

**ACCESS COUNSELING SERVICES, LLC**  
**FINANCIAL POLICY AND AGREEMENT for Mental Health and AOD Services**

We are committed to providing you with the best possible care and would be happy to discuss our financial fees with you at anytime.

\*CO PAYMENTS OR FULL PAYMENT IF DEDUCTIBLE APPLIES, ARE DUE AT TIME OF SERVICE

\*WE ACCEPT CASH, CHECK, VISA, MASTERCARD AND DISCOVER

**Insurance:** If you have insurance, we will help you receive maximum benefits. You are responsible for providing all insurance coverage information and establishing the primary and secondary coverage at the time of service. We will accept and file your insurance if we are a provider on your plan. Your insurance coverage is a contract between you and your insurance carrier. All co pays must be paid at the time of service. If your insurance requires a deductible before they will pay, you will be responsible for your deductible until it is paid. Once we file your insurance, if payment is not received within 60 days, you will need to submit the payment for the balance due or make payment arrangements with our office.

**Minor Children:** The parent(s) or guardian who brings a child to therapy or psychiatrist appointment is responsible for the account. It is our policy to consider an 18 year old who is still in high school a “minor”. Insurance billing for the minor is the same as the above section on Insurance.

As an Access Counseling Services, LLC client, the following fees apply for services received.

| <u>Service</u>                            | <u>Mental Health Fees</u> | <u>AOD Fees</u> | <u>Self Pay Fees</u><br><u>(For Office Use Only)</u> |
|---|---------------------------|-----------------|--|
| INTAKE with Therapist (1-hour)            | \$ 129.99                 | \$ 96.24        | \$   |
| PER SESSION with Therapist (1-hour)       | \$ 90.00                  | \$ 87.28        | \$   |
| INTAKE with doctor (1-hour)               | \$ 210.87                 | \$ 176.28       | \$   |
| PER SESSION with doctor (20-30 minutes)   | \$ 105.44                 | \$ 88.14        | \$   |
| PER SESSION for Group (1-hour)            | \$ 39.48                  | \$ 37.68        | \$   |
| PER SESSION for Case Management (1- hour) | NA                        | \$ 78.70        | \$   |
| Urine Drug Screen                         | NA                        | \$ 60.00        | \$   |
| CPST Individual (1-hour)                  | \$ 85.32                  | NA              | \$   |
| CPST Group (1-hour)                       | \$ 39.24                  | NA              | \$   |

**Missed Appointments:**

\*If you miss or cancel (without 24 hours notice) three consecutive appointments your case will be reviewed by your treatment team for closure.

\*If you miss or cancel (without 24 hours notice) three appointments within a calendar year your case will be reviewed by your treatment team for closure.

\*Referrals will be made for discharge planning.

\*You may reapply for reinstatement, but you will have to go through the intake process again and your commitment to treatment will be reassessed along with other established criteria to determine if you can resume services at Access Counseling Services.

I understand that all payments are made at the time of service. I also understand that my services may be reduced and/or interrupted if I am unable to pay. I understand that only payment arrangements that are approved by the Executive Director/CEO, or her designee, are valid. I understand I can contact Deanna Proctor, Executive Director/CEO and Client Rights Officer with any questions.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Parent/Guardian Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

ID No. \_\_\_\_\_

## ACCESS COUNSELING SERVICES

### NOTICE OF PRIVACY PRACTICES

**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.**

1. You have a right to receive a paper copy of the Notice and/or an electronic copy by email upon request. Access Counseling Services has the right to revise this Notice, and if revisions are made to this Notice, you have the right to receive the revised copy.
2. You have the right to file a complaint to our Privacy Officer, Deanna Proctor Executive Director/CEO at 513-649-8008, if you think we may have violated your privacy rights, or if you disagree with a decision we made about access to your protected health information (PHI). You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201 or call 1-877-696-6775. There will not be any penalties against you if you make a complaint.
3. Access Counseling Services is required to maintain the privacy of the information in your file, and to abide by the terms of this notice.
4. Your protected health information refers to individually identifiable information relating to the past, present, or future physical or mental health or condition of you the client, provision of health care to you, or the past, present, or future payment for health care provided to you.
5. Access Counseling Services maintains a limited right to use and/or disclose your PHI for purposes of treatment, payment, and health care operations as follows:

#### 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 doctors, nurses, counselors, healthcare professionals in training, or other agency personnel who are involved in taking care of you through the agency. For example, a medical diagnosis may be shared with a specialist to help in your treatment process. Different departments of the agency may also 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, an insurance company or a third party. For example, we need to give the CMH/ADAMHS Board and/or the State Departments 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 and health care delivery without learning who the specific clients are.

6. Access Counseling Services maintains a right or is required by law to use and/or disclose your PHI in certain circumstances without your authorization. Refer to Access Counseling Services' HIPAA Policies and Procedures Manual for specific explanations regarding these cases. The following circumstances do not require your authorization: to employers (for medical surveillance activities); concerning victims of abuse, neglect, or domestic violence; to health oversight agencies; for judicial/administrative proceedings; for law enforcement purposes; for approved research; to correctional institutes; to avert a serious threat to health or safety; for workers' compensation purposes; and relating to decedents.

7. You have the right to revoke your authorization at any time to stop future uses and/or disclosures except to the extent that Access Counseling Services has already undertaken an action in reliance upon your authorization.
8. Access Counseling Services may send appointment reminders and other similar materials to your home unless you provide us with alternative instructions.
9. Access Counseling Services may contact you about treatment alternatives or other health related benefits and services.
10. You have the right to request the receipt of confidential communications by alternative means or at alternative locations as long as it is reasonably easy for Access Counseling Services to do so.
11. If Access Counseling Services informs you about the disclosure in advance and you do not object, Access Counseling Services may share with your family, friends, or others involved in your care, information directly related to their involvement in your care, or payment for your care. Access Counseling Services may also share PHI with these people to notify them about your location, general condition, or death.
12. You have the right to request restrictions on uses and disclosures of information in your file. Access Counseling Services is not required to agree to requested restrictions.
13. You have the right to receive confidential communications of PHI, and you also have the right to inspect, copy, and amend your PHI as permitted under the regulations of HIPAA.
14. You have the right to receive a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family, or the facility director; or pursuant to your written authorization. The list will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 14, 2003. Access Counseling Services will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as 6 years.

# **ACCESS COUNSELING SERVICES**

## **CLIENT ORIENTATION HANDBOOK**

**Date:** \_\_\_\_\_

**This handbook belongs to:** \_\_\_\_\_  
(first name only)

**Please read this handbook before your next appointment and bring it, and any questions and/or concerns you may have, to your appointment.**

**My therapist is:** \_\_\_\_\_

**REVISED 06/2012**

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## WELCOME

Welcome to Access Counseling Services. Enclosed you will find the list of rights as a client of this agency and information about contacting our Clients Rights Officer. Your service provider will read or explain these rights to you. In emergency situations that do not permit review the client's rights statement, the statement will be provided and reviewed at the next possible contact. In such emergencies, clients are advised of immediate pertinent rights. The Client Rights Statement is posted in the waiting rooms.

This brochure is to inform you of our expectations of you as a client, and our policy for addressing complaints and procedure for filing a formal grievance.

### Mission Statement for Access Counseling Services

Access Counseling Services aspires to be a quality, client-centered all inclusive treatment facility to our local community. Giving them Access to individual group, family and couples counseling. Providing, effective evidence-based treatment as well as education and advocacy in a safe culturally competent environment.

### SERVICE FEES

Access Counseling Services accepts most major insurances and Medicaid. The agency requires you to provide proof of your income so that we may charge you according to your income. **Each person is expected to pay his/her fee at the time of service.**

### HOURS OF OPERATION/ AFTER HOURS NEEDS

#### OFFICE HOURS

Monday through Thursday from 8:00 a.m. to 8:00 p.m.

Friday 8:00 a.m. through 4:00 p.m.

Saturday as scheduled. Inquire at the front desk or with your therapist.

#### ACCESS TO SERVICES AFTER HOURS

If you have an emergency after regular business hours you may call:

\*\*CRISIS LINE NUMBER – (513) 894-7002\*\*--Hamilton/Fairfield/West Chester

\*\*CRISIS LINE NUMBER – (513) 424-5498\*\*--Middletown

\*\*CRISIS LINE NUMBER – (513) 523-4146\*\*--Oxford

\*\*CRISIS LINE NUMBER- (1-800) 877-695- NEED (6333)—Warren County

In addition, you may seek care at an Emergency Room.

## **CLIENT RESPONSIBILITIES AND ORGANIZATION'S EXPECTATIONS**

- 1. Appointments** can be scheduled in person or by telephone. Sessions generally start on the hour and last about 45-60 minutes. Group sessions vary in length. Please arrive promptly and check in so that you and your provider, psychiatrist or nurse have enough time to address your goals and problems effectively and so that others scheduled after you are not inconvenienced.
- 2. Terminating Clients with Inconsistent Attendance**  
You are entering into an agreement with Access Counseling Services (ACS) to attend all sessions you have scheduled, including therapy, nurse and psychiatry appointments. You and your provider will decide frequency of services as part of your individualized service plan. Services will only benefit you if there is a commitment to work with your clinician.

Your appointment time is reserved for you. There is a waiting list for other clients and ACS cannot hold your time slot unless you keep your appointments. If you **MUST** cancel, you need to call at least 24 hours in advance of your scheduled appointment. This allows us to schedule another person in your place.

\*If you miss or cancel (without 24 hours notice) three (3) consecutive appointments your case will be reviewed by your treatment team for closure.

\*If you miss or cancel three (3) appointments (without 24 hours notice) within a calendar year your case will be reviewed by your treatment team for closure.

\*Referrals will be made for discharge planning

\*You may reapply for reinstatement, but you will have to go through the intake process again and your commitment to treatment will be re-assessed along with other established criteria to determine if you can resume services at ACS.

If you have any concerns about the services you receive, please discuss them with your clinician. If you are uncomfortable discussing your concerns with your provider, you may contact Deanna Proctor, CEO/Executive Director and Client's Rights Officer, at 513-649-8008 ext. 12.

- 3. Telephone calls** to your service provider should be brief. We are unable to do counseling over the telephone. Any matters that can be resolved through our support staff will be greatly appreciated.
- 4. Psychiatric services** are available. Some of our clients choose to see the doctor and a therapist and some the doctor only. The psychiatrist may require that a client see a therapist in addition to their med somatic services. If the doctor makes that determination, we will schedule you with a therapist that best fits your needs.
- 5. Payment is expected at the time you receive services.** If you pay with insurance or pay a partial fee, a billing statement will be mailed to you monthly. Verification of insurance benefits and any necessary pre-certification is your responsibility. 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 changes in your income level, number of persons in your household, or insurance benefits should be reported promptly to your clinician. If you pay with Medicaid, we expect that you bring your Medicaid card with you whenever you receive a new one. Any change of residence or phone number should be reported to your clinician.
- 6. If you are mandated to treatment you will be asked to sign a release of information so that we may communicate with appropriate entities.** Should you leave treatment prior to completion or unexpectedly we may attempt to contact you via letter with follow up recommendations for continuing care. We will inform your referral source of your status.

7. **Court Appearances.** Our staff will appear in court if subpoenaed and have a judge's court order. We will bill the individual who served the subpoena the amount of time staff is available for court.

Our employees have the capacity and the appropriate resources to help you with many of the problems you may be confronting. Please feel free to consult with your provider on whatever problems you may be facing so that we can better serve you. This includes barriers to treatment that you may have.

### **CODE OF ETHICS**

Access Counseling Services approves and supports ethical provisions of assistance to clients who participate in the agency's services. Access Counseling Services 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 orientation, or notoriety of the referral source or client.

Access Counseling Services accurately markets and promotes itself, consistent with its mission.

Access Counseling Services will make decisions regarding service expansion, collaborations, and affiliation in a manner consistent with our mission.

Access Counseling Services is committed to remaining a good community citizen with sensitivity to the impact our decisions may have on surrounding neighborhoods.

Access Counseling Services will not enter into any contractual or casual relationship that would promote a conflict with our mission.

Access Counseling Services will use ethical and accepted billing practices with all clients, funders and regulatory agencies.

### **TREATMENT PROCESS**

#### **Assessment**

A full bio-psychosocial assessment is completed on all clients at intake. The purpose of the assessment is to gather sufficient information to identify the needs and preferences of each person served. The assessment will be completed by your provider at your first active counseling session. At times this assessment may take more than one session.

#### **Treatment Planning**

You will actively participate in the development of an individual treatment plan once your assessment is completed. The plan will include your needs and preferences. Your plan will include goals, objectives and achievement dates.

#### **Transition**

Beginning with assessment, a Transition/Recovery/Treatment Plan will also begin to be developed to insure appropriate continuation of support services and follow up. Transition criteria will be available/discussed with your provider.

#### **Urine Collection**

Urine specimens shall be given on request. Urine samples may be collected at any time (if you are receiving drug/alcohol services). If specimens are adulterated they will be treated as being positive. A refusal to submit for a urine test will also be considered as positive.



## **Prescriptions**

All medications prescribed by physicians or dentists other than the agency must be cleared with the agency staff. Contact with the prescribing physician may occur when agency staff deems necessary.

## **Complaints (for example room temperature, not liking provider or wanting a different gender of provider)**

Our expectation is that most complaints can be addressed effectively on an informal basis. If you have a complaint 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 supervisor. Requests for another service provider should also be addressed with your current provider and the Clinical Director. Complaints about clinical services that cannot be resolved in this manner will be referred to the CEO/Executive Director whose decision will be final. Learning to address conflicts directly in this way is an important part of the therapeutic process.

## **CLIENTS RIGHTS AND GRIEVANCE PROCEDURES**

### Access Counseling Services

#### Grievance Procedure

The following administrative procedure is based on the principal that clients must have a way to file a grievance within the agency structure. This procedure is available to all clients. However, if they choose, they can grieve directly to any of the officers listed under Step III without going through the following procedure.

The Client Rights Policy will be given to every client at the time of intake with a form for them to sign indicating they have received it. Clients receiving community services (Information and Referral, Consultation, Education, Prevention, and Training) will be given a copy upon request. When a client is seen in an emergency or crisis situation, the client will be verbally informed of pertinent rights and a written copy and a full explanation delayed until the next scheduled appointment.

The grievor/client may contact the Client Rights Officer (CRO), Deanna Proctor, Access Counseling Services, 4464 S. Dixie Hwy., Middletown, OH 45005, (513) 649-8008 x12. Available hours: Monday – Friday, 9 a.m. – 4 p.m. The alternate to the CRO is the Clinical Director.

#### **STEP I**

A grievance of any procedure or policy is to be brought to the attention of the CRO (or, if it is in relation to the CRO, the Clinical Director) in writing, including the date, time, a description of the incident/situation and the names of the individuals involved, and signed and dated by the client. Assistance in preparing the grievance will be provided by the CRO. The CRO will meet with the client. She/he will investigate on behalf of the grievor, if necessary. The CRO has five (5) working days in which to respond, in writing, to the grievor/client. If the situation is resolved, a written statement of results will be given to the grievor/client within two (2) working days and also filed in the appropriate place in the agency.

#### **STEP II**

If the situation or concern is not resolved, the grievance will be given to the Executive Director/CEO by the end of the five (5) working days and the grievor/client and one person chosen by the grievor/client to represent him/her will meet with the Executive Director/CEO to discuss the written grievance within five (5) working days after the written grievance has been submitted to the Executive Director/CEO. If the situation is resolved, a written statement of results will be given to the grievor/client within two (2) work days.

#### **STEP III**

If the grievance is not resolved, a statement stating so will be given to the grievor/client within two (2) working days and the grievor/client may direct the grievance to any of the following outside entities: (See attached list of outside entities) At the agency level, it is expected that any grievance resolution will not exceed fifteen (15) working days from the date the grievance was filed.

#### **STAFF TRAINING**

Access Counseling Services assures that all staff is thoroughly trained and understands their responsibility to immediately advise any client or any grievor about the name and availability of the CRO and the complainant's right to file a grievance. Group training will be provided yearly at a regular staff meeting.

The CRO will provide, upon request, all relevant information about the grievance to one or more organizations to which the grievor/client has initiated a complaint.

The grievance procedure and the name of the CRO will be posted in a conspicuous location. Included is the name, title, address, phone number and hours of availability of the CRO.

The CRO has full authority to take whatever steps are necessary to assure agency compliance with the Client Rights Policy and the Grievance Procedure.

|   |  |   |
|---|--|---|
| Ohio Legal Rights Service<br>50 W. Broad St. Suite 1400<br>Columbus, Ohio 43215-5923<br>(614) 466-7264 (800) 282-9181   | Ohio Client Assistance Program<br>50 W. Broad Street, Suite 1400<br>Columbus, Ohio 43215-5923<br>1-800-282-9181                    | Ohio Department of Mental Health<br>30 E. Broad Street, 8 <sup>th</sup> Fl<br>Columbus, Ohio 43215-3430<br>(614) 466-2596   |
| State of Ohio Medical Board<br>30 E. Broad Street, 3 <sup>rd</sup> Floor<br>Columbus, Ohio 43216-6127<br>(614) 466-3934   | Ohio Board of Nursing<br>17 S. High Street<br>Columbus, Ohio 43215-7410<br>(614) 466-3947  | Attorney General's Office, State<br>Office Tower<br>30 E. Broad St. 17 <sup>th</sup> Floor<br>Columbus, OH 43215-3428<br>(614) 466-4320                             |
| U.S. Department of Health &<br>Human Services<br>Valerie Morgan-Alston, Regional<br>Manager<br>Office for Civil Rights Region V<br>200 Independence Ave. SW<br>Medicaid Fraud Control<br>Washington, D.C. 20201<br>1-877-696-6775 | State of Ohio Board of Psychology<br>77 S. High Street, Suite 1830<br>Columbus, Ohio 43215-6108<br>(614) 466-8808                  | Ohio Provider & Social Worker<br>Marriage and Family Provider Board<br>Leveque Tower<br>50 West Broad St. Suite 1075<br>Columbus, Ohio 43215-5919<br>(614) 466-0912 |
| ODADAS (Ohio Department of<br>Alcohol & Drug Addiction Services)<br>Vern Riffe Center<br>77 N. High Street, 16 <sup>th</sup> Floor<br>Columbus, OH 43215<br>(614) 466-3445  | Alcohol & Drug Addiction Services<br>Board of Butler County<br>6 S. Second St. Suite 420<br>Hamilton, Ohio 45011<br>(513) 867-0777 | Butler County Mental Health Board<br>5963 Boymel Dr.<br>Fairfield, Ohio 45014-5541<br><br>(513) 860-9240  |
| Mental Health and Recovery<br>Services of Warren and Clinton<br>Counties<br>212 Cook Rd., Lebanon, OH 45036<br>513-695-1695<br>fax: 513-695-2997  |  |   |

**Access Counseling Services**

**MENTAL HEALTH**

**CLIENT RIGHTS per ODMH OAC 5122:2-1-02**

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 environment 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 alternatives.
4. The right to consent to or refuse a 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 child.
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 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 service. 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, television, 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 communication and of all personally identifying information within the limitations and requirements of 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 or court-appointed guardian of the person of an adult client in accordance with rule 5122;2-3-11 of the Administrative Code and 42 CFR.
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, sexual orientation, lifestyle, physical or mental handicap or developmental disability, or the 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.
22. The right to have oral and written instructions for filing a grievance.

### **Access Counseling Services**

#### **ALCOHOL AND OTHER DRUG**

#### **CLIENT RIGHTS per ODADAS RC 3793:2-1-07**

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to service 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 to freedom from unnecessary or excessive medication, unnecessary physical restraint or seclusion.
8. The right to be advised 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 the 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 reasons for denial of services.
15. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, sex, national origin, disability or HIV infection, whether asymptomatic or symptomatic or AIDS.

16. The right to know the cost of services.
17. The right to be fully 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 a second opinion.
22. The right to request another provider.

## **CONFIDENTIALITY**

All client information is strictly confidential, as governed by the State and Federal laws, rules and regulations 42CFR Part 2. 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 or if you are a threat to yourself or someone else. 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

## **42CFR – 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 and State regulations do not protect any information about suspected child abuse or neglect. A full version of the law is available upon request.

## **FACILITIES**

Emergency Exit Route Maps/Diagrams are located at various areas within the agency identifying emergency exit / escape routes, first aid plans, kits and fire extinguishers.

## **SMOKING / TOBACCO POLICY**

Use of tobacco products is prohibited at Access Counseling Services by anyone under the age of 18. Smoking is only permitted at designated area at least 25 feet from the building.

## **WAYS CLIENT INPUT IS GIVEN REGARDING QUALITY OF CARE, ACHIEVEMENT OF OUTCOMES AND CLIENT/FAMILY SATISFACTION**

To ensure clients have the opportunity to provide input into care, outcomes and satisfaction with services, Access Counseling Services highly values you and your family members' input into shaping the programmatic content offered. To this end, we solicit and incorporate your input into our planning in a variety of ways. These include, but are not limited to, annual satisfaction surveys and the use of a client suggestion box in the waiting area. Clients and family members are encouraged to participate in these important processes to their ideas for improving the services they receive.

## **SECLUSION OR RESTRAINTS POLICY**

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

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

Access Counseling Services 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 Access Counseling Services premises. Items not to be brought into the building or shared include, but are not limited to, licit and illicit (legal and illegal) drugs, alcohol, and items that are construed to be a weapon of any type. Access Counseling Services 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 CEO/Executive Director or your primary staff person immediately.

## **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. See attached information sheet for more information.

## **RESTRICTION OF CLIENT'S RIGHTS AND PRIVILEGES**

Access Counseling Services promotes maximum integration and inclusion of the persons served through regular evaluation of any restrictions placed on the rights or privileges of the persons served, methods to reinstate restricted or lost privileges and rights, and the purpose or benefit of any type of restriction on rights or privileges.

Privileges can be lost through violation of program rules or a consistent lack of progress on agreed upon goals in the treatment plan. Should restriction on privileges occur; the purpose of the restriction will be fully explained to you and will be documented in the case record. You will also be informed about the method(s) to reinstate your restricted or lost privileges. This information will also be documented in the case record.

The rights of clients are non-negotiable, i.e. they cannot be lost by the client or taken away by Access Counseling Services. In contrast, privileges may be extended to clients as a result of exceptional conformance to program rules or due to extraordinary progress. Privileges, unlike client rights, can be lost through violations of program rules or a failure to demonstrate progress in treatment. You will be made aware of the specific types of rule violations where your privileges may be restricted by your primary clinician.

## **ELIGIBILITY CRITERIA FOR SERVICES**

Clients eligible for intake assessments at Access Counseling Services are as follows:

1. Clients meeting specific requirements set by their insurance carrier/HMO physician.
2. Individuals or family members who are concerned about the affect alcohol/other drugs or mental health issues are having in their lives.
3. Individuals referred by parole/probation officers, social service personnel, physicians or other health care workers for evaluation of a possible alcohol/other drug or mental health problem.
4. Parents concerned about the effects of parental alcoholism /chemical dependency or mental health issues on their children.
5. Individuals who are adult children of alcoholics/mental health concerned about the continuing effects of parental alcoholism/chemical dependency or mental health issues in their lives.
6. Children are eligible for services if they are age 1 or older.
7. Prospective clients must be able to understand and participate productively in the verbal interactions necessary to counseling, assessment and other services. All others will be referred to the most appropriate outside provider.

## **TERMINATION DISCHARGE CRITERIA**

The following will constitute sufficient grounds for termination from the agency.

- A. Program non-compliance
- B. Use of drugs/alcohol on premises
- C. Verbal or physical abuse towards staff or other clients.
- D. Violation of confidential rules.
- E. Inadequate progress towards resolving presenting problem (referral to appropriate level of care.)

The following are some reasons a client may be immediately, involuntarily terminated:

- A. Trafficking of drugs/alcohol in a facility site.
- B. Fighting or threatening in an agency facility with staff or other clients.

**ACCESS COUNSELING SERVICES**  
**NOTICE OF PRIVACY PRACTICES**

**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.**

1. You have a right to receive a paper copy of the Notice and/or an electronic copy by email upon request. Access Counseling Services has the right to revise this Notice, and if revisions are made to this Notice, you have the right to receive the revised copy.
2. You have the right to file a complaint to our Privacy Officer, Deanna Proctor Executive Director/CEO at 513-649-8008, if you think we may have violated your privacy rights, or if you disagree with a decision we made about access to your protected health information (PHI). You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201 or call 1-877-696-6775. There will not be any penalties against you if you make a complaint.
3. Access Counseling Services is required to maintain the privacy of the information in your file, and to abide by the terms of this notice.
4. Your protected health information refers to individually identifiable information relating to the past, present, or future physical or mental health or condition of you the client, provision of health care to you, or the past, present, or future payment for health care provided to you.
5. Access Counseling Services maintains a limited right to use and/or disclose your PHI for purposes of treatment, payment, and health care operations as follows:

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 doctors, nurses, providers, healthcare professionals in training, or other agency personnel who are involved in taking care of you through the agency. For example, a medical diagnosis may be shared with a specialist to help in your treatment process. Different departments of the agency may also 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, an insurance company or a third party. For example, we need to give the CMH/ADAMHS Board and/or the State Departments 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 and health care delivery without learning who the specific clients are.

6. Access Counseling Services maintains a right or is required by law to use and/or disclose your PHI in certain circumstances without your authorization. Refer to Access Counseling Services' HIPAA Policies and Procedures Manual for specific explanations regarding these cases. The following circumstances do not require your authorization: to employers (for medical surveillance activities); concerning victims of abuse, neglect, or domestic violence; to health oversight agencies; for judicial/administrative proceedings; for law enforcement purposes; for approved research; to correctional institutes; to avert a serious threat to health or safety; for workers' compensation purposes; and relating to decedents.
7. You have the right to revoke your authorization at any time to stop future uses and/or disclosures except to the extent that Access Counseling Services has already undertaken an action in reliance upon your authorization.
8. Access Counseling Services may send appointment reminders and other similar materials to your home unless you provide us with alternative instructions.
9. Access Counseling Services may contact you about treatment alternatives or other health related benefits and services.
10. You have the right to request the receipt of confidential communications by alternative means or at alternative locations as long as it is reasonably easy for Access Counseling Services to do so.
11. If Access Counseling Services informs you about the disclosure in advance and you do not object, Access Counseling Services may share with your family, friends, or others involved in your care, information directly related to their involvement in your care, or payment for your care. Access Counseling Services may also share PHI with these people to notify them about your location, general condition, or death.
12. You have the right to request restrictions on uses and disclosures of information in your file. Access Counseling Services is not required to agree to requested restrictions.
13. You have the right to receive confidential communications of PHI, and you also have the right to inspect, copy, and amend your PHI as permitted under the regulations of HIPAA.
14. You have the right to receive a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family, or the facility director; or pursuant to your written authorization. The list will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 14, 2003. Access Counseling Services will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as 6 years.



## BE WELL ADVISED – – ADVANCED DIRECTIVES

### Make Your Wishes Known

Although the subject can be uncomfortable to address, it is important that each person has the opportunity to make his or her wishes known. Ohio Hospice & Palliative Care Organization (OHPCO) provides informative documents entitled “Conversations that Light The Way” – Advance Care Planning... and “Choices: Living Well at the end of Life”.

You may print the Advance Directives packet & forms at:  
[www.ohpco.org](http://www.ohpco.org)

You may also obtain a copy of the packet from OHPCO. To order by mail, send a check for \$3.00 to:

**OHPCO**  
1646 West Lane Avenue, Ste. 2  
Columbus, Ohio, 43221

**Phone: 1-800-776-9513**

**Ohio Hospice & Palliative Care Organization**

Reprinted from [www.ohpco.org](http://www.ohpco.org)

### **Q. What are Advance Directives?**

“Advance directive” is a General term that refers to a person’s verbal and written instructions about future medical care, in the event that the person becomes unable to speak for himself or herself.

Each state regulates the use of advance directives differently. There are several types of advance directives available in the state of Ohio: the Living Will, Health Care Power of Attorney, Ohio’s Do-Not-Resuscitate Law, and Organ and Tissue Donation.

### **Q. Aren’t Living Wills or Health Care Power of Attorney just for older people?**

It is important for anyone over age 18 to think about filling out one or both of these documents. Serious illness or injury can strike at any stage of life. A Living Wills or Health Care Power of Attorney will help ensure that your wishes regarding life-sustaining treatment are followed regardless of your age, and that, when you are no longer able to voice your own wishes, your prior decisions are followed or made for you by the person you choose.

### Types of Advance Directives

**Ohio’s Living Will** is a document in which a person puts in writing his or her wishes about life-sustaining treatments if he or she became permanently unconscious or terminally ill and unable to communicate.

**Ohio’s Health Care Power of Attorney** is a document that allows a person to appoint someone (an attorney-in-fact) to make medical decisions for the person in the event that he or she is unable to do so. It is not limited to the event of becoming permanently unconscious or terminally ill and unable to communicate.

**Ohio’s Do-Not-Resuscitate Law** is a type of advance directive which allows a person the option of not being resuscitated in the event of a cardiac or respiratory arrest. By enrolling in this program, a person has a choice to die without heroic measures, and health care providers are provided with legal means to respect those wishes.

**Organ and Tissue Donation** is an advance directive choice for anyone who wishes to donate organs and/or tissues after death. The Donor Registry Enrollment Form allows individuals to register their wishes regarding organ, tissue and eye donation with the Ohio Bureau of Motor Vehicles Donor Registry.

## **HIV FACTS**

### **Basic Facts about HIV and AIDS**

The Human Immunodeficiency Virus (HIV) which causes AIDS is transmitted through body fluids, in particular, blood, semen, vaginal secretions and breast milk. Transmission of HIV takes place in four ways:

- Unprotected sexual intercourse with an infected partner (the most common);
- Sharing needles when injecting or other use of contaminated injection or other skin piercing equipment;
- Blood and blood products through, for example, infected transfusions and organ or tissue transplants;
- Transmission from infected mother to child in the womb or at birth and breastfeeding.

HIV is not transmitted by casual physical contact, coughing, sneezing and kissing, by sharing toilet and washing facilities, by using eating utensils or consuming food and beverages handled by someone who has HIV; it is not spread by mosquitoes or other insect bites.

HIV weakens the human body's immune system, making it difficult to fight infection. A person may live for ten years or more after infection, much of this time without symptoms or sickness, although they can still transmit the infection to others. Early symptoms of AIDS include:

- Chronic fatigue, diarrhea, fever, mental changes such as memory loss, weight loss, persistent cough, severe recurrent skin rashes, herpes and mouth infections, and swelling of the lymph nodes.

There is no cure for AIDS. Although periods of illness may be interspersed with periods of remission, AIDS is almost always fatal. Research is currently under way into vaccines, but none is viable as yet. Antiretroviral drugs are available that slow the progression of the disease and prolong life; at present these are very expensive and consequently unavailable to most people with HIV in the developing world, but the situation is changing rapidly.

HIV is a fragile virus, which can only survive in a limited range of conditions. It can only enter the body through naturally moist places and cannot penetrate unbroken skin. Prevention therefore involves ensuring that there is a barrier to the virus, for example, condoms, and that skin piercing equipment is not contaminated.

## **HEPATITIS B FACTS**

### **Hepatitis B**

Due to a widespread vaccination effort, the rates of hepatitis B (HBV) have been falling in the United States. Ohio presently reports approximately 160 cases of hepatitis B annually.

### **Who gets hepatitis B?**

The disease is transmitted by contact with the blood or bodily fluids of an infected person. People at risk of catching the disease are those who have unprotected sex with a partner who has HBV, people whose occupation exposes them to blood and bodily fluids, IV drug users, and babies born to mothers infected with HBV.

**What causes hepatitis B?**

Hepatitis is caused by the hepatitis B virus.

**WHEN do most cases of hepatitis B occur?**

Hepatitis B occurs throughout the year; unlike other viruses there is no seasonal prevalence.

**HOW does HBV make people ill?**

HBV causes acute and chronic hepatitis although the disease's effect on health is variable. Symptoms of an acute hepatitis B infection include: vomiting, fever, abdominal pain, fatigue, and yellowing of the eyes or skin (jaundice.) About 90% - 95% of adults recover from acute infection without becoming chronically infected. The risk of becoming chronically ill increases in younger populations where 90% of neonates and 50 % of young children will be chronically infected. Chronic hepatitis B can cause complications such as cirrhosis of the liver or liver cancer.

Some individuals become chronically infected without ever showing the signs of an initial acute infection. Others develop a condition called the chronic carrier state, where they never show symptoms of the disease and do not progress to the chronic infection state, but can still transmit the virus to someone else.

No cure exists for hepatitis B although a treatment of alpha-interferon is used to manage the chronic illness. A hepatitis B vaccine, carried out in three doses, offers the best protection against infection. Someone who knows they have been exposed to the virus, and are not protected through vaccination, can be treated with the hepatitis B immune globin. If treated promptly after the exposure, the immune globin can effectively prevent infection.

## TUBERCULOSIS FACTS

**Tuberculosis**

Tuberculosis, or TB, now kills more adults worldwide than other infectious disease.

Although for several decades TB spread was minimal in the United States, the country is seeing resurgence in cases. During the 1990's, Ohio has reported approximately 300 cases of tuberculosis annually.

**WHO gets tuberculosis (TB)?**

The bacteria that causes TB is released into the air when someone with an active TB infection of the respiratory system sneezes or coughs. Any person in close proximity to an infected person has the potential of becoming infected.

**WHAT causes TB?**

Tuberculosis is caused by a bacteria called *Mycobacterium tuberculosis*.

**WHEN do most cases of TB occur?**

TB infection and disease occurs throughout the year with no particular seasonal prevalence.

**HOW does TB make people ill?**

There are two types of TB – TB infection (primary TB) and TB disease (secondary TB).

A person who has TB infection shows no symptoms and cannot transmit the disease. This person's TB skin test will read positive, indicating the presence of the tuberculosis bacteria in the body; but their immune system has inactivated the bacteria and prevented it from causing illness. Although many people who

become infected never develop the disease, it is possible to do so, especially if a person's immune system gets weakened.

TB disease is caused by the active bacteria multiplying in the body without the immune system being able to control it. People with a weakened immune system are at a higher risk of developing TB. This group includes: babies, young children, people infected with HIV, substance abusers, people on immunosuppressive therapy, and people with other illnesses such as cancer.

Symptoms of TB disease indicate where in the body the bacteria are growing. Symptoms of TB in the lungs include: a bad cough (lasting for more than 2 weeks), pain in the chest, and coughing up blood. Other symptoms of TB include weight loss, fatigue, loss of appetite, chills, fever, and night sweats. Many drug treatments for TB exist, and with proper management the disease is usually curable. People who have the infection are at high risk for developing the disease and usually take preventative medication. A vaccine called BCG does exist but does not always protect people from TB.

## **HEPATITIS C FACTS**

### **Hepatitis C**

Hepatitis C is a virus that has been found anywhere in the world where it has been sought. However, prevalence of the disease was much higher before screening began to identify antibodies to the virus in the use of blood donations.

### **Who gets hepatitis C?**

Someone exposed to contaminated blood or plasma, usually as a result of the use of needles and syringes. Studies indicate that hepatitis C is not usually transmitted through household or sexual contact or from mother to child during birth. It would take contact with the blood of an infected household member to spread hepatitis C.

### **WHAT causes hepatitis C?**

Hepatitis C is caused by the hepatitis C virus.

### **WHEN do most cases of hepatitis C occur?**

Hepatitis C infection is the most common chronic blood-borne infection in the U.S. Approximately 3.9 million people in the U.S. are infected with the virus and about 7 percent of these may have acquired the virus through a blood transfusion. While hepatitis C does not have a time when it occurs, it takes very specific types of contact (usually via needles or syringes) for someone to become infected with hepatitis C.

### **HOW does hepatitis C make people ill?**

Hepatitis C often has no symptoms in those who are infected. If symptoms do occur, they usually consist of jaundice, fatigue, abdominal pain, loss of appetite, possible nausea, and vomiting. Chronic liver disease progresses at a slow rate without symptoms during the first two or more decades after infection. However, chronic liver disease is the tenth leading cause of death among adults in the U.S. and studies show 40 to 60 percent of this disease is related to hepatitis C, resulting in between 8,000 and 10,000 deaths each year. There is no vaccine against hepatitis C.

### **WHAT blood tests are available to check for hepatitis C? Can tests be false positives or negatives?**

There are several blood tests available to determine if someone has been infected with hepatitis C. Your doctor may order one or a combination of tests. The tests are: anti-HCV (antibody to hepatitis C), and EIA (enzyme immunoassay.) tests can result in both false negative and positive readings. A false positive means the test looks positive but is really negative, and a false negative means someone has really been infected. False positive antibody tests for hepatitis C occur more often in people such as blood donors who are at low

risk for hepatitis C. This is why it's important to confirm a false positive antibody test with a supplemental test. Antibodies for hepatitis C can be found in 70 percent of people when symptoms begin, and in about nine out of 10 people within three months after symptoms start.

### **WHO should get tested for hepatitis C?**

The list includes:

- Anyone who has ever injected illegal drugs, including those who only used once or a couple times many years ago.
- Someone treated for clotting problems with a blood product made before 1987, when more advanced methods for manufacturing products were developed.
- Anyone who received blood and was notified that the blood donor tested positive for hepatitis C.
- People who had a blood transfusion or solid organ transplant before July of 1992, when better testing became available.
- Anyone on long-term hemodialysis treatment who has symptoms of liver disease, such as an abnormal liver enzyme test.
- Health care workers after exposure because of needle sticks or splashes to the eye involving blood that is positive for hepatitis C.
- Children born to women who have tested positive for hepatitis C.

### **What are the risks of getting hepatitis C from a blood transfusion now?**

With today's advanced testing, the risk of getting hepatitis C from a blood transfusion is about one out of 100,000 units of blood.

### **SHOULD pregnant women be tested? Can hepatitis C be passed to a newborn? WHAT about breast feeding?**

Pregnant women have no greater risk of being infected than anyone else who doesn't have the risk factors for hepatitis C (see earlier risks). The chances of hepatitis C being passed from a mother to her newborn is about five out of 100 for children born to infected mothers. Breast feeding is not considered a risk for spreading hepatitis C. However, if infected mothers have cracked or bleeding nipples, they should consider abstaining from breast feeding.

### **HOW can the spread of hepatitis C be prevented?**

If you are infected with hepatitis C, do NOT donate blood, body organs, tissue or semen; do not share personal items that might have blood on them such as toothbrushes, dental appliances, nail grooming equipment or razors. If you have a cut or skin sore, cover it. Remember: hepatitis C is NOT SPREAD by sneezing, hugging, coughing, food or water, sharing eating utensils, or drinking glasses, or by casual contact. People with hepatitis C should not be excluded from work, school, play groups, child care or similar types of settings.

### **WHAT about sexual activity and hepatitis C?**

Hepatitis C can be spread by sexual contact but this does NOT occur very often. If you are sexually active, but not in a monogamous relationship with one person, you and your partners can get other potentially life threatening diseases other than hepatitis C (i.e. AIDS, hepatitis B and others) and should consistently and correctly use a latex condom. If you are in a monogamous relationship with one, long term partner: there is VERY LITTLE CHANCE of spreading hepatitis C to that partner. If you want to reduce that risk further, use a condom.

**WHAT can people with hepatitis C do to protect their liver?**

See your doctor regularly. Do NOT use alcohol, and do NOT use any new medications or over-the-counter medicines, including herbals, without your physician's knowledge. Get vaccinated against hepatitis A, if liver damage is present.

Of every 100 people who have hepatitis C: 85 may develop long term infection; 70 may develop chronic liver disease; 15 may develop cirrhosis over a period of 20 to 30 years, and five may die from long term infection (usually because of liver cancer or cirrhosis.)

**HOW is hepatitis C treated?**

Anti-viral drugs, such as interferon, used alone or in combination with ribavirin, are approved for treating people who have chronic hepatitis C. Interferon works in 15 to 20 percent of people treated, while interferon combined with ribavirin works in about 30 percent of people.

## **ABOUT INFECTION CONTROL**

### **WHAT IS INFECTION CONTROL**

It's taking steps to prevent illness in people receiving or giving care.

Preventing infections can help people recover more quickly or stay as healthy as possible.

### **INFECTIONS CAN BE SPREAD IN DIFFERENT WAYS**

#### **They can be spread:**

To a patient from a caregiver or other source

To a caregiver from a patient or other source

Some people are at special risk from infections. That's their body's natural defense against illness (immune system) is weak. People at risk include: Newborns, older adults, people with HIV infections or AIDS, people being treated cancer to name a few.

#### **How are infections spread?**

1. A germ such as a virus, bacterium, fungus or parasite
2. A place for the germ to live and multiply such as a person, animal, plant, food, soil or water.
3. A susceptible host, a person who does not have resistance (immunity) to the germ.
4. A way for the germ to enter the host. Different germs may require different routes.

These include:

- a. Direct contact when people touch each other, kiss, have sex, etc.
- b. Indirect contact when food, water, feces, bandages, or other substances contaminated by the germ enter the host.
- c. Droplets such as those produced by a cough or sneeze.
- d. Other particles carried in the air.

### **BREAKING THE CHAIN OF INFECTIONS**

- **Behavior and attitudes** – For example, you'll need to practice good personal hygiene. You should treat all body substances (blood, feces, vomit, etc.) as if they could be infectious.
- **Barriers** – You may need to wear personal protective equipment such as: a mask, latex or utility gloves, an apron, goggles.

### **CLEANLINESS THE KEY!**

**EVERYONE MUST WASH HANDS** before handling or eating food, and after:

- Using the toilet or changing a diaper
- Coughing, sneezing or blowing nose
- Touching nose, eyes or mouth

#### **WASH HANDS PROPERLY:**

1. Use lots of warm, running water and liquid soap to lather hands and wrists. Scrub for at least 15 seconds. Include fingernails.

2. Rinse well with hands pointing down (to keep water from running up arms.) Dry with a clean paper towel or cloth towel.
3. Use a moisturizer for dry skin. (Don't use a petroleum-based product with latex gloves.)

**Flush liquid and semi-liquid body substances** – (blood, urine, vomit, feces, etc.) down the toilet. Flush bathroom and facial tissues soiled with these substances too. Then clean the toilet.

**KNOW THE SIGNS AND SYMPTOMS OF INFECTION:**

- **INFLAMED SKIN** – SKIN THAT IS RED, HOT SWOLLEN OR HAS A RASH
- **FEVER** – OR CHILLS
- **PUS** – GREEN OR YELLOW DRAINAGE FROM A WOUND
- **PERSISTENT DIARRHEA**
- **SORE THROAT**
- **COUGH**
- **PAINFUL URINATION**

Note: This booklet provides general guidelines on infection control for you. The information it contains is not intended as a substitute for instructions from a home health agency or health care provider. You should consult with qualified health care professionals about all health care issues.



## SMOKING CESSATION

Tobacco use can lead to nicotine dependence and serious health problems. Cessation can significantly reduce the risk of suffering from smoking-related diseases. Tobacco dependence is a chronic condition that often requires repeated interventions, but effective treatments and helpful resources exist. Smokers can and do quit smoking. In fact, today there are more former smokers than current smokers.

### Nicotine Dependence

- Nicotine is the psychoactive drug in tobacco products that produces dependence. Most smokers are dependent on nicotine.
- **Nicotine dependence is the most common form of chemical dependence in the United States.** Research suggests that nicotine may be as addictive as heroin, cocaine, or alcohol.
- Quitting smoking is difficult and may require multiple attempts. Users often relapse because of stress, weight gain, and withdrawal symptoms.
- Examples of nicotine withdrawal symptoms include irritability, anxiety, difficulty concentrating, and increased appetite.

### Health Benefits of Cessation

Breaking free from nicotine dependence is not the only reason to quit smoking. Cigarette smoke contains a deadly mix of more than 7,000 chemicals; hundreds are toxic and about 70 can cause cancer. Cigarette smoke can cause serious health problems, numerous diseases, and death.

Fortunately, people who stop smoking greatly reduce their risk for disease and premature death. Although the health benefits are greater for people who stop at earlier ages, cessation is beneficial at all ages.

#### **Smoking cessation is associated with the following health benefits:**

- Smoking cessation lowers the risk for lung and other types of cancer.
- Smoking cessation reduces the risk for coronary heart disease, stroke, and peripheral vascular disease. Coronary heart disease risk is substantially reduced within 1 to 2 years of cessation.
- Smoking cessation reduces respiratory symptoms, such as coughing, wheezing, and shortness of breath. The rate of decline in lung function is slower among persons who quit smoking.
- Smoking cessation reduces the risk of developing chronic obstructive pulmonary disease (COPD), one of the leading causes of death in the United States.
- Smoking cessation by women during their reproductive years reduces the risk for infertility. Women who stop smoking during pregnancy also reduce their risk of having a low birth weight baby.

### Methods to Quit Smoking

**The majority of cigarette smokers quit without using evidence-based cessation treatments. However, the following treatments are proven effective for smokers who want help to quit:**

- Brief clinical interventions (i.e., when a doctor takes 10 minutes or less to deliver advice and assistance about quitting)
- Counseling (e.g., individual, group, or telephone counseling)
- Behavioral cessation therapies (e.g., training in problem solving)
- Treatments with more person-to-person contact and intensity (e.g., more time with counselors)

**Cessation medications found to be effective for treating tobacco dependence include the following:**

- Nicotine replacement products
  - Over-the-counter (e.g., nicotine patch, gum, lozenge)
  - Prescription (e.g., nicotine inhaler, nasal spray)
- Prescription non-nicotine medications, such as bupropion SR (Zyban<sup>®</sup>) and varenicline tartrate (Chantix<sup>®</sup>).

**The combination of medication and counseling is more effective for smoking cessation than either medication or counseling alone.**

## Helpful Resources

### Publications

The following CDC publications are helpful cessation resources for public health practitioners, businesses, and organizations. Visit [CDC's online publications catalog](#) to order free copies of these and other cessation-related materials:

- [A Practical Guide to Working with Health-Care Systems on Tobacco-Use Treatment](#)
- [Youth Tobacco Cessation—A Guide for Making Informed Decisions](#)
- [Telephone Quitlines: A Resource for Development, Implementation, and Evaluation](#)

### Quitline Services

[1-800-QUIT-NOW](#) is a **free** telephone support service that can help individuals who want to stop smoking or using tobacco. Callers have access to several types of cessation information and services, including:

- Free support and advice from experienced counselors
- A personalized quit plan
- Self-help materials
- Social support and coping strategies
- The latest information about cessation medications
- Over-the-counter nicotine replacement medications for eligible participants (in more than half of U.S. states)

### Cessation Services

- CDC's [How to Quit](#) Web pages provide a variety of cessation tips, tools, and resources.
- [Smokefree.gov](#) is a Web site dedicated to helping smokers quit.

**Tobacco use is the leading preventable cause of death in the United States.**

## Secondhand Smoke and Death

Exposure to secondhand smoke—sometimes called environmental tobacco smoke—causes nearly 50,000 deaths each year among adults in the United States:

- Secondhand smoke causes 3,400 annual deaths from **lung cancer**.
- Secondhand smoke causes 46,000 annual deaths from **heart disease**.

## Increased Risk for Death Among Men

- Men who smoke increase their risk of dying from bronchitis by nearly 10 times, from emphysema by nearly 10 times, and from lung cancer by more than 22 times.
- Smoking triples middle-aged men's risk of dying from heart disease.

## Increased Risk for Death Among Women

- Women who smoke increase their risk of dying from bronchitis by more than 10 times, from emphysema by more than 10 times, and from lung cancer by nearly 12 times.
- Between 1960 and 1990, deaths from lung cancer among women increased by more than 500%.
- Smoking triples middle-aged women's risk of dying from heart disease.

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## Youth and Tobacco Use

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Smoking and smokeless tobacco use are initiated and established primarily during adolescence. More than 80% of adult smokers begin smoking before 18 years of age. Additionally, adolescent smokeless tobacco users are more likely than nonusers to become adult cigarette smokers.

Youth cigarette use declined sharply during 1997–2003. Since that time, rates have declined far more slowly.

Youth smokeless tobacco use also declined in the late 1990s and early 2000s, but an increasing number of U.S. high school students in some subgroups (such as white males) have reported using smokeless tobacco products in recent years.

### Current Estimates of Youth Tobacco Use

#### **Cigarettes**

Each day in the United States, approximately 3,800 young people under 18 years of age smoke their first cigarette, and an estimated 1,000 youth in that age group become daily cigarette smokers.

### Factors Associated with Youth Tobacco Use

#### **Some factors associated with youth tobacco use include the following**

- Low socioeconomic status or siblings \*Use and approval of tobacco use by peers
- Exposure to smoking in movies use \*Lack of skills to resist influences to tobacco use
- Smoking by parents or guardians and/or lack of parental support or involvement
- Accessibility, availability, and price of tobacco products \*A perception that tobacco use is the norm
- Low levels of academic achievement \*Low self-image or self-esteem
- Exposure to tobacco advertising (weapons) \*Aggressive behavior (e.g., fighting, carrying weapons)

#### **Tobacco use during adolescence is associated with the following health risk behaviors:**

- High-risk sexual behavior
- Use of alcohol
- Use of other drugs

### Reducing Youth Tobacco Use

#### **National, state, and local program activities that have reduced and prevented youth tobacco use in the past have included combinations of the following:**

- Counter advertising mass-media campaigns (i.e., TV and radio commercials, posters, and other media messages targeted toward youth to counter pro-tobacco marketing)
- Comprehensive school-based tobacco-use prevention policies and programs (e.g., tobacco-free campuses)
- Community interventions that reduce tobacco advertising, promotions, and commercial availability of tobacco products
- Higher costs for tobacco products through increased excise taxes

**ACCESS COUNSELING SERVICES, LLC**  
**CONSENT FOR TREATMENT FOR MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES**

I hereby authorize Access Counseling Services, LLC to utilize customary behavioral health treatment services, including chemical dependency, in providing care for: (Name of client) \_\_\_\_\_

These services will be provided by Access Counseling Services, LLC staff or consultants. I concur with the following: I have received the Client Orientation Handbook which includes, but not limited to, the statement of the Notice of Privacy Practices and Client Rights. I have accepted my initial fee agreement. I will participate in forming a plan for my child's / my own treatment as my signature on the individual service plan will affirm. Further, I understand that while counseling and other services provided by the agency offer reasonable expectation of benefit, there is no certainty of success. There may be minimal risk inherent in any psychiatric, psychological, or behavioral health counseling intervention and I can expect that any reasonable or anticipated risks will be discussed with me. I understand that it is my responsibility to inform Access Counseling Services, LLC service providers of any problems or side effects that may develop in the course of my treatment so that they may be addressed and do so early enough in session to allow for processing without going over my allotted time.

Access Counseling Services, LLC recognizes and affirms a person's right to refuse or withdraw consent for treatment. In this event, efforts to develop alternative approaches in collaboration with the person served will be made to ensure that the person receives needed services. If consent for treatment is still withdrawn or revoked, efforts will be made to ensure that the person understands the implications and consequences of not receiving treatment.

I understand that all records and reports are considered confidential and will not be released to any individual or agency without my prior written authorization. However, information may be released without my prior authorization under the following circumstances:

1. Upon receipt of a subpoena Duces Tecum.
2. In the event of a medical emergency.
3. If there is evidence to suggest that child abuse has occurred.
4. To validate an insurance claim and then only information sufficient to substantiate claim.
5. Release authorized in accordance with state and/or federal laws and regulations pertaining to professional standards review.
6. To qualified personnel for research, audit or program evaluation.
7. To comply with federal laws and regulations about a crime committed by a client, either at the program or against any person who works for the program or about any threat to commit such a crime.
8. In the event of communicated harm to self or others.
9. To my therapist's supervisor or in peer review with other agency clinicians who are also bound to protect client confidentiality.

Confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal Law and Regulations. Violation of this by a program is a crime. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal Laws and 42 CFR Part b, paragraph 2.22, for Federal Regulations.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship: Self: \_\_\_\_\_ Parent: \_\_\_\_\_

Guardian: \_\_\_\_\_

Staff: \_\_\_\_\_

Date: \_\_\_\_\_



## Access Counseling Services DEMOGRAPHIC INFORMATION

|   |                  |  |   |   |               |
|---|------------------|--|---|---|---------------|
| Client Name (First, MI, Last)   |                  | Client No.   |   | Today's Date                                |               |
| Address   |                  | City   | State   | Zip   |               |
| Primary   |                  |  |   |   |               |
| Local<br><input type="checkbox"/> Same as Primary   |                  |  |   |   |               |
| Billing<br><input type="checkbox"/> Same as Primary   |                  |  |   |   |               |
| County of Legal Residence<br><input type="checkbox"/> Out of State <input type="checkbox"/> Unknown   |                  |  |   |   |               |
| Home Phone<br>(    )  |                  | Work Phone<br>(    )   |   | Other Phone<br>(    )                       |               |
| Where may we contact you?<br><input type="checkbox"/> Primary Address <input type="checkbox"/> Local Address <input type="checkbox"/> Billing Address<br><input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Other Phone   |                  |  | Where may we leave a message?<br><input type="checkbox"/> Home <input type="checkbox"/> Work<br><input type="checkbox"/> Other: |   |               |
| Client Age  | DOB (MM/DD/YYYY) | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female  |   | Soc. Sec. No.                               |               |
| Marital Status<br><input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Other:  |                  |  |   |   |               |
| Race<br><input type="checkbox"/> W – White <input type="checkbox"/> N – Native Am. <input type="checkbox"/> P – Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multiple Race<br><input type="checkbox"/> B – Black/African Am. <input type="checkbox"/> A – Asian <input type="checkbox"/> M – Alaskan Native <input type="checkbox"/> Unknown |                  |  |   |   |               |
| Ethnicity<br><input type="checkbox"/> A – Puerto Rican <input type="checkbox"/> B – Mexican <input type="checkbox"/> C – Cuban <input type="checkbox"/> D – Other Hispanic <input type="checkbox"/> E – Not Hispanic or Latino  |                  |  |   |   |               |
| Parent/Guardian/Custodian if Minor (include name and address)   |                  |  |   | Parent/Guardian/Custodian Phone<br>(    )   |               |
| Emergency Contact (name and address)  |                  |  | Relationship  | Emergency Contact Phone<br>(    )           |               |
| Primary Language  |                  | Client needs the assistance of an interpreter?<br><input type="checkbox"/> No <input type="checkbox"/> Yes    If yes <input type="checkbox"/> American Sign Language<br><input type="checkbox"/> Language Interpreter (specify): |   |   |               |
| Client needs assistance with visualization of material or alternate format?<br><input type="checkbox"/> No <input type="checkbox"/> Yes   |                  |  |   |   |               |
| Advance Directive?<br><input type="checkbox"/> Yes    If yes, request a copy of the directive.<br><input type="checkbox"/> No    If no, ask if client needs assistance in obtaining an advance directive.   |                  |  |   |   |               |
| <b>Payers</b>   |                  |  |   |   |               |
| Medicaid<br><input type="checkbox"/>  |                  | Medicaid No.   |   | Medicare<br><input type="checkbox"/>        |               |
| EAP Involved/Eligible<br><input type="checkbox"/>   |                  | Company Name   |   |   | No. of Visits |
| Primary Private Insurance   |                  |  | Insurance Plan No.  | Group No.                                   |               |
| Secondary Private Insurance   |                  |  | Insurance Plan No.  | Group No.                                   |               |
| <input type="checkbox"/> Workers Comp<br><input type="checkbox"/> Veteran<br><input type="checkbox"/> Self  |                  | Other (specify)<br><input type="checkbox"/>  |   | Other (specify)<br><input type="checkbox"/> |               |

Client Name: \_\_\_\_\_

\*\* IF CLIENT IS A CHILD: \_\_\_\_\_ GRADE CURRENTLY IN \_\_\_\_\_  
NAME OF SCHOOL

MONTHLY HOUSEHOLD INCOME: \$ \_\_\_\_\_ NUMBER OF DEPENDENTS IN HOUSEHOLD \_\_\_\_\_

PLEASE GIVE US A BRIEF DESCRIPTION OF THE PROBLEM OR WHY YOU WERE REFERRED HERE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|   |          |  |
|---|----------|--|
| <b>**URGENCY SCORE**<br/>(CIRCLE ONE)</b> | <b>0</b> | <b>RECENT DISCHARGE FROM HOSPITAL – CURRENTLY SUICIDAL / HOMICIDAL</b>   |
|   | <b>1</b> | <b>CLIENT STATES NEED TO GET IN WITHIN THE WEEK – PREGNANT, IV DRUG USE, SUICIDE ATTEMPT WITHIN THE PAST 30 DAYS, HIV POSITIVE</b> |
|   | <b>2</b> | <b>CLIENT STATES NEED TO GET IN WITHIN SEVERAL WEEKS</b>   |
|   | <b>3</b> | <b>CLIENT OPEN TO APPOINTMENT TIMES</b>  |

DO YOU HAVE ANY PREFERENCE AS TO THE TYPE OF THERAPIST YOU WOULD LIKE ASSIGNED TO YOU?  
(IE: MALE / FEMALE, CHRISTIAN BASED, HAS A PARTICULAR BELIEF OR VALUE SYSTEM)

IF SO PLEASE INDICATE: \_\_\_\_\_

HAVE YOU EVER BEEN HOSPITALIZED OR RECEIVED COUNSELING HERE OR AT OTHER PLACES FOR EMOTIONS, MENTAL HEALTH OR SUBSTANCE ABUSE PROBLEMS? \_\_\_\_\_YES \_\_\_\_\_NO

IF YES, WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHAT FOR? \_\_\_\_\_

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(IF CHEMICAL DEPENDENCY PROBLEM AND FEMALE) ARE YOU PREGNANT? \_\_\_\_\_YES \_\_\_\_\_NO

DO YOU HAVE A CDL LICENSE? \_\_\_\_\_YES \_\_\_\_\_NO ARE YOU D.O.T. REGULATED? \_\_\_\_\_YES \_\_\_\_\_NO

**IN ORDER TO BILL INSURANCE, THE FOLLOWING MUST BE COMPLETED ON THE POLICY HOLDER**

Primary Insurance: \_\_\_\_\_

|                        |                        |           |
|------------------------|------------------------|-----------|
| Subscriber Name        | Social Security Number | Birthdate |
| _____                  | _____                  | _____     |
| Relationship to Client | Employer Name          |           |
| _____                  | _____                  |           |

Secondary Insurance: \_\_\_\_\_

|                        |                        |           |
|------------------------|------------------------|-----------|
| Subscriber Name        | Social Security Number | Birthdate |
| _____                  | _____                  | _____     |
| Relationship to Client | Employer Name          |           |
| _____                  | _____                  |           |

## **Access Counseling Services**

### **MENTAL HEALTH**

#### **CLIENT RIGHTS per ODMH OAC 5122:2-1-02**

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 environment 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 alternatives.
4. The right to consent to or refuse a 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 child.
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 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 service. 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, television, 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 communication and of all personally identifying information within the limitations and requirements of 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 or court-appointed guardian of the person of an adult client in accordance with rule 5122;2-3-11 of the Administrative Code and 42 CFR.
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, sexual orientation, lifestyle, physical or mental handicap or developmental disability, or the 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.
22. The right to have oral and written instructions for filing a grievance.



**Access Counseling Services**  
**ALCOHOL AND OTHER DRUG**  
**CLIENT RIGHTS per ODADAS RC 3793:2-1-07**

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to service 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 to freedom from unnecessary or excessive medication, unnecessary physical restraint or seclusion.
8. The right to be advised 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 the 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 reasons for denial of services.
15. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, sex, national origin, disability or HIV infection, whether asymptomatic or symptomatic or AIDS.
16. The right to know the cost of services.
17. The right to be fully 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 a second opinion.
22. The right to request another therapist.