and his/her problems. Assessment includes the alcohol and other drug history including past treatment or efforts to abstain; functioning in the areas of family, employment, health, mental health, legal, social, developmental and other life areas; strengths available to support the recovery process, client motivation for recovery and ability to abstain from alcohol and other drugs on an outpatient basis. Recommendations for additional services are also a part of the assessment process. The assessment usually takes two hours. A parent/guardian is always included in the assessment process.

Individual and Family Counseling – This service is available as either a part of an existing group program or as a stand-alone service.

Case Management – Case management is provided to assist clients with obtaining necessary services to meet basic needs or to support the recovery process. Services can also be provided to clients who are experiencing difficulty with housing, medical care, other basic needs and/or extreme family dysfunction.

Day Intensive Outpatient – Teens in this program attend four days per week for 5.5 hours per day and day five 2.5 hours. This comprehensive program assists the young person to become chemically free while also meeting educational and mental health needs. Group, individual, and family therapy sessions focus on alcohol/other drug

issues, mental health issues and social skill development. A teacher provides education. This program is a collaborative effort between CRC and Child Focus, Inc. Schools also participate in planning meetings, and educational credit acceptance. Intensive Home-Based Services – This home-based program was developed to intervene with a substance abusing teen to help the family return order to their developing lives. Home-Based services focuses on eight dimensions of teen's lives: Adolescent development, School/Academic, Job/Vocational, Peer Network, Drug/Alcohol Use, Cultural Identity, Family Relationships, and Community Connections

ADOLESCENT SELF-PAY PROGRAMS

Parent and Adolescent Drug Awareness (PADA) - was developed to reach the first time Alcohol and Other Drug (AOD) adolescent offender. The teen and at least one parent/guardian attend this 7-hour intervention program. Through interactive lectures and psycho-educational presentations, information is delivered regarding AOD. Pre and post-test are completed and results are used to evaluate effectiveness of the program. An important piece of the program, assessment of further needs, is completed via 1) self-reported information; 2)-facilitator interpretation of self-reported/verbalized information and 3) completed self-report test. Information topics include: alcohol/other drug effects on driving, legal aspects of teenage AOD use, other consequences, victim empathy/awareness, signs and symptoms of teen age AOD use, refusal skills and avoidance planning. Information is sent to the referral source upon completion of the program. Goals of the program:

1. Participants will learn at least one new AOD related informational item.
2. Participants will be more aware of the effects of AOD on driving.
3. Participants will be able to identify specific signs and symptoms of teen AOD use.

4. The likelihood of re-offending will be reduced.

PREVENTION SERVICES

Information Dissemination (Awareness Activities) – Clermont Recovery Center observes and supports a number of awareness activities including Red Ribbon Week, Tie One On, Aids Awareness Month, and Treatment Works! month and other awareness weeks and months. Additionally, Clermont Recovery Center encourages awareness of alcohol and other drug problems and solutions through the distribution of literature, public speaking and press releases. Clermont Recovery Center publishes a newsletter quarterly and offers information and resources on its website. Additionally, prevention staff is available to assist with planning of other local awareness activities. Speakers are available at no charge and most literature can be had at no cost. Assistance locating a speaker, literature or other assistance may be obtained by contacting the Prevention Department at 735-8100.

Environmental (Advocacy and Systems Development) – As a part of its mission, Clermont Recovery Center advocates for changes in public policy at the local, state and national levels when such changes would support the reduction in the abuse of alcohol and other drugs. The Recovery Center also cooperates with other systems to help them develop methods of preventing abuse of alcohol and other drugs and to assist with the development of a network of community members, agencies and institutions which are committed to the prevention of alcohol and other drug problems.

Education – As a part of its prevention services, Clermont Recovery Center has

developed a number of educational programs including support groups for students in schools and activities in local public housing, the county jail and other local institutions.

Community Based Process (Training) - Clermont Recovery Center provides training to professionals and parents on preventing alcohol and other drug abuse as well as identification, intervention and referral of individuals who might be experiencing an alcohol or other drug problem.

Problem Identification and Referral (Outreach/Early Intervention) – These services are provided to prospective clients who might experience barriers to accessing services. The outreach worker can visit general hospitals, the local mental health center, the state hospital or other places where prospective clients are served and assist that client with accessing needed alcohol and other drug services either at the Recovery Center or elsewhere. Assistance may be obtained by contacting a case manager or Prevention Specialist at the Recovery Center.

WOMEN'S SERVICES

Through funding from the Clermont County Alcohol, Drug Addiction and Mental Health Services Board and the Ohio Department of Alcohol and Drug Addiction Services, Clermont Recovery Center is able to provide specialized services for women. These services include: **Outreach** to women who may be experiencing an alcohol or other drug problem and to agencies serving high-risk women; a women's only treatment group; a women's only 72-hour residential driver intervention program in which women receive gender specific information on alcohol and other drugs. Women are also eligible for all other treatment services.

Clermont Recovery Center (CRC) Rules & Regulations

As a participant in this agency's services, I agree to abide by the following rules:

1. I will be on time for my scheduled appointment. If I am more than ten (10) minutes late, I understand I will not be seen and I must reschedule the appointment.
2. I will follow the agreed upon terms of my financial agreement with the Clermont Recovery Center. I understand that payment is expected at the time of service.
3. I understand that there is a charge for any check returned. I also understand that if my check is returned for any reason, I will lose the privilege of paying by check and must pay in cash or by money order.
4. I understand that two (2) missed appointments may result in my dismissal from CRC services with the possibility of notice of non-compliance being forwarded to my referral source (*unless there is an agreement between the counselor and participant*).
5. I agree to abstain from the use of alcohol or other drugs not prescribed for me while participating in any of CRC's programs. I will advise my counselor of any medications prescribed for me and over the counter medications taken.
6. I agree I will not possess, sell, or use any illicit drugs, alcohol, or drug paraphernalia while on CRC's premises or in CRC's parking lot.
7. I agree to submit a urine (tox) screen or a breath screen upon request.
8. I understand that smoking is not permitted in CRC per O.R.C. I agree to smoke only in designated areas at CRC.
9. I will not sexually, physically or verbally assault, threaten, or abuse any CRC staff person or any program participant.
10. I will not willfully damage or steal the property of CRC, CRC staff, or other program participants.
11. I will not carry or conceal any weapon – including pocketknives, per O.R.C.
12. I understand that prescription medication is not to be brought onto the premises. If I am required to have prescription medication and/or over the counter medication with me, I agree to bring the medication in the original container and keep it in my possession the entire time I am on the premises.
13. I will remain on CRC's premises during any scheduled session and I will leave the building promptly once the session has ended.
14. I agree I will not discuss other program participants' names and cases outside my groups or other scheduled sessions. I agree to respect the confidentiality of all other program participants. Failure to respect confidentiality may lead to dismissal from the program.
15. I understand that I am responsible to provide child care and that children may not attend scheduled sessions without prior permission of the counselor. If a child is left in CRC's lobby, the child must have a responsible caregiver, which I must provide. CRC cannot assume responsibility for the well-being and safety of children.
16. I understand that CRC does not permit clothing with alcohol product logos or drug messages. I agree to dress appropriately and to comply with the dress code as established by the counselor.
17. I understand and agree that infractions of any of the above rules could result in dismissal from CRC services and my referral source may be notified. I also understand and agree that infractions of some rules could result in CRC immediately notifying local police or sheriff departments and criminal charges could result.
18. I understand that if I am removed from a group, I must first meet individually with my counselor before returning to group. I understand that my motivation for treatment and commitment to compliance will be assessed and then reviewed with a supervisor prior to me being re- admitted.

19. I understand that if I am dismissed from services at CRC, I must first meet with an administrator or member of the Management Team before re-entering services. I understand that I must demonstrate my motivation for treatment, my commitment to compliance, and my plan for addressing issues that resulted in my prior dismissal.

CRC DRESS CODE

It is management's intent that attire should complement an environment that reflects an efficient, orderly, and professional environment. This policy is intended to define appropriate "attire". CRC reserves the right to continue, extend, revise or revoke this policy at its discretion. Enforcement of this guideline is the responsibility of the counselor, management and supervisory personnel.

The key point to sustaining an appropriate attire program is the use of common sense and good judgment, and applying a dress practice that CRC deems conducive to the environment. If you question the appropriateness of the attire, it probably isn't appropriate.

UNACCEPTABLE ATTIRE

- Cutoff or ripped clothing
- T-shirts with alcohol product logos, drug messages or offensive messages will NOT be permitted.
- Spandex or Lycra such as biker shorts
- Tank tops, tube tops, halter tops with spaghetti straps
- Underwear as outerwear
- Beach Wear
- Midriff length tops
- Provocative attire such as Low-cut blouses or clothing made of mesh or sheer materials are not acceptable
- Off-the-shoulder tops
- Shorts must be no shorter than 4" above the knee

If questionable attire is worn, the counselor or supervisor will hold a personal, private discussion with the client to advise client of the inappropriateness of the attire.

Clermont Recovery Center shall provide and safeguard the following rights for all clients:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. The right to receive services in the least restrictive feasible environment.
3. The right to be informed of one's own condition.
4. The right to be informed of available program services.
5. The right to give consent or to refuse any service, treatment or therapy.
6. The right to participate in the development, review, and revision of one's own individualized treatment plan and receive a copy of it.
7. The right or freedom from unnecessary or excessive medication, unnecessary physical restraint or seclusion.
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
9. 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 or photographs.
10. The right to consult with an independent treatment specialist or legal counsel at one's own expense.
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 in accordance with program procedures.
13. The right to be informed of the reason(s) for terminating participation in a program.
14. The right to be informed of the reason(s) for denial of a service.
15. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, sex, national origin, disability, veteran status, or HIV infection, whether asymptomatic or symptomatic, or AIDS.
16. The right to know the cost of services.
17. The right to be informed of all client rights.
18. The right to exercise one's own rights without reprisal.
19. The right to file a grievance in accordance with program procedures.
20. The right to have oral and written instructions concerning the procedure for filing a grievance.
21. The right to have a written signed copy of the Clients Rights Policy and Grievance Procedures.
22. The provision of services in a manner that is responsive to each person's unique characteristics, needs, and abilities.
23. Methods for obtaining authorizations for release of information.
24. The prohibition of physical punishment, physical abuse, sexual abuse, and harassment.
25. The prohibition of psychological abuse, including humiliating, threatening, and exploiting actions.
26. The prohibition of fiduciary abuse.
27. Mechanisms to facilitate access and referral to guardians and conservators, self-help groups, advocacy services, and legal services.
28. The right of the person served to express his or her preferences regarding choice of case manager, therapist, or other service provider.
29. The use of crisis intervention procedures, including the use of seclusion or restraint.
30. Written procedures governing the use of special treatment interventions and restrictions of rights.
31. The parameters of confidentiality.
32. Mechanisms to communicate these policies in an ongoing manner that is understandable to the persons served.
33. The right of the person served to be provided with information to facilitate decision making.
34. The right to be free from neglect.

Rights for Ohio Department of Mental Health Clients

Rights listed verbatim from OAC: 5122:2-1-02 in compliance with Ohio Department of Mental Health standard 5122-26-18.

Each client has all of the following rights:

- (1) The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
- (2) The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan;
- (3) The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
- (4) The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client;
- (5) The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
- (6) The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan
- (7) The right to freedom from unnecessary or excessive medication;
- (8) The right to freedom from unnecessary restraint or seclusion;
- (9) The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan;
- (10) The right to be informed of and refuse any unusual or hazardous treatment procedures;
- (11) The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs;
- (12) The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
- (13) The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person of an adult client in accordance with rule 5122:2-3-11 of the Administrative Code;
- (14) The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client and other persons authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records;
- (15) The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event;
- (16) The right to receive an explanation of the reasons for denial of service;
- (17) The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, veteran status, physical or mental handicap, developmental disability, or inability to pay;
- (18) The right to know the cost of services;
- (19) The right to be fully informed of all rights;
- (20) The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
- (21) The right to file a grievance; and
- (22) The right to have oral and written instructions for filing a grievance.

CLIENT GRIEVANCE PROCEDURE

The following individual has been designated by this agency as the Clients Rights Officer who is responsible to accept and oversee the process of any grievance filed by a client or other person or agency (complainant) on behalf of a client. The Client Rights Officer may assist in filing and investigating the grievance, and may represent the complainant at the agency hearing on the grievance, if desired by the complainant. The Client Rights Officer shall take all necessary steps to assure compliance with the grievance procedure.

Clients Rights Officer
Clermont Recovery Center, Inc.
Phone # (513) 735-8100 Fax # (513) 735-8103
(Available by appointment)

In the situations where the Client Rights Officer is unavailable or is the subject of the grievance, the agency Vice President will respond to the complainant.

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

A copy of the Client Rights and Client Grievance Procedure shall be posted in a conspicuous location in each building operated by the Clermont Recovery Center, Inc. A copy of Client Rights and Client Grievance Procedure will be distributed to each client at intake. The Client Rights Officer shall be available to help complainants file a grievance.

PROCEDURE

1. Any applicant for services, any client or other person or agency on behalf of an applicant or client, may file a written grievance with the Client Rights Officer within a reasonable period of time of the alleged incident. The Client Rights Officer shall collect information, gather facts, speak with all parties involved and attempt to come to a prompt and mutually acceptable resolution of the issue.

Time frames for Resolution:

Alcohol/ Drug clients: The program will make a resolution decision within twenty-one (21) calendar days of the filing of the grievance.

Mental health clients: The program will make a resolution decision within twenty (20) working days of the filing of the grievance.

If resolved a written statement of the results will be given to the client and others involved as appropriate and with the client's permission.

Requirements:

Grievances must be in writing (this may be accomplished with the assistance of the Client Rights Officer. Grievances must include date, approximate time, and description of the incident and names of individuals involved in the incident/situation being grieved. This statement must be dated and signed by client or individual filing the grievance on behalf of the client.

2. A written acknowledgement of receipt of the grievance will be provided to each grievant. This acknowledgement will be provided within three (3) working dates from receipt of the grievance. This acknowledgement shall include, but not limited to, the following: Date grievance was received; summary of grievance; overview of grievance; timetable for completion of investigation and notification of resolution; treatment provider contact name, address and telephone number,
3. If the issue is not resolved by the Client Rights Officer, the client and Client Rights Officer will meet with the agency President as an impartial party to hear the grievance. The agency President shall have twenty-one (21) calendar days in which to conduct his/her investigation of the matter and will give a written statement of the results to the client and any other appropriate party with the client's permission.
4. If the matter is not successfully resolved at this stage, the client shall be advised and referred to appropriate outside resources for additional assistance (see below). The Clients Rights Officer may assist the client in contacting any outside resource upon request.
5. Any complainant may initiate a complaint with any and all of the outside entities, specifically, the Ohio Legal Rights Service or the United States Department of Health and Human Services- Office for Civil Rights (OCR).
6. In most cases you must file your complaint within 180 days of the most recent discriminatory act unless you have good reason for not filing. OCR staff will review your complaint and determine if it is covered by Section 504 of the Rehabilitation Act of 1973. OCR may refer your complaint to another agency, which may help you. If your complaint appears to raise covered issues, an investigation will be initiated immediately. OCR is expediting complaints alleging discrimination on the basis of AIDS or AIDS-related conditions. If discrimination is found, OCR will ask the institution or organization to voluntarily correct the problems found. If it is not successful, OCR may begin enforcement proceedings, which could result in the loss of Federal funding to the institution or organization.

If the complainant formally initiates a complaint to any of the outside entities specified below, all relevant information about the grievances shall be provided to the respective organization(s) as mandated in the Ohio Revised Code 5122: 2-1-92-F (4). All activities related to this procedure shall be in compliance with HIPAA, ORC 1347, 42 CFR or other preemptive regulation, whichever is more restrictive. Information shall be obtained and disclosed only for that which is the minimum necessary.

RESOURCE AGENCIES

Outside Entities

Clermont County Mental Health Health & Recovery Board 2337 Clermont Center Dr. Batavia, OH 45103 (513) 732-5400	Ohio Legal Rights Services 50 W. Broad Street, Suite 1400 Columbus, OH 43215 800-282-9181 or (614) 466-7264	CSWMFT Board LeVeque Tower (15 th Floor), Suite 1075 50 West Borad St. Columbus, Ohio 43215 (614) 466-0912	Ohio Department of Mental Health 30 East Broad Street, 7 th Floor Columbus, Ohio 43215-3430 (614) 466-2176
Ohio Department of Alcohol & Drug Addiction Services 30 W. Spring St., 6 th Floor, Columbus, OH 43215-2256 (614) 466-3445	U.S. Dept. of Health & Human Services Office for Civil Rights- Region V 233 N. Michigan Ave., Suite 240 Chicago, IL 60601 1-800-886-1807	Ohio Chemical Dependency Professionals Board Vern Riffe Center 77 South High St., 16 th Floor Columbus, Ohio 43215 (614) 387-1110	

The Clients Rights Officer shall provide annual in-service training to all staff, including administrative, clerical and support staff, regarding the Client Rights and Client Grievance Procedure, so that all are familiar with the policy and procedure. Such training shall assure that every staff person has a clearly understood, specified, continuing responsibility to immediately advise any client or any other person who is articulating a concern, complaint, or grievance, about the name and availability of the Agency's Client Rights Officer and the complainant's right to file a grievance.



Description of Continuous Quality Improvement Program

Clermont Recovery Center has a philosophy of Continuous Quality Improvement (CQI) for the organization and a Quality Improvement program to insure the practice of a QI philosophy and continuous improvements to the organization.

Client Input

Client input is an important part of this process. As a client, you will be given the opportunity during and after treatment to provide input regarding the services you receive. You will be asked (through the use of surveys) about the *quality of care* you receive as well as your *satisfaction* with services. You may also complete a suggestion card at any time (located in the main lobby).

Family Member Input

Often times, family members are good sources of information on how well the agency was able to help a client. CRC may ask you to take a survey home for a family member to complete. These surveys and suggestion cards are also available to family members in the main lobby.

Outcomes & Follow-up

The agency is also interested in the effectiveness of the services provided; as a result, **you may be contacted after you have completed treatment**. Participation is voluntary, but is encouraged. You will be asked a few simple questions regarding your current status including alcohol/drug use, legal status, employment status and family relationships. *Your responses are strictly confidential and will not be reported to any outside sources.*

How will this information be used?

Clermont Recovery Center will use the results of client surveys, family member surveys and the follow-up information to gauge the efficiency and effectiveness of programming.

The agency wants to know:

- “Were we able to help you?”
- “What could we have done differently to help you more?”
- “Were you satisfied with the services you received?”

The feedback received will be used to make changes within the organization to help the agency serve the clients more effectively. Survey results will be available to clients; reports will be posted on the Client Information Board in the main lobby, posted on the website www.recoveryctr.org and in the agency newsletter.

For questions or more information on Clermont Recovery Center’s Continuous Quality Improvement Program, please ask to speak with the CQI Manager.

Thank you



Organizational Ethics Statement

The Board of Trustees of the Clermont Recovery Center approves and supports the ethical provision of assistance to clients who participate in agency services. Clermont Recovery Center, Inc. will not discriminate against or refuse its services to anyone on the basis of sex, race, color, religion, national origin, age, disability, ethnicity, sexual orientation, ability to pay or notoriety of the referral source or client.

Clermont Recovery Center, Inc. accurately markets and promotes itself, consistent with its mission to eradicate substance abuse through the provision of professional interventions to individuals seeking treatment for chemical dependency that includes drugs and alcohol.

Clermont Recovery Center, Inc. will make decisions regarding service expansion, collaboration, and affiliation in a manner consistent with our mission.

Clermont Recovery Center, Inc. is committed to remaining a good community citizen with sensitivity to the impact our decisions may have on surrounding neighborhoods.

Clermont Recovery Center, Inc. will not enter into any contractual or casual relationship that would promote a conflict with our mission. Included but not limited to Conflicts of interest, exchange of gifts, money and gratuities, personal fund raising, personal property, setting boundaries and witnessing of documents.

Clermont Recovery Center, Inc. will use ethical and accepted billing practices with all clients, funders and regulatory agencies.

The integrity of clinical decision-making is based upon the bio-psychosocial needs of the clients and not on financial incentives.

Personal behavior and professional conduct of all Clermont Recovery Center, Inc. staff and Board shall be held in high regard and expected from all individuals at all times.

Potential conflicts of interest shall be identified and addressed directly by all Clermont Recovery Center, Inc. Board and staff on a voluntary basis. If a conflict is identified pertaining to any Board or staff person, it shall be addressed immediately.

The Clermont Recovery Center, Inc. Ethics Statement shall be communicated to all personnel and Board members at orientation and shall be reviewed annually by all personnel.

In the effort to share the Clermont Recovery Center, Inc. Ethics Statement with clients and other stakeholders, the Ethics Statement shall be posted internally and included with agency marketing literature.

Clermont Recovery Center, Inc. has a “no reprisal” system for personnel to use in reporting waste, fraud, abuse and other questionable activities and practices in the form of its Board of Trustee’s approved Corporate Compliance Program.

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

PLEASE REVIEW IT CAREFULLY

Updated 12/3/2013

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Clermont Recovery Center, Inc. (CRC) may not say to a person outside CRC that you attend the program, nor may CRC disclose any information identifying you as an alcohol or drug patient, or disclose any other protected information except as permitted by federal law.

Patient information is not sold nor shared for marketing purposes. CRC must obtain written consent before disclosing any of your psychotherapy records. CRC must obtain your written consent before it can disclose information about you for payment purposes. For example, CRC must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before CRC can share information for treatment purposes or for health care operations. However, federal law permits CRC to disclose information *without* your written permission:

1. Pursuant to an agreement with a business associate;
2. For research, audit, or evaluations;
3. To report a crime committed on CRC's premises or against CRC staff;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order

For example, CRC can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a business associate agreement in place.

Before CRC can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written consent allowing it to make the disclosure. You may revoke any such written consent verbally or in writing.

Note: Special revocation restrictions apply to certain releases to the criminal justice system.

Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. CRC is not required to agree to any restriction you request, but if it does agree then it is bound by that agreement and may not use or disclose any information, which you have restricted except as necessary in a medical emergency. CRC is only required to agree to your request if you request a restriction on disclosures to your health plan for payment or health care operations purposes, and you pay for the services you receive from CRC yourself (out-of-pocket). You have the right to request that we communicate with you by an alternative means or at an alternative location. CRC will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA, you also have the right to inspect and copy your own health information maintained by CRC, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances. Under HIPAA, you also have the right, with some exceptions, to amend health care information maintained in CRC's records, and to request and receive an accounting of disclosures of your health-related information made by CRC during the six years prior to your request. You may obtain an electronic copy of your record upon request. You also have the right to receive a paper copy of this notice. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Clermont Recovery Center's duties

CRC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. CRC reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. CRC is required by law to abide by the terms of this Notice. The most recent copy of this notice will be posted in the lobby of each site and will be available on our website at <http://www.recoveryctr.org/>.

Complaints and Reporting Violations/ Contact

You may complain to CRC and the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated under HIPAA. To file a complaint or to obtain further information with CRC contact:

Privacy Officer – Cathy McClain
1088 Wasserman Way, Suite C
Batavia, Ohio 45103 (513) 735-8100

Attn: Secretary
Office for Civil Rights
U.S. Department of Health and Human Services
Attn: Regional Manager
233 N. Michigan Ave., Suite 240
Chicago, IL 60601

Complaints must be in writing and you will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

**Clermont County Mental Health and Recovery Board
NOTICE OF PRIVACY PRACTICES**

Effective Date: September 23, 2013

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

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

Lee Ann Watson, Ph.D., C.R.C., L.P.C.-S., Associate Director

Phone: 513-732-5400. Address: 2337 Clermont Center Drive, Batavia, Ohio, 45103. Email: lwatson@ccmhrb.org

OUR DUTIES

At the Clermont County Mental Health and Recovery Board, we are committed to protecting your health information and safeguarding that information against unauthorized use or disclosure. This Notice will tell you how we may use and disclose your health information. It also describes your rights and the obligations we have regarding the use and disclosure of your health information.

We are required by law to: 1) maintain the privacy of your health information; 2) provide you Notice of our legal duties and privacy practices with respect to your health information; 3) to abide by the terms of the Notice that is currently in effect; and 4) to notify you if there is a breach of your unsecured health information.

HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION

When you receive services paid for in full or part by the Board, we receive health information about you. We may receive, use or share that health information for such activities as payment for services provided to you, conducting our internal health care operations, communicating with your healthcare providers about your treatment and for other purposes permitted or required by law. The following are examples of the types of uses and disclosures of your personal information that we are permitted to make:

Payment - We may use or disclose information about the services provided to you and payment for those services for payment activities such as confirming your eligibility, obtaining payment for services, managing your claims, utilization review activities and processing of health care data.

Health Care Operations - We may use your health information to train staff, manage costs, conduct quality review activities, perform required business duties, and improve our services and business operations.

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

Other Uses and Disclosures - We may also use or disclose your personal health information for the following reasons as permitted or required by applicable law: To alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes; to notify public or private entity authorized by law or charter to assist in disaster relief efforts, for the purpose of coordinating family notifications; to reduce or prevent threats to public health and safety; for health oversight activities such as evaluations, investigations, audits, and inspections; to governmental agencies that monitor your services; for lawsuits and similar proceedings; for public health purposes such as to prevent the spread of a communicable disease; for certain approved research purposes; for law enforcement reasons if required by law or in regards to a crime or suspect; to correctional institutions in regards to inmates; to coroners, medical examiners and funeral directors (for decedents); as required by law; for organ and tissue donation; for specialized government functions such as military and veterans activities, national security and intelligence purposes, and protection of the President; for Workers' Compensation purposes; for the management and coordination of public benefits programs; to respond to requests from the U.S. Department of Health and Human Services; and for us to receive assistance from consultants that have signed an agreement requiring them to maintain the confidentiality of your personal information. Also, if you have a guardian or a power of attorney, we are permitted to provide information to your guardian or attorney in fact.

Uses and Disclosures That Require Your Permission

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

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

All other uses and disclosures of your health information not described in this Notice will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the purposes state in your written permission except for those that we have already made prior to your revoking that permission.

Prohibited Uses and Disclosures

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

POTENTIAL IMPACT OF OTHER APPLICABLE LAWS

If any state or federal privacy laws require us to provide you with more privacy protections than those explained here, then we must also follow that law. For example, drug and alcohol treatment records generally receive greater protections under federal law.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You have the following rights regarding your health information:

- **Right to Request Restrictions.** You have the right to request that we restrict the information we use or disclose about you for purposes of treatment, payment, health care operations and informing individuals involved in your care about your care or payment for that care. We will consider all requests for restrictions carefully but are not required to agree to any requested restrictions.*
- **Right to Request Confidential Communications.** You have the right to request that when we need to communicate with you, we do so in a certain way or at a certain location. For example, you can request that we only contact you by mail or at a certain phone number.
- **Right to Inspect and Copy.** You have the right to request access to certain health information we have about you. Fees may apply to copied information.*
- **Right to Amend.** You have the right to request corrections or additions to certain health information we have about you. You must provide us with your reasons for requesting the change.*
- **Right to An Accounting of Disclosures.** You have the right to request an accounting of the disclosures we make of your health information, except for those made with your permission and those related to treatment, payment, our health care operations, and certain other purposes. Your request must include a timeframe for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.*
- **Right to a Paper Copy of Notice.** You have the right to receive a paper copy of this Notice. This Notice is also available at our web site www.ccmhrb.org, but you may obtain a paper copy by contacting the Board Office at the address provided below.

To exercise any of the rights described in this paragraph, please contact the Board Privacy Officer/Associate Director Lee Ann Watson at the following address or phone number: 2337 Clermont Center Drive, Batavia, Ohio 45103 or 513-732-5400.

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

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of our current Notice at our office and on our website at: www.ccmhrb.org. In addition, each time there is a change to our Notice, you will receive information about the revised Notice and how you can obtain a copy of it. Information will be posted on our website, and provided through the agency to which you receive services. The effective date of each Notice is listed on the first page in the top center.

TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with the Board or with the Secretary of the Department of Health and Human Services. To file a complaint with the Board, contact the Privacy Officer at the address above. You will not be retaliated against for filing a complaint. If you wish to file a complaint with the Secretary you may send the complaint to:

Office for Civil Rights
U.S. Department of Health and Human Services
Attn: Regional Manager
233 N. Michigan Ave., Suite 240
Chicago, IL 60601

NOTICE OF PRIVACY POLICY AND PRACTICES

Greater Cincinnati Behavioral Health Services (GCB)

A Merger of LifePoint Solutions, Clermont Recovery Center and Greater Cincinnati Behavioral Health Services

Purpose of this Notice

The newly merged GCB respects the privacy of personal information and understands the importance of keeping this information confidential and secure. **This Notice describes how we protect the confidentiality of the personal information we receive, how we may use and disclose it and how you can access this information. Please review it carefully.**

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2.

HIPAA Protections afforded all GCB Clients

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. GCB is not required to agree to any restriction you request, but if it does agree then it is bound by that agreement and may not use or disclose any information, which you have restricted except as necessary in a medical emergency. GCB is only required to agree to your request if you request a restriction on disclosures to your health plan for payment or health care operations purposes, and you pay for the services you receive from GCB yourself (out-of-pocket). You have the right to request that we communicate with you by an alternative means or at an alternative location. GCB will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA, you also have the right to inspect and copy your own health information maintained by GCB except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances. Under HIPAA, you also have the right, with some exceptions, to amend health care information maintained in GCB's records, and to request and receive an accounting of disclosures of your health -related information made by GCB during the six years prior to your request. You may obtain an electronic copy of your record upon request. You also have the right to receive a paper copy of this notice. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. GCB is required to obtain your written consent prior to disclosing information about you for marketing purposes, and GCB must obtain your written consent before disclosing any of your treatment records.

Permitted Uses and Disclosures:

A covered entity is permitted, but not required, to use and disclose protected health information, without an individual's authorization, for the following purposes or situations: when required by law (such as reporting suspected abuse/neglect); for public health activities (such as reporting vital statistics to the public health authority); for health oversight activities (such as audits); when relating to decedents (such as disclosing information to a coroner); for research purposes; to avert threat to health or safety; and for specific government functions.

GCB's Duties

GCB is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. GCB reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. GCB is required by law to abide by the terms of this Notice. The most recent copy of this notice will be posted in the lobby of each site and will be available on our website at <http://www.gcbhs.com>.

Specific Client Protections for Alcohol and Drug Services

(Most of these are also afforded under HIPAA with specific differences)

Under these laws (*Confidentiality Law 42 C.F.R., Part 2*), pertaining to Alcohol and Drug Services, it is specified that GCB may not say to a person outside GCB that you attend the program, nor may GCB disclose any information identifying you as an alcohol or drug client, or disclose any other protected information except as permitted by federal law.

GCB must obtain your written consent before it can disclose information about you for payment purposes. For example, GCB must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before GCB can share information for treatment purposes or for health care operations.

However, federal law specifies that GCB may disclose information **without** your written permission:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit, or evaluations;
3. To report a crime committed on GCB's premises or against GCB staff;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a specific type of court order

For example, GCB can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a business associate agreement in place. Before GCB can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written consent allowing it to make the disclosure. You may revoke any such written consent verbally or in writing. *Note: Special revocation restrictions apply to certain releases to the criminal justice system.* Violation of the Alcohol and Drug Client Confidentiality Law by a program is a crime.

Complaints and Reporting Violations (all GCB Clients)

You have the right to ask GCB and the United States Department of Health and Human Services for assistance if you believe your privacy rights have been violated. If you believe that any information that we have about you has been used or disclosed inappropriately you can contact Michael Lyons, Privacy Officer, 1501 Madison Rd., Cincinnati, OH 45206, (513) 354-5232 or to:

Region V, Office of Civil Rights,
U.S. Department of Health and Human Services
233 N. Michigan Avenue, Suite 240
Chicago, Illinois 60601
Fax: (312) 886-1807
Phone: (312) 886-2359
TDD: (312) 353-5693

Complaints must be in writing and no retaliatory action will be made against you for contacting the agents listed above.

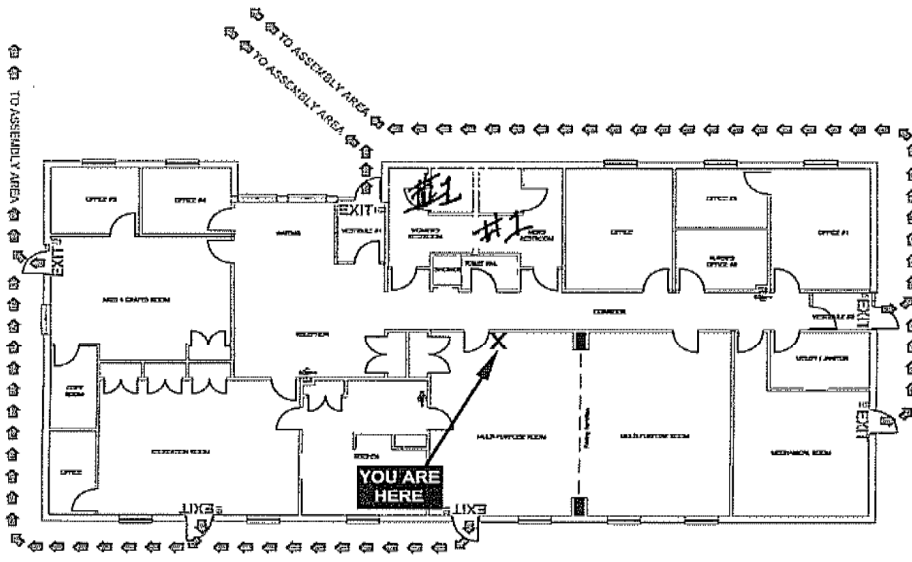
Clermont Recovery Center, Inc.





EMERGENCY RESPONSE PROCEDURES

TASC
1074 WASSERMAN WAY

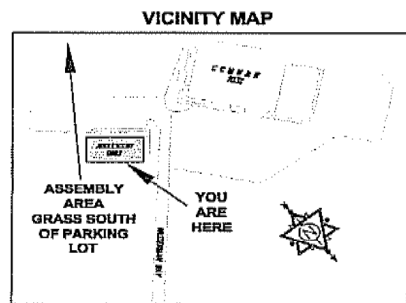


TASC

MAP SYMBOLS	
	FIRE PULL
	FIRE EXTINGUISHER
	GLASS
	DOORS
	TORNADO SHELTERS

- FLOOR TORNADO SHELTERS -
(HIGHLIGHTED IN YELLOW)

INTERIOR ROOMS
RESTROOMS
SMALL STORAGE ROOMS
UNDER DESKS - AWAY FROM WINDOWS
HALLWAYS AWAY FROM DOORS AND WINDOWS
(CLOSE ALL DOORS)



EMERGENCY	ALARM DESCRIPTION	PROCEDURE
	FIRE	ALARM
	WEATHER ALERT	EXIT TO ASSEMBLY AREA
	BOMB THREAT	GO TO DESIGNATED SAFE AREA - YELLOW AREAS ON THE MAP #1
	HAZMAT	EVACUATE TO SAFE DISTANCE 500-1000 FT.
	VOICE INSTRUCTIONS	FOLLOW FIRE DEPARTMENT INSTRUCTIONS

Facilities Management Department

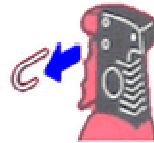
File CC0993-19EVAC-B

Drawn December 2004 by T. Hartman

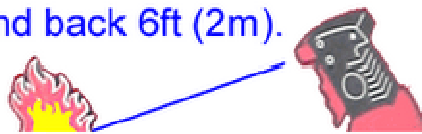
FOR ANY EMERGENCY CALL 9-911
GIVE EXACT LOCATION OF INCIDENT

Fire Extinguisher Instructions

1. Pull pin.
2. Hold unit upright.



2. Aim at base of fire.
3. Stand back 6ft (2m).



3. Press trigger.
4. Sweep side to side.





Seclusion and Restraint

POLICY: It is the policy of Clermont Recovery Center, Inc., based on the philosophy of the agency, not to use any restraint or seclusion techniques with clients.

PROCEDURE:

1. Physical restrains of clients will not be used as a therapeutic or intervention technique within the Agency.
2. Seclusion will not be used as a therapeutic or intervention technique within the Agency.
3. All Staff will be trained in anger de-escalation as an intervention technique within the Agency.
4. In the event that de-escalation is not appropriate or is ineffective, staff will call 911.
5. If a client or community member becomes combative or violent before the police/sheriff arrives, staff members have the right to protect themselves against aggressive person(s).
6. All events, which necessitate calling 911, will be reported to a supervisor, reported to the Clermont County Mental Health and Recovery Board (via a supervisor) and an incident report will be completed by the end of the next working day.

Opiate Withdrawal

URL of this page: <http://www.nlm.nih.gov/medlineplus/ency/article/000949.htm>

Opiate withdrawal refers to the wide range of symptoms that occur after stopping or dramatically reducing opiate drugs after heavy and prolonged use (several weeks or more). Opiate drugs include heroin, morphine, codeine, Oxycontin, Dilaudid, methadone, and others.

Causes

About 9% of the population is believed to misuse opiates over the course of their lifetime, including illegal drugs like heroin and prescribed pain medications such as Oxycontin. These drugs can cause physical dependence. This means that a person relies on the drug to prevent symptoms of withdrawal. Over time, greater amounts of the drug become necessary to produce the same effect. The time it takes to become physically dependent

varies with each individual. When the drugs are stopped, the body needs time to recover, and withdrawal symptoms result. Withdrawal from opiates can occur whenever any chronic use is discontinued or reduced. Some people even withdraw from opiates after being given such drugs for pain while in the hospital without realizing what is happening to them. They think they have the flu, and because they do not know that opiates would fix the problem, they do not crave the drugs.

Symptoms

Early symptoms of withdrawal include:

- Agitation
- Anxiety
- Muscle aches
- Increased tearing
- Insomnia
- Runny nose
- Sweating
- Yawning

Late symptoms of withdrawal include:

- Abdominal cramping
- Diarrhea
- Dilated pupils
- Goose bumps
- Nausea
- Vomiting

Opioid withdrawal reactions are very uncomfortable but are not life threatening. Symptoms usually start within 12 hours of last heroin usage and within 30 hours of last methadone exposure.

Resources:

Clermont Mercy Hospital – 3000 Hospital Drive, Batavia OH 513-732-8200

Anderson Mercy Hospital – 7500 State Rd, Cincinnati, Oh 513-624-4500

Southwest Regional Medical Center – 425 Home St. Georgetown, OH 937-378-7500

Good Samaritan Hospital – 375 Dixmyth Ave, Cincinnati 45220 513-862-1400

Bethesda North – 10500 Montgomery Rd, Cincinnati OH 45242 513-865-1111

EDUCATIONAL INFORMATION ON HIV/AIDS, TB, Hepatitis & Other Infectious Diseases

Viral Hepatitis C Fact Sheet

SIGNS & SYMPTOMS

80% of persons have no signs or symptoms

jaundice
fatigue
dark urine
abdominal pain
loss of appetite
nausea

CAUSE Hepatitis C Virus (HCV)

LONG-TERM EFFECTS

Chronic infection: 75-85% of infected persons
Chronic liver disease: 70% of chronically infected persons
Deaths from chronic liver disease: <3%
Leading indication for liver transplant

TRANSMISSION

Recommendations for testing based on risk for HCV infection

Occurs when blood or body fluids from an infected person enters the body of a person who is not infected. HCV is spread through sharing needles or “works” when “shooting” drugs, through needle sticks or sharps exposures on the job, or from an infected mother to her baby during birth.

Persons at risk for HCV infection might also be at risk for infection with hepatitis B virus (HBV) or HIV.

Recommendations for Testing Based on Risk for HCV Infection

<u>PERSONS</u>	<u>RISK OF INFECTION</u>	<u>TESTING RECOMMENDED?</u>
Injecting drug users	High	Yes
Recipients of clotting factors made before 1987	High	Yes
Hemodialysis patients	Intermediate	Yes
Recipients of blood and/or solid organs before 1992	Intermediate	Yes
People with undiagnosed liver problems	Intermediate	Yes
Infants born to infected mothers	Intermediate	After 12-18 months old
Healthcare/public safety workers	Low	only after known exposure
People having sex with multiple partners	Low	No*
People having sex with an infected steady partner	Low	No*

*Anyone who wants to get tested should ask their doctor.

PREVENTION

There is no vaccine to prevent hepatitis C.

Do not shoot drugs; if you shoot drugs, stop and get into a treatment program; if you can't stop, never share needles, syringes, water, or “works”, and get vaccinated against hepatitis A & B.

Do not share personal care items that might have blood on them (razors, toothbrushes).
 If you are a health care or public safety worker, always follow routine barrier precautions and safely handle needles and other sharps; get vaccinated against hepatitis B.
 Consider the risk if you are thinking about getting a tattoo or body piercing. You might get infected if the tools have someone else's blood on them or if the artist or piercer does not follow good health practices.
 HCV can be spread by sex, but this is rare. If you are having sex with more than one steady sex partner, use latex condoms* correctly and every time to prevent the spread of sexually transmitted diseases. You should also get vaccinated against hepatitis B.
 If you are HCV positive, do not donate blood, organs, or tissue.

TREATMENT & MEDICAL MANAGEMENT

HCV positive persons should be evaluated by their doctor for liver disease.
 Interferon and ribavirin are two drugs licensed for the treatment of persons with chronic hepatitis C. Interferon can be taken alone or in combination with ribavirin. Combination therapy is currently the treatment of choice.
 Combination therapy can get rid of the virus in up to 4 out of 10 persons.
 Drinking alcohol can make your liver disease worse.

STATISTICS & TRENDS

Number of new infections per year has declined from an average of 240,000 in the 1980s to about 40,000 in 1998.
 Most infections are due to illegal injection drug use.
 Transfusion-associated cases occurred prior to blood donor screening; now occurs in less than one per million transfused unit of blood.
 Estimated 3.9million (1.8%) Americans have been infected with HCV, of whom 2.7 million are chronically infected.

Viral Hepatitis B

Fact Sheet

SIGNS & SYMPTOMS

About 30% of persons have no signs or symptoms.
 Signs and symptoms are less common in children than adults

- | | | |
|-------------------|-------------------|-------------|
| *Jaundice | *loss of appetite | *fatigue |
| *nausea, vomiting | *abdominal pain | *joint pain |

CAUSE

Hepatitis B virus (HBV)

LONG-TERM EFFECTS WITHOUT VACCINATION

Chronic infection occurs in:

- 90% of infants infected at birth
- 30% of children infected at age 1-5 years
- 6% of persons infected after age 5 years

Death from chronic liver disease occurs in:

- 15-25% of chronically infected persons

TRANSMISSION

- Occurs when blood or body fluids from an infected person enters the body of a person who is not immune.
- HBV is spread through having sex with an infected person without using a condom (the efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use may reduce transmissions), sharing needles or "works" when "shooting" drugs, through needle sticks or sharps exposures on the job, or from infected mother to her baby during birth.

Persons at risk for HBV infection might also be at risk for infection with hepatitis C virus (HCV) or HIV.

RISK GROUPS

- Persons with multiple sex partners or diagnosis of a sexually transmitted disease
- Men who have sex with men
- Sex contacts of infected persons
- Injection drug users
- Household contacts of chronically infected persons
- Infants born to infected mothers
- Infants/children of immigrants from areas with high rates of HBV infection
- Health care and public safety workers
- Hemodialysis patients

PREVENTION

- Hepatitis B vaccine is the best protection.
- If you are having sex, but not with one steady partner, use latex condoms correctly and every time you have sex. The efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use may reduce transmission.
- If you are pregnant, you should get a blood test for hepatitis B; infants born to HBV-infected mothers should be given HBIG (hepatitis B immune globulin) and vaccine within 12 hours after birth.
- Do not shoot drugs; if you shoot drugs, stop and get into a treatment program; if you cannot stop, never share needles, syringes, water, or “works”, and get vaccinated against hepatitis A and B.
- Do not share personal care items that might have blood on them (razors, toothbrushes).
- Consider the risks if you are thinking about getting a tattoo or body piercing. You might get infected if the tools have someone else’s blood on them or if the artists or piercer does not follow good health practices.
- If you have or had hepatitis B, do not donate blood, organs or tissue.
- If you are a health care or public safety worker, get vaccinated against hepatitis B, and always follow routine barrier precautions and safely handle needles and other sharps.

VACCINE RECOMMENDATIONS

- Hepatitis B vaccine available since 1982
- Routine vaccination of 0-18 year olds
- Vaccination of risk groups of all ages (see section on risk groups)

TREATMENT & MEDICAL MANAGEMENT (National Institutes of Health fact sheet on treatment)

- HBV infected persons should be evaluated by their doctor for liver disease.
- Alpha interferon and lamivudine are two drugs licensed for the treatment of persons with chronic hepatitis B. These drugs are effective in up to 40% of patients.
- These drugs should not be used by pregnant women.
- Drinking alcohol can make your liver disease worse.

TRENDS & STATISTICS

- Number of new infections per year has declined from an average of 450,000 in the 1980s to about 80,000 in 1999.
- Highest rate of disease occurs in 20-49 year olds.
- Greatest decline has happened among children and adolescents due to routine hepatitis B vaccination.
- Estimated 1.25 million chronically infected Americans, of whom 20-30% acquired their infection childhood.

TB Fact Sheet

What is TB

TB, or tuberculosis, is a disease caused by bacteria called *Mycobacterium tuberculosis*. The bacteria can attack any part of your body, but they usually attack the lungs. TB disease was once the leading cause of death in the United States.

In the 1940s, scientist discovered the first of several drugs now used to treat TB. As a result, TB slowly began to disappear in the United States. But TB has come back. Between 1985 and 1992, the number of TB cases increased. The country became complacent about TB and funding of TB programs was decreased. However, with increased funding and attention to the TB problem, we have had a steady decline in the number of persons with TB, But TB is still a problem; more than 16,000 cases were reported in 2000 in the United States.

TB is spread through the air from one person to another. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected.

People who are infected with latent TB do not feel sick, do not have any symptoms, and cannot spread TB. But they may develop TB disease at some time in the future. People with TB disease can be treated and cured if they seek medical help. Even better, people who have latent TB infection but are not yet sick can take medicine so that they will never develop TB disease.

How is TB Spread?

TB is spread through the air from one person to another. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected.

When a person breathes in TB bacteria, the bacteria can settle in the lungs and begin to grow. From there, they can move through the blood to other parts of the body, such as the kidney, spine, and brain.

TB in the lungs or throat can be infectious. This means that the bacteria can be spread to other people. TB in other parts of the body, such as the kidney or spine, is usually not infectious.

People with TB disease are most likely to spread it to people they spend time with every day. This includes family members, friends and coworkers.

What is latent TB infection?

In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. The bacteria become inactive, but they remain alive in the body and can become active later. This is called latent TB infection. People with latent TB infection

- Have no symptoms
- Do not feel sick
- Cannot spread TB to others
- Usually have positive skin test reaction
- Can develop TB disease later in life if they do not receive treatment for latent TB infection

Many people who have latent TB infection never develop TB disease. In these people, the TB bacteria remain inactive for a lifetime without causing disease. But in other people, especially people who have weak immune systems, the bacteria become active and cause TB disease.

What is TB disease?

TB bacteria become active if the immune system cannot stop them from growing. The active bacteria begin to multiply in the body and cause TB disease. Some people develop TB disease soon after becoming infected, before their immune system can fight the TB bacteria. Other people may get sick later, when their immune system becomes weak for some reason.

Babies and young children often have weak immune systems. People infected with HIV, the virus that causes AIDS, have very weak immune systems. Other people can have weak immune systems, too, especially people with any of these conditions

- Substance abuse
- Diabetes mellitus
- Silicosis
- Cancer of the head or neck
- Leukemia or Hodgkin’s disease
- Severe kidney disease
- Low body weight
- Certain medical treatments (such as corticosteroid treatment or organ transplants)

Symptoms of TB depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs. TB in the lungs may cause

- A bad cough that lasts longer than 2 weeks
- Pain in the chest
- Coughing up blood or sputum (phlegm from deep inside the lungs)

Other symptoms of TB disease are

- Weakness or fatigue
- Weight loss
- No appetite
- Chills
- Fever
- Sweating at night

Differences between Latent TB infection and TB disease

Latent TB Infection	TB Disease
Have no symptoms	Symptoms include
Do not feel sick	• A bad cough that last longer than 2 weeks
Cannot spread TB to others	• Pain in the chest
Usually have a positive skin test	• Coughing up blood or sputum
Chest X-ray and sputum test normal	• Weakness or fatigue
	• Weight loss
	• No appetite
	• Chills
	• Fever
	• Sweating at night
	May spread TB to others
	Usually have a positive skin test
	May have abnormal chest x-ray and/or positive sputum smear or culture

How can I keep from spreading TB?

The most important way to keep from spreading TB is to take all your medicine, exactly as directed by your doctor or nurse. You should also keep all of your clinic appointments! Your doctor or nurse needs to see how you are doing. You may need another chest x-ray or a test of the phlegm you may cough up. These tests will show whether the medicine is working. They will also show whether you can still give TB bacteria to others. Be sure to tell the doctor about anything you think is wrong.

If you are sick enough with TB to go to a hospital, you may be put in a special room. These rooms use air vents that keep TB bacteria from spreading. People who work in these rooms must wear a special facemask to protect themselves from TB bacteria. You must stay in the room so that you will not spread TB bacteria to other people. Ask a nurse if you need anything that is not in your room.

If you are infectious while you are at home, there are certain things you can do to protect yourself and others near you. Your doctor may tell you to follow these guidelines to protect yourself and others:

- The most important thing is to take your medicine.
- Always cover your mouth with a tissue when you cough, sneeze, or laugh. Put the tissue in a closed paper sack and throw it away.
- Do not go to work or school. Separate yourself from others and avoid close contact with anyone. Sleep in a bedroom away from other family members.
- Air out your room often to the outside of the building (if it is not too cold outside). TB spreads in small closed spaces where air does not move. Put a fan in your window to blow out (exhaust) air that may be filled with TB bacteria. If you open other windows in the room, the fan also will pull in fresh air. This will reduce the chances that TB bacteria stay in the room and infect someone who breathes the air.

Remember, TB is spread through the air. People cannot get infected with TB bacteria through handshakes, sitting on toilet seats, or sharing dishes and utensils with someone who has TB.

After you take medicine for about 2 or 3 weeks, you may no longer be able to spread TB bacteria to others. If your doctor or nurse agrees, you will be able to go back to your daily routine. Remember, you will get well only if you take your medicine exactly as your doctor or nurse tells you.

Think about people who may have spent time with you, such as family members, close friends, and coworkers. The local health department may need to test them for latent TB infection. TB is especially dangerous for children and people with HIV infection. If infected with TB bacteria, these people need preventive therapy right away to keep from developing TB disease.

What is multidrug-resistant TB (MDR TB)?

When TB patients do not take their medicine as prescribed, the TB bacteria may become resistant to a certain drug. This means that the drug can no longer kill the bacteria.

Drug resistance is more common in people who:

- Have spent time with someone with drug-resistant TB disease
- Do not take their medicine regularly
- Do not take all of their prescribed medicine
- Develop TB disease again, after having taken TB medicine in the past
- Come from areas where drug-resistant TB is common

Sometimes the bacteria become resistant to more than one drug. This is called multidrug-resistant TB, or MDR TB. This is a very serious problem. People with MDR TB disease must be treated with special drugs. These drugs are not as good as the usual drugs for TB and they may cause more side effects. Also, some people with MDR TB disease must see a TB expert who can closely observe their treatment to make sure it is working.

People who have spent time with someone sick with MDR TB disease can become infected with TB bacteria that are resistant to several drugs. If they have a positive skin test reaction, they may be given preventive therapy. This is very important for people at high risk of developing MDR TB disease, such as children and HIV-infected people.

TUBERCULOSIS (TB) TESTING

Clermont Recovery Center, Inc. may require TB testing as part of a wellness treatment plan for clients at risk for tuberculosis

Risk Factors for TB:

- Living or working in close contact with a large group of people (a hospital ward, homeless shelter or jail) increases TB risk.
- History of injecting drugs increases TB risk.
- Living or working with someone who has **active** TB increases risk.
- HIV infection increases risk for TB.

Testing Positive for TB:

Testing positive for TB does not necessarily mean a person has active TB. A positive TB test does not necessarily mean the person should be treated for TB or that the person can give TB to someone else.

Testing positive for TB means a person has been **exposed** to the disease and should **be watched for symptoms** of active TB by medical personnel.

Only active TB is contagious. Active TB requires medical treatment from a doctor/clinic.

Getting a TB Test if You're At Risk:

TB testing tells you if you need to watch for symptoms of active TB. Your doctor can give you a TB test in two visits, two or three days apart. A small amount of fluid is placed under the skin on the left arm and your skin's reaction to that fluid is checked by a nurse or doctor 48 to 72 hours later. If your skin shows a "positive" reaction, your doctor may recommend a chest X-ray to see if you have active TB.

This test can also be done at the General Health District for a small fee. Their offices are located at 2400 Clermont Center Rd., Suite #204 off Bauer Rd. in Batavia. For more information or to request a TB test, call **735-8400**.

If you are **pregnant** (or think you may be), please talk to your doctor or clinic **before your TB test**. The Recovery Center has a Women's Outreach program for helping women with transportation, information, and referral. Call 735-8100 and ask for Women's Services.

Clermont Recovery Center and the General Health District want you to be well. Call CRC at 735-8100 or the General Health District at 735-8400 for information on Tuberculosis and other wellness topics.

Advance Directives – for more information on end of life decisions including durable power of attorney and living wills see a counselor, case manager, or clinical supervisor. Or you can access the information at <http://www.caringinfo.org/files/public/ad/Ohio.pdf>