



# Client Orientation Handbook

**SOLUTIONS**  
Community Counseling and Recovery Centers

**Crisis Hotline, 1-877-695-6333**

**Poison Control, 1-800-222-1222**

**If you find yourself in any type of medical emergency in the lobby and need assistance, please see support staff immediately.**

**Mission** – Solutions promotes wellness in mind, body and spirit through the provision of effective, affordable mental health and substance use services that promote recovery and overall health.

Welcome to Solutions. This brochure is to give you a general knowledge of Solutions such as hours of operation, programs available, your responsibilities as a client, our policy for addressing complaints, our procedure for filing a formal grievance, several policies that pertain to you as a client, infection control, universal precautions, and our organizational ethics statement.

Admission criteria will not be limited as to location of residence, age, race, ethnicity, color, religion, national origin, sexual orientation, and handicap or development disability according to Title VII of the Civil Rights Act of 1964, legal status, or any person with HIV infection, AIDS related complex or AIDS. Drug/Alcohol clients will not be denied admission to a program for their use of prescribed psychotropic medication. Certain programs have specific admission criteria and persons awaiting these programs will be informed. For Psychiatric Rehabilitation and Community Integration Services individuals must be actively working on a living, learning or working goal and have a mental health illness.

During our orientation process, which takes place at time of admission, your therapist or case manager will reiterate the information below. In emergency situations that do not permit review of this information, the next possible contact will be used for orientation. In such emergencies, clients are advised of immediately pertinent rights. The Client Rights Statement is posted in the waiting rooms of each service site. Furthermore, for your particular program, it will be discussed which staff member will be coordinating your care and the course of treatment. If you become probated or have legal issues that mandate you to treatment, we may be required to do mandated reporting. If court-ordered, effort is made to obtain release of information for court entity. Your primary clinician assigned to your case can discuss this process further.

## General Knowledge

- Hours of front desk availability:
  - Kingsview Drive Office: Monday-Thursday 8-6, Friday 8-4; evenings by appointment
  - Wilmington Office: Monday-Thursday 8-6, Friday 8-4; evenings by appointment
  - Springboro Office: Monday-Thursday 8-6, Friday 8-4; evenings by appointment
- List of programs offered
- Mental Health Outpatient
- Alcohol/Drug Outpatient
- Severely Emotionally Disabled Kids Program which includes school and home based
- Severely Mentally Disabled Adults Program
- Intensive Case Management (ICM)
- Assertive Community Treatment (ACT)
- Intensive Residential Rehabilitation (IRR)
- Psychiatric Rehabilitation and Community Integration (PRCI)
  - Residential Rehabilitation
  - Educational Rehabilitation
  - Peer Support Services
  - Skill Building
  - Intensive Home Base Services (IHB)
  - Crisis Services
- Assistance available at no additional costs for those person's served, and their families or significant others, who speak a language other than standard English and who have a communication disorder, such as deafness, or hearing impairment. Also available is assistance to those in need of auxiliary aids for sensory-impaired client's/family members and significant others.



- Services shall include,
- Sensitivity to ethnic and cultural differences among people
- Promotes freedom of choice among therapeutic alternatives for the person receiving services
- As clinically appropriate, provision that no person served shall be denied access to any service based on their refusal to accept other services recommended by Solutions
- Services in least restrictive setting
- Delivery of services in the natural environment of the person receiving services as appropriate
- Continuity of therapeutic relationships
- Perceived needs of the person receiving services
- Maps are located throughout the building and in each office of emergency exits and/or shelters, fire suppression equipment, first aid kits, etc.
- Ways in which client input is given regarding quality of care:
  - Client Satisfaction Surveys
  - Mental Health Adult and Kids Outcomes
  - Alcohol/Drug Outcomes
  - Focus Groups
  - Program Rules:
    - All clients are expected to conduct themselves in a respectful manner at all times. Offensive language, attitudes and/or behaviors will not be tolerated. If there is reasonable suspicion that a client is under the influence of alcohol or illegal drugs or any other unsafe situation, and have driven a vehicle to the agency, alternative means of transportation must be found. Otherwise, the agency will contact the local police authorities. Specific programs may restrict privileges. Staff implementing this restriction will clearly communicate to client restriction and process for reestablishing privileges.
- Diagnostic Assessment:
  - Through completing a diagnostic assessment, treatment recommendations/assessed needs will be formulated to help with the development of a treatment plan/discharge plan. The purpose and process of a diagnostic assessment is to maximize opportunities for the persons served to gain access to the Center's programs and services. Each person served is actively involved in, and has significant role in, the assessment process. Assessments are conducted to identify strengths, needs, abilities and preferences of each person.
  - Assessment will be Culturalogical
  - Community Resources
  - Staff is knowledgeable of public assistance and informs and refers persons served based on eligibility and needs identified in the diagnostic assessment.
  - Individualized Service Plans:
    - Individualized Service Plans are developed with each person served actively engaged in the planning process and in determining the direction of his/her individual plan. The plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served along with therapeutic interventions that the clinical staff would provide. The plan includes two components, the first addresses the global needs and the second component provides a blueprint for individual service development and is consistent with the outcomes expected by the person served and Solutions. Progress on Service goals will be communicated to persons served through routine review of progress notes during direct service and review of Individualized Service Plans. It is the expectation of Solutions that family, or whom the client defines as family, will actively be involved in treatment for all children as well as adults.
- Discharge/Transition:
  - The purpose and process of discharge/transition is to plan and ensure a smooth or seamless transition/discharge from Solutions. Each person served is actively involved in and has significant role in deciding when discharge/transition is appropriate (completion of treatment plan goals). Alcohol/Drug clients will complete an "Exit Interview". If a person is involuntarily discharged due to non-compliance, the staff member will make efforts to notify the person served before discharge (It is recognized that there are times this is not possible).



- Aftercare and Discharge / Transition Planning
- Alcohol/Drug clients will be informed at time of orientation into Intensive Outpatient Program or Adolescent Outpatient Program and that there is an Aftercare component of their treatment.
- The purpose and process of discharge/transition is to plan and ensure a smooth or seamless transition/discharge from Solutions. Each person served is actively involved in and has significant role in deciding when discharge/transition is appropriate (completion of treatment plan goals).
- Alcohol/Drug clients will complete an “Exit Interview” before discharge.
- If a person is involuntarily discharged due to non-compliance, the staff member will make efforts to notify the person served before discharge (It is recognized that there are times this is not possible).

### Termination/Discharge Criteria

The following will constitute sufficient grounds for termination from Solutions.

- Program non-compliance
- Use of drugs/alcohol on premises
- Verbal or physical abuse towards staff or other clients.
- Violation of confidential rules.
- Inadequate progress towards resolving presenting PROBLEM (referral to appropriate level of care)
- The following are some reasons a client may be immediately, involuntarily terminated:
- Trafficking of drugs/alcohol in a facility site.
- Fighting in an agency facility with staff or other clients

**Requesting a paper copy of your personal record:** To request a paper copy of your record, you must sign the “Request for Copy of Records” form and a release of information giving Solutions the right to access your record. You may get these two forms at the front desk in any office or from your clinician. You are entitled to one free copy of your diagnostic assessments, treatment plans and termination/transfer summaries. Any additional information will be charged at .20 a page. If a fee is charged, this must be paid up front before the records are released. Furthermore, you must meet in person to review your records with the Corporate Compliance Manager or designee. Finally, it may take up to 30 days for a copy to be released.

### Client Responsibilities

- **Appointments**

Appointments can be scheduled in person or by telephone. Therapy sessions generally last about 60 minutes, groups vary depending on the program and case management varies. Please arrive promptly so that you and your therapist or case manager have enough time to address your goals and problems effectively and so that others scheduled after you are not inconvenienced.

- **NO –SHOW/LATE CANCELLATION POLICY**

**No-Show/Late Cancellation** - We need a 24-hour notice if appointment needs to be cancelled. If appointment is cancelled with less than a 24-hour notice, the cancellation will be considered “late”.

**If no-show/late cancellation exceeds 2 Events over a 90-day period:**

- a. **No further routine appointments with the therapist or prescriber are scheduled for the family - a “10-day letter”** to be sent, advising the family that unless they contact the provider within 10 days to discuss reasons for missed appointments and negotiate an **alternative scheduling plan**, we will assume you are no longer interested in further services and will close case.

**If nobody contacts the agency in 10 days, and the client has current scripts provided by our psychiatrist, a 30-day letter will be sent out on behalf of the psychiatrist stating that we will cover medications for a 30-day window on a crisis basis.**



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- **Psychiatric Services**

Psychiatric services are available only to those individuals actively involved in treatment with a therapist and/or case manager and who meet program criteria. Appointments with our psychiatrist can be scheduled only through your therapist, nurse, or case manager; part of that job is to monitor your progress for our psychiatrist. Clients who do not maintain regular contact with their therapist or case manager as agreed in their treatment plans may have their psychiatric appointments delayed or even canceled.

In addition, alcohol and drug use is known to change the effectiveness of psychotropic medication. Therefore, known use of alcohol or drugs will be reported to our psychiatrist and an evaluation of your treatment plan will take place.

- **Payment**

Payment is expected at the time you receive services. This includes co-pays and partial fees. Verification of insurance benefits and any necessary pre-certification must take place prior to an appointment being scheduled. Also, if a dispute arises with your insurance carrier regarding coverage of services, it is your responsibility to work with us to resolve it. Any change in your income level, number of persons in your household, or insurance benefits should be reported promptly to your therapist or case manager. You must present your insurance and/or medical card at each appointment. If you are unable to make payment at the time services are received, arrangements must be made with the Financial Department. Your therapist/case manager will assist you in this. "This agency is an equal provider of services and an equal employment opportunity employer - Civil Rights Act 1964, (CRA). Services will not be denied based on the inability to pay.

- **Proof of Parent**

Parents or guardians who bring their children in for services must provide proof that they are the parent or guardian of the child. Listed are types of documents that would be accepted:

- Documentation from the courts such as custody or guardianship paperwork
- Birth certificate with parent listed
- Medicaid card with both parent and child listed
- Previous year's tax return where the child is listed as a dependent
- In the case of a father who is not listed on the birth certificate, the child's birth certificate along with a notarized letter from the child's mother stating the name of the father

- **Concerns**

Our expectation is that most concerns can be addressed effectively on an informal basis. If you have a concern about the service you receive, we expect that you will first address the issue with the person providing the service to you. You may also ask to speak to that person's clinical team leader. Requests for another service provider should also be addressed with your current provider and his/her team leader. Learning to address conflicts directly in this way is an important part of the therapeutic process. It is your right to contact the Client Rights Officer at any time.

- **Formal Complaint**

If you are not satisfied with the results from verbally voicing a concern pertaining to any of the rights contained in the Client Rights Statement, you may contact the Client Rights Officer to file a Formal Complaint. The Officer will investigate the complaint and contact you within five working days. The Client Rights Officer will make the final decision.

- **Grievance Procedure**

- If you are not satisfied with the results of the Formal Complaint and still believe any of the rights contained in the Client Rights Statement have been violated, you have the option to file a grievance (or at any time you can skip the above steps and directly file a grievance).
- You will be given assistance, if needed, in filing a grievance by the Client Rights Officer. If you do not need assistance in filing the grievance, the grievance must be addressed to the Client Rights Officer and include the following:
  - a. The grievance must be in writing
  - b. The grievance must be dated and signed by the client or the individual filing the grievance on behalf of the client.



- c. The grievance must include the date, approximate time, and description of the incident and names of individuals involved in the incident/situation being grieved.
- This grievance must be addressed to the Client's Rights Officer. Solutions will then make a resolution decision on the grievance within twenty-one (21) calendar days of receipt of the grievance. Any extenuating circumstances indicating that this time period will need to be extended must be documented in the grievance file and written notification will be sent to you.
- Also, you as a client have the right to file a grievance with outside organizations (at any time), that include, but not limited to, the organizations listed at the end of this section with the mailing address and telephone numbers provided.
- A written acknowledgement of receipt of the grievance is provided to each grievant. Such acknowledgement shall be provided within three working days from the receipt of the grievance. The written acknowledgement shall include, not be limited to, the following:
  - ✓ Date grievance was received
  - ✓ Summary of grievance
  - ✓ Overview of grievance investigation process
  - ✓ Timetable for completion of investigation and notification of resolution
  - ✓ Treatment provider name, address, phone number and name of contact
- The action by your or a family member in filing an informal complaint, a formal complaint or a grievance will not result in retaliation or barriers to service. Efforts will be made to resolve the issue and the resolution will be explained in a manner that is understandable
- The Client Rights Officer/Advocate is:  
**Kara Caudell, Corporate Compliance Manager**  
**975 Kingsview Dr. Lebanon, OH 45036 513-228-7800 Ext. 652**
- The agency's Executive Director has the final decision in the resolution of the grievance.
- If you decided to appeal the outcome of your grievance, you must contact the Executive Director of the Agency by phone or mail to set up a meeting time. The agency's Executive Director will attend the hearing. At your request, the Chief Client Rights Officer will represent you and your grievance at this hearing. Every effort will be made to resolve the complaint at the hearing. You will be provided written notification and an explanation of the finding within five working days of the hearing. In any event, the time between appealing the grievance and resolution will not exceed 21 working days.
- If the Chief Client Rights Officer is the subject of your grievance or, is unavailable, an alternative Client Rights Officer, a member of the Executive Management Team, will assist you. The Executive Director and Client Rights Officer have full authority to supervise this program throughout the agency and will take all necessary steps to assure compliance with the Clients Rights and Grievance Procedure.



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If you are not satisfied with the resolution of your grievance, you have the option to file a grievance (at any time) with outside organizations, that include but are not limited to, the following with the mailing address and telephone numbers for each stated. At your request, any information pertaining to your grievance will be sent to these organizations:

- Mental Health Recovery Board Serving Warren and Clinton Counties  
201 Reading Rd.  
Mason, Ohio 45040  
513-695-1695
- Ohio Department of Mental Health  
30 E. Broad Street, 8<sup>th</sup> Floor  
Columbus, Ohio 43215-3430  
614-466-2596  
1-877-275-6364 (Toll Free bridge line for consumers and families)  
TDD: 614-752-9696
- Ohio Department of Alcoholism and Drug Addiction Services  
280 North High Street, 12<sup>th</sup> Floor  
Columbus, Ohio 43215-2550  
614-466-3445
- Ohio Legal Rights Services  
50 W. Broad Street, Suite 1400  
Columbus, Ohio 43215-5923  
614-466-7264  
1-800-282-9181  
TDD: 614-728-2553/800-858-3542
- Attorney General's Office, Medicaid Fraud/Health Care Fraud Unit  
150 E. Gay Street, 17<sup>th</sup> Floor  
Columbus, Ohio 43215  
800-282-0515
- Governor's Office of Advocacy for People with Disabilities  
150 East Campus View Blvd  
Columbus, Ohio 43235  
614-438-1391
- U.S. Department of Health & Human Services  
Office for Civil Rights, Region V  
233 N. Michigan, Suite 240  
Chicago, IL 60606  
312-886-5078
- The State of Ohio Counselor, Social Worker & Marriage and Family Therapist Board  
50 West Broad Street, Suite 1075  
Columbus, Ohio 43215-5919  
614-466-0912
- Nursing Education & Registration Board  
17 S. High Street, Suite 400  
Columbus, Ohio 43215-7410
- State Board of Psychology  
77 S. High Street, Suite 1830  
Columbus, Ohio 43215-6108  
614-466-8808
- State Medical Board  
30 East Broad Street, 3<sup>rd</sup> Flor  
Columbus, Ohio 43215-6127  
614-466-3934



## POLICIES PERTAINING TO YOU AS A CLIENT

### Confidentiality

All client information is strictly confidential, as governed by the State and Federal laws, rules and regulations 42CFR Part 2, and Part B, paragraph 2.22). Your signed consent must be obtained in order for any staff member to release to anyone your enrollment with this program. Exceptions are crimes committed on premises, emergencies at hospitals, incarceration, and abuse of children, elderly or spouse. Strict confidentiality of client information is observed. Please request a release of information form, if you wish the clinic staff to communicate information about your treatment with anyone.

Occasions when you may want to sign a release:

- To allow the clinic to share information with your significant other
- To allow a third party to pay for treatment
  
- If you are on parole or probation
- To arrange a temporary or permanent transfer to another agency/treatment provider
- To allow coordination of planned or elective medical or dental procedures.

### 42 CFR - PART 2

The confidentiality of alcohol and other drug abuse records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a person attends the program, or disclose any information identifying the person as an alcohol and/or other drug user unless:

1. The person consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency.
4. The person lacks the capacity to make a rational decision on the issue of notification.
5. The situation poses a threat to the physical well being of a minor or any other person.

Also Federal law and regulations do not protect any information about suspected child abuse or neglect. A full version of the law is available upon request.

### ADVANCED DIRECTIVES

When applicable, persons with a severe mental disability shall have the opportunity to receive education regarding Advanced Directives. Persons may specify, in advance, choices about how he or she wants to be treated in the event that illness renders him or her incapable of exercising treatment choices. Psychiatric Advanced Directives formally declare the wishes of a person served for treatment should he or she become incapacitated. If interested in more information, ask your primary clinician.

### SECLUSION OR RESTRAINTS POLICY

It is the policy of Solutions, based on the philosophy of the organization, not to use seclusion or restraint intervention techniques with clients. In emergency situations, staff are instructed to contact "911" to request emergency assistance.

### SMOKING / TOBACCO POLICY

Use of tobacco products is prohibited in any of Solutions facilities or vehicles. Use of tobacco products by children or adolescents (persons under age 18 years of age or persons in an adolescent program) is prohibited on agency property.



## CODE OF ETHICS

- Solutions Community Counseling and Recovery Centers approves and supports the ethical provision of assistance to clients who participate in the center's services. Solutions will not discriminate against or refuse its services to anyone on the basis of sex, race, color, religion, national origin, age, disability, HIV/Aids infections, sexual preference, or notoriety of the referral source or clients.
- Solutions Community Counseling and Recovery Centers accurately markets and promotes itself, consistent with its mission.
- Solutions Community Counseling and Recovery Centers will make decisions regarding service expansion, collaboration, and affiliation in a manner consistent with its mission.
- Solutions Community Counseling and Recovery Centers is committed to remaining a good community citizen with sensitivity to the impact our decisions may have on surrounding neighborhoods.
- Solutions Community Counseling and Recovery Centers will not enter into any contractual or casual relationship that would promote a conflict with our mission.
- Solutions Community Counseling and Recovery Centers 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 the clinical judgment of the staff; not on financial incentives.
- Staff shall not accept any gift, favor, or item of value from a client that could be construed as influencing the therapeutic relationship.
- The client / staff relationship is unique in the assisting and the encouragement given by the staff member to the client. The relationship must be carefully directed in order to circumvent any improprieties. Certain boundaries must be maintained
- Client and or consumers should not be neglected nor abused by any staff member, whether an employee, contract staff, or student interns.
- The agency establishes controls within the organization in order to monitor its fiscal and clinical systems to prevent the occurrence of fraud and waste.

## ITEMS BROUGHT INTO THE PROGRAM (DRUGS / WEAPONS)

Solutions' staff shall consistently and respectfully monitor, intervene and take corrective actions with employed personnel and clients and their family members when illegal or dangerous items are brought onto any Solutions grounds, facility or premises. Prohibited items include, but are not limited to, licit and illicit drugs, alcohol, and items that are construed to be a weapon of any type. Solutions staff will take immediate and direct action with any individual suspected of violating this policy. The policy is established to protect everyone. If you suspect anyone in breach of this policy, you should notify the site director or your primary staff person immediately.





## Mental Health Client Rights

1. All who access mental health services are informed of these rights:
  - a. The right to be informed of the rights described in this rule prior to consent to proceed with services, and the right to request a written copy of these rights;
  - b. The right to receive information in language and terms appropriate for the person's understanding; and
  - c. The right to be fully informed of the cost of services.
2. Services are appropriate and respectful of personal liberty:
  - a. The right to be treated with consideration, respect for personal dignity, autonomy, and privacy, and within the parameters of relevant sections of the Ohio Revised Code and the Ohio Administrative Code;
  - b. The right to receive humane services;
  - c. 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;
  - d. The right to reasonable assistance, in the least restrictive setting; and
  - e. The right to reasonable protection from physical, sexual and emotional abuse, inhumane treatment, assault, or battery by any other person.
3. Development of service plans:
  - a. The right to a current ISP that addresses the needs and responsibilities of an individual that specifies the provision of appropriate and adequate services, as available, either directly or by referral; and
  - b. The right to actively participate in periodic ISP reviews with the staff including services necessary upon discharge.
4. Declining or consenting to services:
  - a. The right to give full informed consent to any service including medication prior to commencement and the right to decline services including medication absent an emergency;
  - b. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs, or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms; and
  - c. The right to decline any hazardous procedures.
5. Restraint, seclusion or intrusive procedures:
  - a. The right to be free from restraint or seclusion unless there is imminent risk of physical harm to self or others.
6. Privacy:
  - a. The right to reasonable privacy and freedom from excessive intrusion by visitors, guests and non agency surveyors, contractors, construction crews or others.
7. Confidentiality:
  - a. The right to confidentiality unless a release or exchange of information is authorized and the right to request to restrict treatment information being shared; and
  - b. The right to be informed of the circumstances under which an agency is authorized or intends to release, or has released, confidential information without written consent for the purposes of continuity of care as permitted by division (A) (7) of section [5122.31](#) of the Revised Code.
8. Grievances:
  - a. The right to have the grievance procedure explained orally and in writing, the right to file a grievance, with assistance if requested; and the right to have a grievance reviewed through a grievance process, including the right to appeal a decision.
9. Non-discrimination:
  - a. The right to receive services and participate in activities free of discrimination on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.



10. No reprisal for exercising rights:
  - a. The right to exercise rights without reprisal in any form including the ability to continue services with uncompromised access. No right extends so far as to supersede health and safety considerations.
11. Outside opinions:
  - a. The right to have the opportunity to consult with independent specialists or legal counsel, at one's own expense.
12. No conflicts of interest:
  - a. No agency employee may be a person's guardian or representative if the person is currently receiving services from said facility.
13. 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. If access is restricted, the treatment plan shall also include a goal to remove the restriction.
14. 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.
15. The right to receive an explanation of the reasons for denial of service.

**SOLUTIONS COMMUNITY COUNSELING AND RECOVERY CENTERS  
NOTICE OF PRIVACY PRACTICES  
Effective: April 14, 2003**

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

PLEASE REVIEW CAREFULLY

If you have any questions about this notice, please contact Kara Caudell, Corporate Compliance Manager at 513-228-7800, ext. 652

**WHO WILL FOLLOW THE REQUIREMENTS OF THIS NOTICE:**

This notice describes our agency's practices and those of:

- Any health care professional authorized to enter information into your agency chart.
- All departments and units of the agency.
- Any member of a volunteer group we allow to help you while under the care of the agency.
- All employees, staff, and other agency personnel.
- All of the following entities, sites, locations comply with the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or agency operations purposes described in the notice
  - Mental Health Recovery Board Serving Warren and Clinton Counties
  - Ohio Department of Mental Health
  - Ohio Department of Alcohol and Drug Addiction Services
  - Third Party Payers
  - Medicaid/Medicare
  - CMHC
  - Medifax
  - Agency's Legal Counsel
  - Agency's Independent Auditor
  - Agency's Computer Company



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## OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the agency. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the agency, whether made by agency personnel or staff under contract to the agency.

This notice will tell you the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Assure medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect

## HOW MAY WE USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment** We may use medical information about you to provide you with behavioral health and medical treatment or services. We may disclose medical information about you to our doctors, nurse, counselors, healthcare professionals in training, or other agency personnel who are involved in taking care of you through the agency. For example, during our Team Meetings, we may share medical information about you in order to coordinate the different things you need, such as prescriptions, counseling, and residential support.
- **For Payment** We may use and disclose medical information about you so that the treatment and services you receive at the agency may be billed to and payment may be collected from you, Recovery Services of Warren/Clinton Counties and/or the State Departments (ODMH, ODADAS, Medicaid, Medicare) information about counseling you received at the agency so the Board will pay us for the service.
- **For Healthcare Operations** We may use and disclose medical information about you for agency operations. These uses and disclosures are necessary to run the agency and make sure that all of our clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many agency clients to decide what additional services the agency should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health professionals in training, and other agency personnel for review and learning purposes. We may also combine the medical information we have with medical information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care delivery without learning who the specific patients are.
- **Appointment Reminders** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at the agency. You may receive a letter or a phone call to remind you of your upcoming appointment or an appointment that you missed.
- **Treatment Alternatives** We may use and disclose medical information to tell you about or recommend possible treatment options or alternative that may be of interest to you.
- **Health-Related Benefits and Services** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.



- **Research** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received on medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the clients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for clients with specific medical needs, so long as the medical information they review does not leave the agency. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the agency.
- **Required by Law:** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## SPECIAL SITUATIONS

- **Military and Veterans:** If you are a member of the armed forces, we may release medical information about you are required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following: to
  - Prevent or control disease, injury, or disability
  - Report births and deaths
  - Report child abuse or neglect
  - Report reactions to medications or problems with products
  - Notify people of recalls of products they may be using
  - Notify a person who may have been exposed to a disease or may be a risk for contracting or spreading a disease or condition
  - Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery requests or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may release medical information if asked to do so by law enforcement official:
  - In response to a court order, subpoena, warrant, summons, or similar process
  - To identify or locate a suspect, fugitive, material witness, or missing person
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
  - About a death we believe may be the result of criminal conduct
  - About criminal conduct at the agency



- In emergency circumstance to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical examiners, and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about clients of the agency to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others:** We may disclose Medical Information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records including psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Kara Caudell, Corporate Compliance Manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstance, if you are denied access to medical information; you may request that the denial be reviewed. Another licensed health care professional chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, the agency. To request an amendment, your request must be made in writing and submitted to Kara Caudell, Corporate Compliance Manager. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
  - Is not part of the medical information kept by or for the agency
  - Is not part of the information which you would be permitted to inspect and copy
  - Is accurate and complete
- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to Kara Caudell, Corporate Compliance Manager. Your request must state a time period that may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Kara Caudell,



# Client Orientation Handbook

**SOLUTIONS**  
Community Counseling and Recovery Centers

Corporate Compliance Manager. In your request, you must tell us (1) what information you want to limit, (2) whether you want to limit our use, and (3) to whom you want the limits to apply, for example disclosures to your spouse.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Kara Caudell, Corporate Compliance Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You will receive a copy of this notice at the first face to face contact with Solutions. You will also be asked to sign a form stating that you received a copy of this notice. This notice will be placed in your agency chart.

## CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the agency. The notice will contain on the first page in the top center, the effective date. In addition, each time you register at or are re-admitted to the agency for treatment or health care services, you will be offered a copy of the current notice in effect.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the agency, contact Kara Caudell, Corporate Compliance Manager at 513-228-7800, ext. 652. All complaints must be filed in writing.

You may also file a complaint with HIPAA:  
HIPAA complaint  
233 North Michigan Avenue, Suite 240  
Chicago, IL 60601

You will not be penalized or discriminated against for filing a complaint.

## OTHER USES OF MEDICAL INFORMATION

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

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