



Client Handbook

**Responsibilities, Rights and General Information on
All Treatment Services**

Revised 05/2017

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Scioto Paint Valley Mental Health Center Welcomes You



Welcome to a network provider funded by Paint Valley Alcohol, Drug Addiction and Mental Health Services (PVADAMH) Board. Since 1967, the Paint Valley ADAMH Board and Scioto Paint Valley Mental Health Center (SPVMHC) have built a system to support local citizens with mental health, alcohol or other drug addiction problems, who reside in Fayette, Highland, Pickaway, Pike and Ross Counties. The Paint Valley ADAMH Board and SPVMHC are committed to providing quality, professional services within these communities. Research has shown that treatment is most effective when provided in one's home community, close to family and friends. We believe that your treatment experience here will result in your finding solutions to the problems you are experiencing. We support and encourage your efforts as you begin the recovery process.

We realize asking for help is not an easy thing for many people to do, but it's a wise move when you think something is wrong. Sometimes you might think it's better to just try to get through it alone rather than bother someone else with your problems. You might think things will just blow over if you can just hang on long enough. Unfortunately, sometimes you just keep on hurting and the problems seem to get worse. We're glad you've decided to work together with us to meet your mental health and/or substance abuse needs. We'll work with you to determine the best form of treatment for you. Our goal is to make sure you find quality services as quickly as possible.

You can be certain that any of the individuals who will be working with you are qualified and competent to provide treatment. Staff members are required to comply with a professional code of conduct and ethics. Staff members are expected to be honest and ethical in their dealings with others at all times, regardless of whether a specific law, policy or procedure covers the situation. Staff members have an obligation to clients, their families, the community, referral sources, and funding sources to conduct service activities in a responsible and ethical manner. Be sure to read this handbook carefully. It will help you to understand your benefits and responsibilities as a client of Scioto Paint Valley Mental Health Center. You should keep this book handy and use it to find the information you need. If you have questions, please call the office in the county in which you live.

How To Get Non-Emergency Services

To request mental health and substance abuse services, you may call the clinic in the county in which you live. Mental health and substance abuse services can be requested Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. Each clinic site has evening hours available on certain days of the week or by appointment.

Clinic Site

In Fayette County, call 740-335-6935

In Highland County, call 937-393-9946

In Pickaway County, call 740-474-8874

In Pike County, call 740-947-7783

In Ross County, call 740-775-1260

When you call, the Welcome Orientation staff will ask you for some basic information. **All calls for Orientation Appointments are private.** Qualified staff will talk with you to determine your needs and if you are eligible for SPVMHC services. If you are eligible, you will be scheduled for a day and time, designated for orientation, at the clinic in the county in which you live. If you are not eligible for SPVMHC services, the Orientation staff will help you locate other agencies in the community that can meet your needs.

Each service SPVMHC offers has criteria for admission that have been established by the Ohio Department of Mental Health and/or the Ohio Department of Alcohol and Drug Addiction Services. SPVMHC staff may suggest one or more of our services based on your needs. You may choose to receive services from any of our staff members that are qualified to provide these services. There is a list of services in the Behavioral Health Services section, which are provided at each clinic office in all five counties.

Note: There will be paperwork to fill out before talking with someone about your problem. When you first visit the agency, you will meet with a Customer Relations Specialist who will assist you in filling out the necessary forms. Please make sure you bring with you your insurance information. If you are Medicare/Medicaid eligible, bring your card with you. If you have no private insurance or are not Medicare/Medicaid eligible, please bring proof of employment such as your last pay stub. You are welcome to bring a family member or friend to your appointment. If you have a mental health emergency, you should get help right away. A situation is considered a mental health emergency when a person is at immediate risk of self-harm or harming someone else.

How To Get Emergency Services

If a person's mental illness results in his being unable to care for himself, or if the person cannot understand the need for treatment and these may result in harm, there may be a mental health emergency. In these cases, you can call the Crisis Center, 24 hours a day, seven days a week without an appointment. Emergency services are provided either by telephone or on a walk-in basis.

Crisis Center: 24-Hour Emergency Assistance

In Fayette County, call 740-335-7155

In Greenfield, call 937-981-7020

In Highland County, call 937-393-9904

In Pickaway County, call 740-477-2579

In Pike County, call 740-947-2147

In Ross County, call 740-773-4357

Paying For Services

When you begin treatment, we will determine whether you are eligible for a subsidy and if you have insurance benefits, which may cover some, or all, of your treatment. If your financial situation changes, please let us know as soon as possible so we can review your fee and make adjustments as appropriate.

Please feel free to discuss your fee with your primary provider at any time. If you believe your fee is beyond your means, we offer a financial review of your personal and family budget to arrive at a more affordable fee. If you continue to disagree with the fee, you may ask for a review by the Clinic Director at the clinic site in which you are receiving services.

Your Financial Rights: You have the right to know your behavioral health care costs and you have the right to request a review of your fee when your income situation changes.

Your Financial Responsibilities: You will be asked to provide financial information including documentation of your income. You are responsible for making payments at the time of service. You must attend all scheduled appointments, or call at least 24 hours in advance to cancel. You will need to inform us when there is a change in insurance and/or Medicare/Medicaid benefits and you will need to inform us when there is a change of address.

Please note, if you do not keep these financial responsibilities, you may not be scheduled for additional appointments and/or may be financially responsible for the total cost of the services provided.

Your First Visit

Prior to your first visit, it is recommended that you try to answer these questions by yourself and then with a friend, peer, advocate or family member. Since you are to be an active participant in your treatment, your opinion is very important.

1. Strengths I have that will help my recovery? (List 3 examples such as: "I like to read a lot", "I work well by myself", "I ask questions well", etc.)
2. What do I want to achieve? What has worked in the past? What is working well now? Why are these things working? What are some of the things that haven't worked? Why do you think these ideas, methods, etc. have not worked?
3. What changes do I want to experience?
4. Can I identify a specific behavior I want changed? How can I track it? How can we assist you in tracking it?

Treatment Services

Once the Orientation Staff have determined your need for services, based on your needs and service criteria, you will have options. People with disabilities know their own needs best. Their families also know the needs of their family members better than anyone else could. This is why "choice" can be very important as we work together to improve your quality of life. Everyone has strengths. Your ability to say what you like or don't like, will add to your strengths and help us determine and explain your options. Once it has been determined you are eligible for services, staff may recommend one or more of the following behavioral health services based on your identified needs. Behavioral health services consist of mental health and substance abuse treatments. The behavioral health services described in this handbook are provided in each of the five counties. SPVMHC does offer additional specialized services at certain clinic sites. If you would like to know about these specialized services, ask your primary provider.

Mental Health Treatment Services

Depending on your mental health treatment needs, you may have access to one or more of the following services:

Mental Health Assessment is a clinical evaluation provided by an eligible individual either at specified times or in response to treatment, or when significant changes occur. It is a process of gathering information to assess client needs and functioning in order to determine appropriate service/treatment based on identification of the presenting problems, evaluation of mental status, and formulation of a diagnostic impression. The outcome of mental health assessment is to determine the need for care, and recommend appropriate services/treatment and/or the need for further assessment.

Behavioral Health Counseling and Therapy Services means interaction with a person served in which the focus is on treatment of the person's mental illness or

emotional disturbance. When the person served is a child or adolescent, the interaction may also be with the family members and/or parent, guardian and significant others when the intended outcome is improved functioning of the child or adolescent and when such interventions are part of the ISP.

Community Psychiatric Supportive Treatment (CPST) Services is a rehabilitative service intended to maximize the reduction of symptoms of mental illness in order to restore the individual's functioning to the highest level possible. CPST supports the individual's ability to take responsibility for managing his/her mental illness and achieving and maintaining his/her rehabilitative and/or recovery goals.

Pharmacologic Management Services is a psychiatric/mental health/medical intervention used to reduce/stabilize and/or eliminate psychiatric symptoms with the goal of improved functioning, including management and reduction of symptoms.

Intensive Community Based Services is to provide the necessary services and supports that enable a client with serious emotional disturbance (SED) to live and function successfully in his or her home, school, and community in the least restrictive, most normative environment. These intensive mental health services are designed to prevent the out-of-home placement of youth with SED and to facilitate the successful transition of a youth with SED being reunified to their homes from a more restrictive placement. ICBS is provided in the home, school, and community settings where the youth lives and functions, and is designed to address and improve the mental health functioning of the youth in each of these domains.

Partial Hospitalization is an intensive, structured, goal-oriented, distinct and identifiable treatment service that utilizes multiple mental health interventions that address the individualized mental health needs of the client.

Transitional Services are designed to assist severely mentally ill adults to make a successful transition to the least restrictive living situation. Individuals are assisted to access the community living situation that best suits their needs including independent living, supervised living or residential care.

Residential Treatment Services provide 24 hour intensive programming for adults consistent with the individual needs in a safe, structured environment. Services are designed to provide an alternative to psychiatric hospitalization and to assist individuals in developing the skills required for independent community living. Residential treatment services are provided at the Floyd Simantel Clinic in Chillicothe.

If receiving partial hospitalization, transitional or residential services, you will receive a copy of the appropriate services' program rules. The program rules identify certain attitudes, behaviors or events that may restrict your rights and/or privileges and how these restrictions may be reinstated.

Emergency Services provide 24-hour, seven days per week behavioral health hotline and crisis intervention services either by telephone or on a walk-in basis for crisis assistance. Crisis intervention is that process of responding to emergent situations and may include: assessment, immediate stabilization, and the determination of level of care in the least restrictive environment in a manner that is timely, responsive, and therapeutic.

211 – Information and Referral Services provide 24-hour access to information and referral by simply dialing 2-1-1 on your phone. The 2-1-1 information and referral line provides easy access to information about food and shelter providers, community organizations, local support groups, human service organizations, volunteer opportunities, special services for seniors, state agencies, child care resources, and much more.

Substance Use Disorder Treatment Services

Depending on your substance abuse treatment needs, you may have access to one or more of the following services.

Assessment service means the evaluation of an individual to determine the nature and extent of his/her abuse, misuse and/or addiction to alcohol and/or other drugs.

Individual Counseling means the utilization of special skills to assist an individual in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making and/or discussing didactic materials with regard to alcohol and other drug related problems.

Group Counseling means the utilization of special skills to assist two or more individuals in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making and/or discussing information related to alcohol and other drug related problems.

Family counseling means the utilization of special skills in sessions with individuals and their family members and/or significant others under the guidance of a counselor to address family and relationship issues related to alcohol and other drug abuse and/or dependence for the purpose of promoting recovery from addiction.

Intensive Outpatient means structured individual and group alcohol and drug addiction activities and services that are provided at a certified treatment program site for a minimum of eight hours per week with services provided at least three days per week.

Case Management services mean those activities provided to assist and support individuals in gaining access to needed medical, social, educational and other services essential to meeting basic human needs. Case management services may include interactions with family members, other individuals or entities.

Residential Treatment Program provides structured alcohol/drug addiction services and activities for at least thirty hours for adults and twenty hours for adolescents per seven-day week. These services and activities shall be provided at the certified residential treatment program site. Individual and/or group counseling services shall be provided at a certified program site of the agency at least five days per week. Housing for clients, twenty-four hours per day, seven days per week and food for clients, to include at least three nutritionally-balanced meals per day, seven days per week. A staff member who is at the program site to actively supervise and monitor clients twenty-four hours per day, seven days per week.

Integrated Care Program

In October 2014, the Center began offering primary care service to our clients and community. The goal of the program is to treat the "whole person". Primary care, wellness, behavioral health and substance abuse services are offered in this "one-stop-shop" type of format. Clients are referred to the program at the request of their clinician, or they may call and make an appointment. The general public may make an appointment as well at any time.

What Is Individualized Service Planning?

After your initial orientation appointment, an Individualized Service Plan (ISP) will be developed with you as a way for you and the people in your life to play a part in setting your goals, deciding what help you need, and planning your treatment. It will also help you meet other needs you may have.

Individualized Service Planning is also known as person-centered planning. It is easy to do. It is all about your hopes and dreams. You and the people who are important to you talk about your life: Where do you want to spend your day? Where do you want to live? Do you want to go to church, and which church do you want to attend? It respects and honors cultural differences, and targets your strengths.

Individualized Service Planning:

- Builds on your strengths
- Is about making choices
- Makes sure you stay safe and healthy
- Allows you choose who will help you plan

Individualized Service Planning Will Work If You:

- Tell us about your problem
- Tell us what you think might help you
- Help us plan the services that are best for you
- Do your best to keep appointments and follow your plan
- Tell us when changes happen in your income, insurance, or other areas of your life

At the time your individualized service plan is developed with you, decisions on how to know you have completed services will be discussed. A new individualized service plan will be developed with you when services, that are medically necessary, are added or discontinued.

Accommodations

We follow requirements of the Americans with Disabilities Act (ADA), and provide reasonable accommodations when requested to assure that everyone who needs (and is eligible for) services is able to access them.

Limited English Proficiency: SPVMHC will assist in securing interpretation services for individuals who are limited in their ability to speak, read, write, or understand the English language at a level that permits them to interact effectively with the provider.

Hearing Impairment: SPVMHC will assist in securing American Sign Language interpretation services for individuals who are hearing impaired at a level that permits them to interact effectively with the provider. The Crisis Center is also equipped with a TTY line.

Mobility Impairment: All SPVMHC buildings are handicapped accessible. All parking lots have designated handicapped accessible parking spaces. If you require a particular kind of assistance, please notify us when you call for services or arrive for your first appointment.

Consumer Satisfaction

Scioto Paint Valley Mental Health Center (SPVMHC) is a public provider of services for people with serious mental illness and substance abuse. We are a nonprofit agency, governed by a Board of Directors. Our services are available to residents of Fayette, Highland, Pickaway, Pike and Ross Counties who have Medicaid, Medicare, private insurance, or are uninsured and eligible for services as defined by the Ohio Department of Mental Health and Addiction Services.

Scioto Paint Valley Mental Health Center wants to be sure it is offering the best behavioral health services possible.

Opportunities To Participate

One way to measure how well we're doing is by asking you! Only you can let us know what is, or is not, working. We invite you to take part in planning our services. You can do this in many ways:

- Tell us what you think during your Individualized Service Planning meeting;
- Learn about, or take part in the local community mental health resources.

Opportunities To Provide Information

One of the ways SPVMHC assures it is doing a good job is by getting information from the people who use our services. This is done in several ways and gives you many chances to talk with us.

- Satisfaction Surveys are conducted annually. The survey is done for each service provided. Surveys are available on our website or in paper format.
- Staff members attend health and career fairs and other events in the community. This offers opportunities for people to ask questions, pick up brochures, and talk personally with people about their behavioral health concerns.
- Community groups who are interested in having a presentation about mental health or related areas can request this from the Director at any SPVMHC location.
- The public is free to leave a comment in our suggestion box that is located in the clinic lobby of each clinic.

If You...

- Have a suggestion to improve SPVMHC services
- Want to become more involved in our efforts to improve quality
- Would like to request information
- Are dissatisfied with services that DO NOT involve Clients Rights

Please call, the Clinic Director of the Clinic Site where you are receiving services or send an email to compliance@spvmhc.org.

Client Rights

The Ohio Revised Code states that if you are receiving mental health and substance abuse services, you have the same rights as all other people living in the State of Ohio as well as additional rights and protections. It also makes sure you receive the treatment that is suited to your situation. These laws protect your rights while you are being treated. Information about you is kept confidential and private. It is up to us to make sure you know and understand what you are consenting or agreeing to share.

CLIENT RIGHTS

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy; to include freedom from any type or form of abuse, exploitation, retaliation, humiliation and neglect.
2. The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan.
3. The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives.
4. The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client; this includes involvement in research projects.
5. The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral.
6. The right to be informed how to access self-help and advocacy support services.
7. The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan.
8. The right to freedom from unnecessary or excessive medication.
9. The right to freedom from unnecessary restraint or seclusion.
10. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity, which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan.
11. The right to be informed of and refuse any unusual or hazardous treatment procedures.
12. The right to agency adherence to research guidelines and ethics, if applicable.
13. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies or photographs.
14. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense.
15. The right to confidentiality of communication and of all personally identifying information within the limitations and requirements for disclosure of various funding

and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person of an adult client in accordance with rule 5122:2-3-11 of the Administrative Code.

16. 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 of 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.
17. 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.
18. The right to receive an explanation of the reasons for the denial of services.
19. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay.
20. The right to know the cost of services.
21. The right to be fully informed of all rights.
22. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service.
23. The right to file a grievance.
24. The right to have oral and written instructions for filing a grievance.

In addition to the above Client Rights, clients of the Floyd Simantel Clinic shall also have the following Resident Rights:

1. The right to a comfortable, welcoming, stable and supportive living environment in the residential facility.
2. The right to participate in the establishment of, and to have, the least restrictive policies, procedures, or house rules, commensurate with the comfort and safety of all residents.
3. The right to be informed of one's own condition, the reason(s) for recommended residency in the facility, and the available alternatives to such residency.
4. The right to active and informed participation in identification and choice of personal care assistance and mental health services to be provided, as applicable to the type of licensed facility, and in the periodic review and reassessments of such provisions.
5. The right to consent to or refuse residency in the residential facility and/or the provision of any individual personal care activity and/or mental health services.
6. The right to reside in a residential facility, as available and appropriate to the type of

care or services that the facility is licensed to provide, regardless of previous residency, unless there is a valid and specific necessity which precludes such residency. This necessity shall be documented and explained to the prospective resident.

7. The right to reasonable assistance from the facility or a mental health services provider that enables and facilitates personal growth and development toward less dependent and less restrictive living environments.
8. The right to freedom from any unusual or hazardous practices or activities.
9. The right to reasonable privacy and freedom from excessive intrusion by visitors, guests, and inspectors.
10. The right to reasonable privacy and freedom to meet with visitors, guests, or inspectors, make and/or receive phone calls, write or receive uncensored, unopened correspondence.
11. The right to confidentiality of written information and communications.
12. The right to have access to all information in facility records about one's self, unless contraindicated and noted in the resident's ISP.
13. The right to receive thirty days prior notice for termination of residency in Type 2 and 3 residential facilities except in an emergency.
14. The right to vacate the facility at any time, except that the responsibility to pay for incurred costs of room and board shall continue unless appropriate notification has been provided to the facility concerning the termination of the residential agreement.
15. The right not to be discriminated against in the provision of any assistance, activity, or service on the basis of religion, race, color, disability, creed, sex, nation origin, age or life-style.
16. The right to written specification of charges, facility and resident obligations and responsibilities.
17. The right to compliance by the facility with all of the requirements for licensure.
18. The right to exercise any and all rights without reprisal in any form, including the right to continued residency. Such rights shall not supersede health and safety considerations, and for Type 1 facilities, the right to refuse mental health services shall not be a condition for denial of continued stay in the facility.
19. The right of access to one's own bedroom or sleeping area at any time, unless contraindicated and noted in the resident's ISP.
20. The right to file a grievance, appeal, and have due process afforded for an alleged violation of any paragraph of this rule.

Procedures for Filing a Complaint or Grievance

If you have any complaint about services or have any grievance, please contact the Director of the local clinic in the county you receive services or any staff to request assistance in addressing your grievance.

Clinic Director
Floyd Simantel Clinic
312 East Second Street
Chillicothe, OH 45601
740-775-1270

Clinic Director
Fayette County Clinic
1300 East Paint Street
Washington C.H., OH 45160
740-335-6935

Clinic Director
Highland County Clinic
108 Erin Court
Hillsboro, OH 45133
937-393-9946

Clinic Director
Martha Cottrill Clinic
4449 State Route 159
Chillicothe, OH 45601
740-775-1260

Clinic Director
Pickaway County Clinic
145 Morris Road
Circleville, OH 43113
740-477-8874

Clinic Director
Pike County Clinic
102 Dawn Lane
Waverly, OH 45690
740-947-7783

If you believe your rights may have been violated in any way, please call the Clinic Director to report the problem. You may file a complaint any time you think your rights have been violated. Your complaint will be investigated. If the Clinic Director agrees your rights were violated, s/he will make recommendations to make sure the problem does not happen again. If you do not agree with the decision, you may file an appeal. You also have the option to initiate a complaint with:

Paint Valley ADAMH Board
394 Chestnut Street
Chillicothe, OH 45601
(740) 773-2283
1-800-906-6757

You may also file a complaint with the following state or federal offices:

American Disabilities Act - Ohio
700 Morse Rd., Suite 101
Columbus, OH 43214
800-232-6446
800-232-2321 - (TTY)
www.ada-ohio.org

Attorney General's Office
Health Care Fraud Unit
150 East Gay Street, 17th Floor
Columbus, OH 43215-9987
(614) 466-0722
(614) 644-9973 (fax)

(614) 466-1393 (TTY)
www.ag.state.oh.us

Client Assistance Program
(For Vocational Rehabilitation)
c/o Ohio Legal Rights Service
8 East Long Street
Columbus, OH 43215-2999
(614) 466-7264
(800) 282-9181
(614) 644-1888 (fax)
www.olrs.state.oh.us

CSWMFT Board
77 S. High Street, 16th Floor
Columbus, OH 43215-6108
(614) 466-0912
(614) 728-7790 (Fax)

Communication Services for
the Deaf of Ohio
5050 Blazer Parkway
Dublin, OH 43017
(614) 889-5815 (voice)
(614) 889-6914 (TTY)
(877) 781-6670 (toll free)
dzangara@c-s-d.org

Equal Employment Opportunity
Cleveland Office
Skylight Office Tower
1660 W. 2nd St., Suite 850
Cleveland, OH 44113-1412
(800) 669-4000
www.eeoc.gov

NAMI Ohio
747 East Broad Street
Columbus, OH 43205
(614) 224-2700
(800) 686-2646
(614) 224-5400 (fax)
amiohio@amiohio.org

Nursing Education & Nurse
Registration Board
17 S. High St., Suite 400
Columbus, OH 43215-3413
(614) 466-3947
(614) 466-0388 (fax)
www.Nursing.Ohio.Gov

Office of the Americans with Disabilities
Act/Civil Rights Division
U.S. Department of Justice
950 Pennsylvania NW
Disabilities Rights Section
Washington, DC 20530
ADA Infor. Line (800) 514-0301 (voice)
(800) 514-0383 (TTY)
www.ADA.GOV

Ohio Advocates for Mental Health
1110 Chambers Rd.
Columbus, OH 43212
(614) 340-6264
(614) 340-6272
(800) 589-2603 (Ohio)
(800) 860-0118 (Nationally)

Ohio Department of Health
Division of Quality Assurance
Complaint Section
246 N. High Street, 2nd Floor
Columbus, OH 43216
1-800-342-0553
(614) 752-6490 (TTY)

Ohio Department of Jobs
& Family Services
30 E. Broad St., 32nd Floor
Columbus, OH 43215
(614) 466-6282
(614) 466-2815 (fax)
(614) 752-3951 (TTY)
www.state.oh.us/odjfs

Ohio Credentialing Board for
Chemical Dependency Professionals
Huntington Plaza
37 W. Broad Street, Suite 785
Columbus, Ohio 43215
(614) 387-1110

Ohio Department of Alcohol &
Drug Addiction Services
280 North High Street, 12th Floor
Columbus, OH 43215-2550
(614) 466-3445
TDD/TTY (614) 644-9140

Ohio Department of Mental Health
Client Advocacy Coordinator
30 E. Broad St., 8th Floor
Columbus, OH 43215-3430
(614) 466-2333
(614) 466-1571 (fax)
(614) 752-9696 (TTY)
Consumer Family Toll Free:
1-877-275-6364
1-888-636-4889 (TTY)
www.mh.state.oh.us

Ohio Federation for Children's Mental
Health, Inc.
1101 Summit Road
Cincinnati, OH 45237
(513) 948-3077
(513) 761-6030 (fax)
OFFCMH@hotmail.com

Ohio Governor's Council on
People with Disabilities
400 E. Campus View Blvd.
Columbus, OH 43235
(800) 282-4536 Ext.1391 or
(614) 438-1391 (both voice & TTY)
www.state.oh.us/gcpd

Ohio Legal Rights Services
8 E. Long Street 5th Floor
Columbus, OH 43266-0523
(614) 466-7264
(800) 282-9181
(614) 644-1888 (fax)
(614) 728-2553 (TTY)

Ohio Psychiatric Association
1350 W. 5th Ave., Ste. 218
Columbus, OH 43212-2907
(614) 481-7555
(614) 481-7559 (fax)

President's Committee on Employment
of People with Disabilities
1331 F Street, NW, Suite 300
Washington, DC 20004
(202) 376-6200
(202) 376-6205 (TTY)
www.pcepdc.gov

State Board of Psychology
77 S. High St., 18th Floor
Columbus, OH 43215-6108
(614) 466-8808
(614) 728-7081 (fax)
www.state.oh.us/phy/

State Medical Board
77 S. High St., 17th Floor
Columbus, OH 43215-6127
(800) 554-7717 Complaint Line
(614) 466-3934
(614) 728-5946 (fax)
www.state.oh.us/med

U.S. Department of
Health & Human Services
Office for Civil Rights - Region V
105 West Adams Street
Chicago, IL 60603
(312) 886-5078

U.S. Department of Medicare
6401 Security Blvd.
Baltimore, MD 21235-6401
(800) 633-4227
(877) 486-2048
www.medicare.gov

U.S. Department of Social Security
Office of Public Inquiries
6401 Security Blvd.
Room 4-C-5 Annex
Baltimore, MD 21235-6401
(800) 772-1213
(800) 325-0778 (TTY)

U.S. Equal Employment
Opportunity Commission
Cleveland District Office
Tower City Skylight Office Tower
1660 W. 2nd Street, Suite 850
Cleveland, OH 44113
(216) 522-2003
(800) 669-4000
(202) 663-4494 (TTY)
www.eeoc.gov

Consumer Responsibilities

In a system that protects consumers' rights, it is reasonable to expect and encourage consumers to assume certain responsibilities. Greater involvement by consumers in their care increases the likelihood of achieving the best outcomes in your ongoing recovery. You are encouraged to:

- Become involved in specific decisions about your care; tell us your problem and what you think might help your situation.
- Tell us about any changes in your life.
- Cooperate with care providers in developing and carrying out agreed upon treatment plans.
- Recognize the limitations of behavioral and medical science.
- Show respect for other consumers and providers.
- Keep appointments or call as soon as you know that you must cancel.
- Meet your financial obligations, along with helping us to decide if you are eligible for subsidy.

- Follow the law.
- Use the agency's internal complaint and appeal process to address concerns that may arise.
- Report wrongdoing and fraud to appropriate resources or legal authorities.
- Take responsibility for maximizing healthy habits, such as exercising, not smoking, eating a healthy diet and managing stress.

Confidentiality & Privacy Notice

Our goal is to provide consumers with privacy without disrupting their care. As a consumer, you should receive information upon demand and how information is protected. Please know that you or your parent/guardian (if under 18) must sign a release form for the Center to share sensitive information. This form will include a statement that consent may be withdrawn at any time, as well as the date or condition upon which the consent will expire if it is not withdrawn.

As a consumer, you have the right to be informed of:

- The type(s) of information that will be disclosed (nature and extent)
- Who has the authority to disclose information
- To whom the information will be disclosed
- For what purpose(s) the information is needed
- If a breach of Protected Health Information has occurred
- To the extent the covered entity uses PHI for fundraising, the covered entity may contact the individual to raise funds and the individual has a right to opt out of receiving such communication.

The Paint Valley ADAMH Board and its provider agencies enroll clients through the Great Office Solutions Helper (GOSH). The information provided to GOSH will be used to process claims through the Ohio Department of Mental Health and Addiction Services (ODMHAS) and the Ohio Department of Job and Family Services. To ensure your privacy, you will be assigned a specific identification number.

Special situations may require the release of sensitive consumer information. These situations include medical emergencies, cases of child abuse and neglect, custody disputes and court orders. The signature of a parent/guardian is required on the consent form unless state law authorizes treatment without parental/guardian consent. For consumers who are legally incompetent, a legal guardian must be appointed to

make decisions concerning the release of confidential information. **In all other situations, information may only be released with the written consent of the consumer.**

Privacy Notice

**Scioto Paint Valley Mental Health Center
P O BOX 6179-Chillicothe, OH 45601**

**Notice of Privacy Practices-Effective September 18, 2014
*Replaces August 23, 2013 Privacy Notice***

This notice described how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact the Site Director or our Privacy Officer at the telephone numbers and addresses listed at the end of this notice.

This notice has been prepared by Scioto Paint Valley Mental Health Center, Inc. It tells how Protected Health Information (PHI) about you can be created, shared, protected and maintained. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when law requires the release.

WHO WILL FOLLOW THIS NOTICE?

This notice describes Scioto Paint Valley Mental Health Center, Inc.'s practice regarding the use of your medical information and that of:

- Any health care professional authorized to enter information into your medical record;
- All departments and units of the Center that you may visit;
- Any member of a volunteer groups, that we allow to help you while you are a client of the Center;
- All employees, staff, and other personnel who may need access to your information, including business associates to which the Center has a signed business associate agreement;

- All entities, sites and locations of the Center follow the terms of this notice and may share medical information with each other for treatment, payment or healthcare operations as described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and services that you receive. 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 Scioto Paint Valley Mental Health Center, Inc. whether made by health care professionals or other personnel. This notice will tell you about 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.

WHAT IS MY PROTECTED HEALTH INFORMATION (PHI)?

Anything from the past, present, or future about your mental or physical health or condition that is spoken, written, or electronically recorded, and is created by or given to anyone providing care to you, such as, a health plan, a public health authority, your employers, your insurance company, your school or university, or anyone who processes health information about you.

OUR OBLIGATIONS:

- Maintain the privacy of protected health information;
- Keep medical records that identify private information about you;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of the notice currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Agency Privacy Officer.

For Treatment- We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment- We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations- We may use and disclose Health Information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. We may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care- When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research- Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who receive one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law- We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety- We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates- We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation- If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans- If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Worker's Compensation- We may release Health Information for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks- We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reaction to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and 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 Health 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.

Data Breach Notification Purposes- We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes- If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request of to obtain an order protecting the information requested.

Law Enforcement- We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identify, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors- We may release Health 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 also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities- We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others- We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information 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 of the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT:

Individuals Involved in Your Care or Payment for Your Care- Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief- We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do not give us authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosures that we made in reliance on your authorization before you revoked it will not be affected by this revocation.

CAN I REVOKE MY CONSENT?

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

WHAT ARE YOUR RIGHTS?

Right to Inspect and Copy- You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to the Clinic Director of your treatment location. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed health professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy or Electronic Medical Records- If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to you Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach- You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend- If you feel that Health Information we have 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 our office. To request an amendment, you must make your request known to the Clinic Director of your treatment location who will guide you through the process.

Right to an Accounting of Disclosures- You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request known in writing to the Agency Privacy Officer.

Right to Request Restrictions- You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the Agency Privacy Officer. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments- If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

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 by mail or at work. To request confidential communications, you must make your request, in writing, to the Agency Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of this Notice- You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website at www.spvmhc.org or request a paper copy from any staff member at your specific treatment location.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at all of our clinical treatment locations and the notice will have the effective date on the first page.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, please contact the Agency Privacy Officer.

AGENCY PRIVACY OFFICER AND OFFICE LOCATION:

Scioto Paint Valley Mental Health Center
ATTN: Privacy Officer
4449 State Route 159
P.O. Box 6179
Chillicothe, OH 45601
(740) 772-7885

Advance Directives

Many people with a history of mental illness live in fear of what will happen if they lose their ability to make health care decisions. An Advance Directive Durable Power of Attorney for Health Care is a legal document that ensures you a voice in health care decisions when an attending physician determines you do not have the capacity to make informed health care decisions. When you develop an Advance Directive for Health Care, you name an agent (a trusted friend or family member) to act on your behalf. It is a proactive approach to making your own decisions about your care.

An Advance Directive for Health Care may address such issues as:

- Choices of medication you may or may not want to take
- Choices of where treatment is provided
- Preferences about types of treatment
- Choices about discharge plans
- Choices about temporary care of children

Your primary provider can help you determine if an Advance Directive is right for you; or you can log onto the Ohio Legal Rights website (www.state.oh.us/olrs/POAHC.htm) to download an Advance Directives form.

Safety Practices and Procedures

Scioto Paint Valley Mental Health Center has procedures in place to protect the health and safety of clients and staff. Tobacco use and/or the use of e-cigarettes or vapor cigarettes on the grounds of any Center facility or in any Center Transportation Company vehicle is not permitted. Individuals found to be in violation of Center policy will be informed of the Center's tobacco free policy. If they insist on using tobacco products, they will be asked to leave the property to use tobacco products or wait until their scheduled services are completed and they leave the premises. Smoking Cessation is available through the Agency's Integrated Care program to any client desiring to stop using tobacco.

The Center is committed to maintaining an atmosphere free from the effect of legal and/or illegal substances that cause potential health, safety and/or security problems. Possession of illegal drugs on person or premises is prohibited, may be grounds for discharge, and subject to the local authorities.

It is not acceptable for clients to present for services, with the exception of Emergency Services, impaired from the use of legal (alcohol, prescription, over-the-counter, or herbal remedies) or illegal substances.

NO weapons are allowed in SPVMHC buildings or vehicles. Possession of a valid concealed weapons permit authorized by the State of Ohio is not an exemption under this procedure.

Please take a few minutes to review these procedures. In the event of any emergency, the SPVMHC staff will also direct you regarding the procedures to follow. Please let us know if you require any special accommodations, if there is an emergency in the building. The agency will hold periodic drills to ensure that our procedures are effective. If a drill occurs, please remain calm and follow staff directions.



EXIT signs are located above each door. The emergency evacuation routes are posted in each hallway. Please take a moment to review the exit route when you are here.



FIRE Extinguishers are located throughout the building on the interior walls. If you see a fire, report it immediately to the closest staff member. An alarm will sound and you will leave the building and go to a designated area.



BOMB THREAT In the event of a bomb threat you will hear the Fire Alarm sound. We will evacuate the building in the same manner as if there is a fire. Proceed to the designated area and wait for further instructions from the staff.



TORNADO WATCH OR WARNING If the area is under a tornado watch the SPVMHC staff will monitor the weather alerts. If a Tornado Warning is issued for the county, a TORNADO WARNING will be announced. Please follow the posted signs to the designated safety area. Staff will inform you when conditions are safe to return to the offices or leave the building.



INJURY If you are in need of First Aid, notify the nearest staff person. First aids kits are located in each building; however for anything other than a very minor injury or illness, SPVMHC staff will call the paramedics.



THREAT OF VIOLENCE If there is a threat or act of violence in the building, SPVMHC does not use seclusion or restraint. Law Enforcement authorities may be called immediately. SPVMHC may use emergency interventions until law enforcement authorities arrive.



**If you see any condition that you believe could be hazardous,
Please notify staff immediately.**

Consumer Education on AIDS/HIV, TB, & Hepatitis

If you are a consumer of the Substance Abuse Treatment Services offered by SPVMHC, this section contains additional information to be shared with you as required by the Ohio Department of Alcohol and Drug Addiction Services.

FACTS ABOUT AIDS

What is AIDS? AIDS is a disease that kills people. The name AIDS stands for Acquired Immune Deficiency Syndrome. Those four words mean that the body's defense system, which protects us from disease, is not working correctly. Because the defense system is not working correctly, the body is open to a number of illnesses that are normally not a threat to a healthy person.

What causes AIDS? AIDS is caused by a type of germ called a virus. This virus is named the Human Immunodeficiency Virus, also known as HIV. Some people refer to HIV as "the AIDS virus." We will use the term HIV to mean the virus, which cause AIDS. Most people who have HIV in their bodies are not sick. They might not even know they have HIV. A person can be a "carrier" and pass on HIV to other people without either of them knowing it. **Once you have HIV in your body, you will always have the chance of getting AIDS, and HIV will always stay in your body.**

HIV enters the body through the blood stream by contact with blood, semen or vaginal fluids. When someone has HIV, it is found in those three things. Not everyone with HIV has AIDS. Some people become mildly ill and others show no signs at all, but can still spread the virus to others.

How do you get HIV? The good news is there are only a few ways to get HIV. Here is how you can get HIV:

- By having sex with someone who has HIV. The virus is found in semen, blood and vaginal fluid. It is passed through sex (anal, vaginal and possibly oral). Use of a **latex** condom during sex helps to keep HIV from getting in your bloodstream.
- By sharing I.V. drug needles (works) with someone who has HIV. When needles are shared, blood is shared too.
- If you are a woman with HIV, you can pass it on to your unborn child.
- By receiving blood, or blood products, from someone with HIV. In early 1985, blood banks began screening blood for AIDS, so this is mainly a problem for people who received blood before then.

How can I learn more about AIDS? Talk to your substance abuse program provider about this fact sheet or if you have more questions that you would like answered. The Ohio Department of Health has a toll free hotline number; for local information on safer

sex, testing site for HIV, social and medical health, drug treatment centers and resources call: **1-800-332-AIDS or 1-800-AIDS-TTY (for the deaf and hearing impaired).**

Many public libraries have books on AIDS as well as videos. Local health departments, AIDS Task Forces and American Red Cross Chapters can provide information as well as pamphlets and booklets on AIDS.

FACTS ABOUT TUBERCULOSIS

What is TB? TB is short for a disease called tuberculosis. Tiny germs that can float in the air spread TB. The TB germs may spray into the air if a person with **TB disease** of the lungs or throat coughs, shouts or sneezes. The people nearby can breathe TB germs into their lungs.

TB germs can live in your body without making you sick. This is called **TB infection**. Your immune system traps TB germs with special germ fighters. Your germ fighters keep TB germs from making you sick. Sometimes the TB germs can break away, thus causing the **TB disease**. The germs can then attack the lungs or other parts of the body. They can go to the kidneys, the brain or the spine. If anyone has **TB disease**, s/he needs medical help. Without help, they risk death.

What are the symptoms of TB? Symptoms of TB of the lungs may include cough, chest pain and/or coughing up blood. If you get TB disease in another part of the body the symptoms will be different. Only a doctor can tell if you have the TB disease.

No one gets TB anymore, do they? YES! Approximately 8 million new cases occur in the world each year; over 22,000 cases are reported each year in the United States. There are also an estimated 10 to 15 million people in the U.S. who are infected with the TB germ who have the potential to develop TB disease in the future.

Who gets TB? Anyone can get TB, but some people are at a higher risk. Those at a higher risk include:

- People who share the same breathing space (such as family members, friends, co-workers) with someone who has TB disease
- Poor people
- Homeless people
- Foreign born people from countries where a lot of people have TB
- Nursing home residents
- Prisoners
- Alcoholics and intravenous drug users

- People with medical conditions such as diabetes, certain types of cancers, and being underweight
- Especially people with HIV infection (the virus that causes AIDS)

What's the difference between TB infection and TB disease? People with TB disease are sick from germs that are active in their body. They usually have one or more of the symptoms of TB. These people are often capable of giving the infection to others. Permanent body damage and death can result from this disease. Medicines that can cure TB are prescribed for these people. People with TB infection (without disease) have the germ that causes TB in their body. They are not sick because the germ lies inactive in their body. They cannot spread the germ to others. However, these people may develop TB disease in the future, especially if they are in one of the high-risk groups listed under "Who gets TB?" Medicine is often prescribed for these people to prevent them from developing TB disease.

How do I know if I have TB infection or TB disease? A skin test is the only way to tell if you have **TB infection**. The test is "positive" if a bump about the size of a pencil eraser or bigger appears on your arm. This bump means you probably have **TB infection**.

Other tests can show if you have **TB disease**. An x-ray of your chest can tell if there is damage to your lungs from TB. TB germs may be tested deep inside your lungs. Phlegm ("flem") you cough up will be tested in a laboratory to see if the TB germs are in your lungs. If TB germs are in your lungs or throat, you can give **TB infection** to your friends and visitors. They can get sick with **TB disease**. You should be separated from other people until you cannot spread TB germs. This should not take very long if you are taking your prescribed TB medicine.

Where can I get a TB skin test? You can get a TB skin test from your doctor or local health department.

Can TB disease be cured? YES! Using special drugs that kill TB germs can cure TB disease. However, TB germs are strong. It takes at least 6-9 months of medication to wipe them all out. It is very important that you take all of your medicine. If you stop taking medication too soon, it is a big problem. The TB germs that are still alive become even stronger. You may need stronger drugs to kill these "super" TB germs. This does not have to happen. If you take all of the medicine, the TB germs will die.

It is very important that you take your preventive treatment as your doctor recommends. It takes at least 6 months to a year to kill all of the TB germs. Remember, you will always have TB germs in your body unless you kill them with the right medicine.

THE CONNECTION BETWEEN TB AND HIV

People infected with HIV (the virus that causes AIDS) are more likely to get other infections and diseases as well. Tuberculosis (TB) is one of these diseases.

Why is it important to know if I have TB and HIV infections? People who have TB disease get TB infection first. A person can have TB infection for years without any signs of disease. Without treatment, these two infections can work together to shorten the life of the person infected with both.

Good News! The good news is that people with TB infection can be prevented from developing TB disease and people with TB disease can be cured. The first step is to find out if you are infected with the TB germ. If you think you might have **HIV infection** talk to your doctor about getting an HIV test. If you have **HIV infection** and **TB infection** the sooner you start taking anti-TB medicine, the better your chances to stay healthy for many years.

If you have **HIV infection** it is very important to get tested for **TB infection** at least once a year. Anti-TB drugs are strong; they can prevent or cure **TB disease** even in people with **HIV infection**. TB is one of the few diseases related to HIV infection that is easily prevented and cured with medication.

THE ABCs of HEPATITIS

Hepatitis A (HAV)

HAV is a virus that causes inflammation of the liver. It does not lead to chronic disease. The incubation period is 2 to 7 weeks (average 4 weeks). It is transmitted by fecal/oral route, through close person-to-person contact or ingestion of contaminated food and water.

Symptoms: In some people, there may not be any symptoms. Others may have light stools, dark urine, fatigue, fever, nausea, vomiting, abdominal pain and jaundice.

Vaccine: Two doses of vaccine to anyone over 2 years of age.

Who is at risk? You are at risk if you have household or sexual contact with an infected person or living in an area with HAV outbreak, traveling to developing countries, engaging in anal/oral sex, and using intravenous drugs.

Prevention: Ways to prevent include immune globulin within 2 weeks of exposure, vaccination, washing hands with soap and water after going to the toilet, use of household bleach to clean surfaces contaminated with feces, such as a changing tables, and practicing safe sex.

Hepatitis B (HBV)

HBV is a virus that causes inflammation of the liver. The virus can cause liver cell damage, leading to cirrhosis and cancer. The incubation period is 6 to 23 weeks (average 17 weeks). It is spread by contact with infected blood, seminal fluid, vaginal secretions, contaminated drug needles, including tattoo/body-piercing tools, infected mother to newborn, human bite, and sexual contact.

Symptoms: You may not have any. Some persons have mild flu-like symptoms, dark urine, light stools, jaundice, fatigue and fever. Antiviral medications have been used to treat the chronic disease with varying success.

Vaccine: Three doses may be given to persons of any age.

Who is at risk? You are at risk if you are having sex with infected persons or multiple partners, using intravenous drugs, engaging in anal/oral sex, hemodialysis patients. Others who are at risk include infants born to an infected mother, emergency responders, and health care workers.

Prevention: Ways to prevent include immune globulin within 2 weeks of exposure, vaccination, use of protective gloves when cleaning up infected blood with household bleach, practice safe sex, and do not share razors, toothbrushes or needles.

Hepatitis C (HCV)

HCV is a virus that causes inflammation of the liver. This infection can lead to cirrhosis and cancer. The incubation period is 2 to 25 weeks (average 7 to 9 weeks). It is spread by contact with infected blood; contaminated needles, razors and tattoo or body piercing tools, and infants born to an infected mother. HCV is NOT easily spread through sexual contact.

Symptoms: Same as HBV. Interferon and combination therapies have been used to treat HCV with varying success.

Vaccine: None

Who is at risk? Individuals who are at risk include those who received a blood transfusion before July 1992, health care workers, injection drug users, hemodialysis patients, infants born to an infected mother, and multiple sex partners.

Prevention: Ways to prevent include use of protective gloves when cleaning up infected blood with household bleach, practice safe sex, and do not share razors, toothbrushes or needles.

Hepatitis D (HDV)

HDV is a virus that causes inflammation of the liver. It infects those persons with HBV. The incubation period is 2 to 8 weeks. HDV is spread by contact with blood that is HDV infected, needles that are HDV-contaminated and sexual contact with an HDV-infected person.

Symptoms: Same as HBV. Interferon has been used to treat HBV with varying success.

Vaccine: HBV vaccine prevents HDV infection.

Who is at risk? Individuals who are at risk include those who use intravenous drugs, engage in anal/oral sex, and have sex with an HDV-infected person.

Prevention: Ways to prevent include Hepatitis B vaccination and practice safe sex.

Hepatitis E (HEV)

HEV is a virus that causes inflammation of the liver. It is rare in the U.S. There is no chronic state. The incubation period is 2 to 9 weeks (average 6 weeks). HEV is transmitted through fecal/oral route. Outbreaks are associated with contaminated water supply in other countries.

Symptoms: Same as HBV. Treatment is not applicable.

Vaccine: None

Who is at risk? Individuals who are at risk include those traveling to developing counties and who may be pregnant.

Prevention: Ways to prevent include avoid drinking or using potentially contaminated water.

Who Should Get Tested? The sooner HCV is detected, the more quickly treatment can start. Treatment may slow the progression of the disease and minimize its harmful effects. Unfortunately, because symptoms may take decades to develop, most people do not know they have HCV until the disease has progressed to the stage where significant, life-threatening liver damage has already occurred. All of this reinforces the need for early diagnosis. You should definitely be tested for HCV if you answer yes to one or more of the following questions:

- Did you have a blood transfusion before 1992?
- Have you ever injected drugs into your body?
- Have you had a tattoo or had any part of your body pierced?

- Have you had multiple sex partners?
- Have you or your partner ever been treated for a sexually transmitted disease?
- Does your partner have HCV?
- Is your partner in a high-risk group for HCV?

How Can I Reduce My Risk? These recommendations on preventing HCV transmission are from the Federal Government's Centers for Disease Control:

- Do not ever shoot drugs. If you do shoot drugs, stop and get into a treatment program. If you relapse, never reuse or share syringes, water or drug works, and get vaccinated against Hepatitis A and Hepatitis B.
- Do not share toothbrushes, razors or other personal-care articles. They may have blood on them.
- If you are a health care worker, always follow routine barrier precautions and safely handle needles and other sharp objects that may have blood on them. Also, get vaccinated against Hepatitis B.
- Consider the health risks if you are thinking about getting a tattoo or body piercing. You can get infected if: The tools being used have someone else's blood on them, or the artist or piercer does not observe healthy practices such as hand washing and using disposable gloves.

HCV can be spread through sex, although this does not occur very often. If you are sexually active with more than one partner, always use condoms.

Where Can I Get a Hepatitis Test? You can get a Hepatitis test from your doctor or local health department.

Community Mental Health Resources

NAMI of Southern Ohio

NAMI (the National Alliance for the Mentally Ill) of Southern Ohio provides mutual support, education, and advocacy for individuals and families affected by serious brain disorders. We now include family members, mental health consumers, providers, community mental health boards, mental health organizations and other supporters among our growing membership. Our organization provides a variety of educational programs to help strengthen the lives of consumers and family members. For more information, call 740-851-4242. Local chapters include:

NAMI Fayette County
2nd Monday of every month @ 7 PM
1300 East Paint Street
Washington Court House, OH 43160

NAMI Pike County
3rd Wednesday of every month @ 6 PM
12340 State Route 104
Waverly, OH 45690

NAMI Highland County
1st Monday of every month @ 7 PM
108 Erin Court
Hillsboro, OH 45133

Meeting Room @ Adena Urgent Care
NAMI Ross & Pickaway Counties
3rd Thursday of every month @ 6 PM
4449 State Route 159
Chillicothe, OH 45601

Friends Helping Friends
2nd Friday of every month @ 6 PM
12340 State Route 104
Waverly, OH 45690
Meeting Room @ Adena Urgent Care

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