



**It's who we are.
It's what we do.**

Client Orientation Manual

Our Mission is...

To improve and save lives by serving the healthcare needs of those who experience mental illness and/or addiction related conditions.

Our Vision is...

To be the most trusted, highly effective and accessible provider of behavioral healthcare services in the region with a unique ability to provide a continuum of integrated, cost-effective services addressing a broad spectrum of needs.

Our Core Values are...

- Accountability
- Agility
- Collaboration
- Communication
- Compassion
- Diversity
- Empowerment
- Excellence
- Growth
- Innovation
- Integrity
- Optimism
- Responsiveness
- Unity

Origination: 06/10
Effective: 09/01/20
Approved by:

A handwritten signature in black ink, appearing to read 'Kathryn E. St. James'.

Kathryn E. St. James, President & CEO
Behavioral Healthcare Partners of Central Ohio, Inc.

Table of Contents

Contact Information/Hours of Operation	3
Crisis/Emergency Contact Information	4
Treatment Services Offered	5
Criteria for Treatment Services.....	6
Program Overview.....	7
General Information.....	10
Health & Safety Information.....	12
Appendix	14
▪ Advance Directives Overview.....	15
▪ Pre-Admission Orientation	16
▪ Client Rights (Policy 26.06).....	18
▪ Client Grievance (Policy 26.07).....	24
▪ Notice of Privacy Practices.....	30
▪ Fees for Treatment.....	36

Contact Information

Behavioral Healthcare Partners of Central Ohio, Inc. (BHP)

(877) 593-6330 Toll Free

www.bhcpartners.org

BHP-Licking County

65 Messimer Drive
Newark, Ohio 43055
(740)522-8477

BHP-Knox County

8402 Blackjack Road
Mt. Vernon, Ohio 43050
(740)397-0442

Hours of Operation:

Monday	7:30am – 5:00pm
Tuesday – Thursday	7:30am – 7:00pm
Friday	7:30am – 5:00pm

BHP-Medical Services-Licking County

65 Messimer Drive
Newark, Ohio 43055
(740)788-0247

Hours of Operation:

Monday-Friday 7:30am – 5:30pm

Courage House Women's Recovery Center-Licking County

74 Granville Street
Newark, Ohio 43055
(740) 345-5074 Phone
(740) 345-7758 FAX

Hours of Operation:

24 hours per day, 365 days per year

Spencer House Men's Recovery Center-Licking County

69 Granville Street
Newark, Ohio 43055
(740) 345-7030 Phone
(740) 345-7454 FAX

Hours of Operation:

24 hours per day, 365 days per year

Work/Life Solutions

65 Messimer Drive
Newark, Ohio 43055
(740)258-4619

Hours of Operation:

Monday-Friday 8:00am – 5:00pm

Crisis/Emergency Contact Information

A crisis is an acute critical situation that causes emotional or mental distress as well as disrupts one's daily routine.

BHP has resources to assist you during times of crisis such as: BHP's Crisis Intervention Services and the Crisis Information Center of Pathways.

BHP Crisis Intervention Services:

- Is available 24/7, 365 days per year
- Provides pre-hospital screening
- Provides behavioral health assessments
- Provides intervention for individuals feeling suicidal, homicidal, or are experiencing acute mental health issues
- Can make referrals to various other community services

To access Crisis Intervention Services during business hours call 740.522.8477 or 877.593.6330. For after hours Crisis Intervention Services, contact Pathways at one of the numbers listed below. A representative from Pathways will ask you a few questions including your name and phone number. They will contact BHP Crisis Intervention Services with the information and a Crisis Intervention Specialist will contact you.

Pathways:

- Available 24/7
- Free and confidential
- A good source for information on resources regarding:
 - Emergency shelter
 - Utility assistance
 - Substance abuse
 - Elder abuse
 - And more...

To contact Pathways dial 2-1-1, which works on most phones, but for those that it does not work dial: (800) 544-1601 or (740) 392-2828 (Knox County).

If you have a life threatening emergency please call '911'.

Treatment Services Offered

Diagnostic Assessment Services (Mental Health and Alcohol and/or Other Drugs)

- Performed by a qualified professional at time of intake or during a crisis
- A comprehensive clinical evaluation is done in order to identify client needs by determining the psychological and emotional state and current level of functioning, including alcohol and/or other drug dependence. The clinician will determine if BHP is the appropriate organization to meet the needs presented.

Outpatient Therapy Services

- BHP offers mental health and alcohol and/or other drug treatment services including: Group Therapy, Family Therapy, and Individual Therapy for children, adolescents, and adults.

Medical/Psychiatric Services

- Psychiatric evaluation services for eligible clients
- Psychiatric medication management

Crisis Intervention Services

- Available 24/7, 365 days per year
- See page 3 of this manual for details

Child/Adolescent Community Psychiatric Supportive Treatment Services (CPST)

- Provides assistance to high-risk children and adolescents who experience mental health issues or who suffer from severe emotional disturbance
- Works to link families with community services and to facilitate their connection to these services
- Services are offered in the home, school, and in the community
- Intensive Home Based Therapy services are offered to eligible clients

Adult Community Psychiatric Supportive Treatment Services (CPST)

- Provides individualized services for clients who may be at risk for psychiatric hospitalization or who may be suffering from severe and persistent mental illness
- Provides assistance in accessing medical services, housing, benefits, social activities, and other community resources
- Services are offered in the home, school, and in the community

FACT (Forensic Assertive Community Treatment) Team

- Provides intensive, comprehensive, time unlimited behavioral health services adults with severe and persistent mental illness and adults who have been adjudicated on felony charges and meet specific forensic criteria
- Provides clients with coordination of psychiatric, therapy, nursing, and case management services using the Team model (all clients on team receive services from all employees on the team)
- Services are available 24/7 for eligible FACT clients

Community Housing Assistance

- Based on client eligibility and available funds
- Can provide assistance with rent and/or deposit

Residential Services-Located in Licking County

Available to residents of Licking and Knox Counties

- River Valley Adult Care Facility
- Altmaier House

Based upon residency, availability, and client eligibility

Residential SUD Treatment Services-Located in Licking County

Available to residents of Licking and Knox Counties

- The Courage House Women's Recovery Center serves adult women who are severely alcohol and/or other drug dependent and their children.
- The Spencer House Men's Recovery Center serves adult men who are severely alcohol and/or other drug dependent.

A Pre-Admission Orientation for Residential Treatment Services (Courage House & Spencer House) is included in this manual for additional program specific information

Career Connections of Central Ohio

- Vocational assessment and supportive employment assistance
- Assistance with finding and keeping employment
- You do not need to receive mental health or alcohol and/or other drug treatment services to participate if referred by Opportunities for Ohioans with Disabilities (OOD).

Criteria for Treatment Services

Outpatient Alcohol and/or Other Drug Treatment Services

- Meet diagnostic criteria for a psychoactive substance use disorder
- Agree to abide by the program's rules, regulations, and expectations
- Possess an intention, desire, willingness or commitment to change

Outpatient Mental Health Treatment Services

- Meet diagnostic criteria
- Agree to abide by the program's rules, regulations, and expectations
- Be able to attend to personal needs and be without incapacitating physical problems

Residential Alcohol and/or Other Drug Treatment Services

- Meet diagnostic criteria for a psychoactive substance use disorder, as applicable
- Be 18 years of age or older
- Agree to abide by the program's rules, regulations and expectations
- Agree to follow their physician's orders if prescribed medication
- Have a recent physical and TB test
- Not have a history of arson, aggressive sexual behavior or extreme violent behavior
- Be able to attend to personal needs and be without incapacitating physical problems

Residential AOD clients who are referred by the criminal justice system must also meet the following admission criteria:

- Meet criteria of moderate risk for re-offense or higher, and/or
- Meet the following criteria:
 - High risk client
 - Client with F1 and F2 offenses regardless of risk level
 - Client with F3 offenses if not lower than moderate risk
 - Client with F4 and F5 offenses if not lower than moderate and are being sentenced to the program for violating a condition of supervision OR have a journalized community control revocation at any time within the preceding five years

In keeping with regulations set forth by the Ohio Department of Rehabilitation and Correction, BHP reserves the right to deviate from the admissions criteria for clients referred by the criminal justice system under the following circumstances: clients assessed as moderate risk who are directly referred to the halfway house for programming targeted at specific populations—e.g., DUI, domestic violence, sex offenses, non-support, clients who are low risk for recidivism but are high need for substance abuse treatment, and judicially released offenders. This deviation in admission criteria will not exceed 20% of admissions.

Residential Mental Health

- Meet diagnostic criteria for a severe mental disability that impacts the ability to live independently in the community
- Be 18 years of age or older
- Agree to abide by the program's rules, regulations, and expectations
- Be able to attend to personal needs and be without incapacitating physical problems

Career Connections of Central Ohio

- Express an interest in Vocational Services
- Client is not in imminent danger to himself or others.
- Client is eligible for services through Opportunities for Ohioans with Disabilities (OOD) or other payment source (i.e. Medicaid).

Program Overview

Program Requirements

As previously outlined, treatment services provided by BHP may have differing criteria for acceptance. BHP employees will review these criteria with you in greater detail. This information is also outlined in the Program Plans that can be found in the lobbies of outpatient treatment facilities.

Program Rules and Responsibilities

During the intake process and ongoing thereafter, employees will review the rules and responsibilities of any new treatment service(s) with you along with the consequences of not adhering to the established rules and responsibilities.

For example, alcohol and/or other drug treatment services require a commitment and/or desire to be abstinent from alcohol and/or other drug use while in the program. As such, drug testing may be a requirement and included in your Individual Service Plan. In this instance, you would need to be prepared to take random drug tests while receiving treatment services. Your treatment provider would share these results with you and with the organization that referred you (with signed authorization for disclosure) for treatment services and discuss any appropriate treatment adjustments that may be needed based upon the test results.

If you're found to be in violation of program rules, your treatment provider will discuss the violation with you and determine if any action must be taken. If your rights and/or privileges are restricted in any way, your treatment provider will discuss this with you and steps will be identified to regain your rights and/or privileges. For example, if you are disruptive or otherwise break the rules of group therapy, you may be removed from the group for an established period of time and individual therapy provided instead. The treatment provider might also require you to write a letter of apology to group members for the disruptive behavior. When all required steps are completed, you and your treatment provider would discuss your actions and determine if your rights and/or privileges should be regained.

Assessing Your Strengths, Needs, Abilities and Preferences

At the time a referral is made or upon initial contact with BHP, intake employees will ask questions about the reason for the referral and assess whether or not BHP has the appropriate services to meet your needs. If determined inappropriate for services or if the organization does not provide the service requested, you will be given information about other organizations in the community that provide the desired service. If determined appropriate for services, you will be notified of upcoming Open Access Intake Clinics or an intake appointment will be scheduled.

During this initial appointment you will meet with a qualified treatment provider who will conduct a thorough Diagnostic Assessment, including health history, mental health, family situation, education and learning, substance use/abuse history, risks and needs, and other areas of your life. Based on this information, they will develop a diagnosis and work with you to decide which services will meet your needs.

At regular intervals following your initial Diagnostic Assessment and/or upon significant changes in your life circumstances, the Diagnostic Assessment will be updated. The purpose of this updated assessment is to help clarify your goals and monitor your progress in treatment.

Individual Service Plans (ISP)

Upon admission to treatment services, you will be assigned a treatment provider who will work with you to develop/update your ISP. Your treatment services will be based on your input, assessment findings, clinical opinion and recommendations from the referral source (when applicable). Based on your needs, you and your treatment provider will determine your level of care to decide the appropriate length and intensity of services. Your ISP may include multiple treatment services provided by BHP. Goals, objectives and action steps will be outlined in the ISP and progress toward meeting these goals will be reviewed no less than annually as required by Ohio law. However, BHP considers the ISP to be a document that guides treatment and it will be regularly reviewed and revised throughout treatment. The purpose of your treatment services is to achieve the identified goals so that you can successfully transition out of treatment.

Service Limits

BHP has engaged in a Utilization Management process since 2008. This means that we assign and/or monitor the usage of mental health outpatient therapy and CPST (a.k.a. case management) sessions based on severity of symptoms, diagnosis, risk assessment, and level of care. We want to ensure that clients receive the appropriate level of services and provide care to as many people who need it.

The number of outpatient therapy (a.k.a. counseling) sessions that are initially approved normally range from 3 to 25 sessions with many falling between 10 and 15. Moreover, a therapist may request additional sessions for a person when he/she feels more are warranted. Research has shown that Solution-Focused Brief Therapy is a very effective form of treatment so this is a method we strive to practice.

In the fall of 2009, BHP introduced the Utilization Management process to case management. A person's risk assessment in addition to his/her level of care is used to determine the average number of CPST (a.k.a. case management) hours that may be provided per month. Again, this is not an absolute limit as exceptions can be made based on need.

In 2011 the State of Ohio introduced service limits to Medicaid. This means that a person may only receive a certain number of hours per service with some exceptions per *fiscal* year (July 1 through June 30th of the next year). Below is the grid that the state has sent to Medicaid recipients explaining these limits. Please note that according to the May 4, 2014 Ohio Council Member E-Bulletin. "[T]he community behavioral health benefit limits for services except Community Psychiatric Supportive Treatment (CPST) have been removed for those individuals enrolled under [Medicaid] expansion. Individuals that are enrolled under the 'traditional' Medicaid program or were Medicaid eligible and not enrolled prior to Medicaid expansion will continue to be subject to the existing behavioral health benefit limits.

Medicaid Mental Health Service	Annual Limit (July 1 – June 30)	Exception to Annual Limits
Counseling	52 hours per year	No exception for adults. Children (up to age 21) may receive more if your mental health provider documents you have a medical need for more services.
Diagnostic Assessment (performed by a medical doctor)	2 hours per year	No exception for adults. Children (up to age 21) may receive more if your mental health provider documents you have a medical need for more services.

Diagnostic Assessment (performed by someone other than a medical doctor)	4 hours per year	No exception for adults. Children (up to age 21) may receive more if your mental health provider documents you have a medical need for more services.
Community Psychiatric Supportive Treatment (CPST)	104 hours per year	You may receive more of this benefit if your mental health provider documents you have a need for more services and requests prior authorization.
Crisis Intervention	No Limit	N/A
Pharmacologic Management	24 hours per year	No exception for adults. Children (up to age 21) may receive more if your mental health provider documents you have a medical need for more services.

With regard to Alcohol and Drug Treatment Services, the state has imposed a limit of 30 hours of services per week.

We understand that this information can be confusing, so please let us know if you have any questions.

Successful Completion of Treatment

You will begin planning for the completion of treatment services from the beginning of treatment. Timelines for successful completion of treatment services will be a collaborative decision between you and your treatment provider and will be based upon the completion of the goals you include in your ISP. As you approach the end of treatment, employees will work with you to transition into other community services, if needed.

When appropriate and with appropriate authorization, the person or agency that referred you to treatment will be notified that you have been terminated from treatment services. For example, if you are mandated to participate in treatment services by the criminal justice system, BHP treatment providers would need to inform the necessary parties of your completion of treatment goals and that your treatment services are being terminated.

Unsuccessful Completion of Treatment

Each treatment service has guidelines for leaving treatment services unsuccessfully. For example, The Client Handbook (Courage & Spencer House) clearly outlines the possible reasons for unsuccessful termination from the program. When appropriate and with appropriate authorization, the person or agency that referred you to treatment will be notified that you have been unsuccessfully terminated from treatment services. For example, if you are mandated to participate in treatment services by the criminal justice system, BHP treatment providers would need to inform the necessary parties of your failure to follow established guidelines and that your treatment services are being terminated.

Any client who poses a danger to the health and safety of an employee or other clients could be involuntarily terminated from services provided by the organization. The incident would be reported in written form and submitted as a Major Unusual Incident. The client would be made aware of the reasons for being terminated from services and the procedures they must follow to have services reinstated. A referral would be made to another service provider so the client is not without access to treatment services.

General Information

Access to Records

During the intake process you will be informed of your right to review and/or request copies of your client records. A copy of the Notice of Privacy Practices is included in this manual which tells you how to request this information. This policy also explains the circumstances under which information can be provided without authorization and tells you how to submit a grievance should you feel that your rights have been violated. BHP's Notice of Privacy Practices, which includes guidelines regarding access to records, is prominently posted in the various facilities for your convenience.

Attendance

All BHP treatment services are considered voluntary by this organization, even in cases where clients are court-ordered to complete treatment services. However, by consenting to treatment services you are expected to actively engage in treatment services as identified in your Individual Service Plan (ISP).

It is extremely important that you keep all scheduled appointments. If you are unable to attend a scheduled appointment, you are expected to provide notice of cancellation at least 24 hours prior to the appointment. If you are going to be late for an appointment or are unable to attend because of an unexpected emergency, you should immediately notify BHP.

Frequent no shows and cancellations will make it difficult for you to be successful in treatment. In addition, when appointments are cancelled late or someone no shows for an appointment, it limits our ability to respond to the needs of others who need help. If you frequently miss appointments, the following will happen:

- Clients who fail to keep two (2) scheduled behavioral health assessment appointments without canceling at least 24 hours prior to the appointment will be addressed on an individual basis.
- Clients who fail to keep two (2) scheduled Initial psychiatric evaluation appointments without canceling at least 24 hours prior to the appointment will be required to schedule an appointment with BHP nursing staff.
- Clients who fail to keep two (2) appointments within three (3) consecutive months within the same program without canceling at least 24 hours prior to the appointment will be re-evaluated by the provider regarding the need for services.
- With prior approval of the Chief Clinical Officer, the Support Staff Specialist may discontinue individualized appointment scheduling for clients who have frequent cancellations (even though 24 hour notice may have been given) and the need for services may be re-evaluated.
- Co-scheduling appointments may be offered by BHP as a convenience to its clients. If appointments are co-scheduled and the clients no show or fail to cancel their appointments at least 24 hours prior to the scheduled appointment, BHP reserves the right to discontinue co-scheduling appointments.

Client Rights & Grievances

BHP is committed to providing a treatment experience that is respectful of all clients and employees. As such, employees are expected to uphold the organization's Code of Ethics and client rights. Clients are also expected to treat BHP employees, clients and property with respect.

During intake you will be provided a copy of the organization's client rights and grievance policies (included in this manual) and procedures and your rights as a client of BHP will be explained to you. The organization's grievance policies and procedures explain how you can submit a grievance should you feel that your rights have been violated. BHP's client rights and grievance policies and procedures are prominently posted in the various facilities for your convenience.

Code of Ethics

BHP is committed to providing services in a professional and ethical manner. As such, employees will protect your client rights and treat you with respect and dignity. If you ever feel that an employee is violating the organization's standard of ethical behavior, you may report this behavior by submitting a grievance to a Client Rights Officer. BHP's Code of Ethics is prominently posted in the various locations for your convenience.

Communication Assistance

If you do not speak English and need translation services, BHP will pay for, or assist with, the cost of translation services as long as it is related to the delivery of treatment services. Please contact any BHP employee for assistance.

Confidentiality

As a client of BHP, your participation in treatment and your client information is protected by the Federal Regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records [42 CFR Part 2, paragraph 2.22] and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). All clients have a right to the highest level of privacy. If you feel your rights and/or confidentiality have been violated according to 42 C.F.R., please report the violation to BHP's HIPAA Privacy Officer. BHP's front desk staff will provide you access to the HIPAA Privacy Officer upon your request.

All information disclosed within treatment sessions is confidential and may not be revealed to anyone outside the organization without your written permission. The only exceptions are when disclosure is required or permitted by law. Those situations are outlined in the Notice of Privacy Practices (included in this manual) and typically involve substantial risk of physical harm to oneself or to others, or suspected abuse of children. BHP's Notice of Privacy Practices, which includes guidelines regarding confidentiality and privacy, is prominently posted in the various facilities for your convenience.

You are not to talk about other clients or share information you receive about other clients during group therapy. A simple rule of thumb for maintaining your confidentiality and that of other clients is... 'What is said in treatment stays in treatment!' If you share such information, it can be grounds for immediate termination from treatment services and possible legal action.

Continuous Quality Improvement

While receiving treatment services from BHP you will have many opportunities to provide input into the services you receive. Employees will work with you directly to get your input on your individual services but will also get your input through outcome measures and client satisfaction surveys. Outcome measures and client satisfaction surveys will be made available to you at various times while receiving services as well as after services have been ended.

Information will be collected from clients regarding accessibility, availability, appropriateness and acceptability of care as well as satisfaction with treatment services. The information you provide is very important and helps us to better serve you and future clients of BHP.

BHP is also interested in seeing how clients are doing after they have terminated treatment services. If you agree to receive contact from BHP after terminating treatment we may contact you by telephone, email, or U.S. Mail up to 24 months after you have terminated treatment services. All requested information will be held confidential and used to see how you are doing after completing services with BHP and to improve the quality of our services. All identifying information will be removed for reporting purposes.

Cooperation

Accomplishing treatment goals requires the cooperation and active participation of clients and their families. It is important that you be direct and open with your treatment providers regarding your emotional and physical health, including past and present illness, medications, allergies, previous treatment, alcohol and/or other drug use, etc. It is also important that you notify BHP of any changes in name, address, phone numbers, insurance and/or financial information, and other life circumstances that may impact your treatment services.

Very rarely, lack of cooperation by a client may substantially interfere with the treatment provider's ability to effectively provide services. Under such circumstances, the treatment provider may decide to terminate services. In such cases, this would be discussed with you prior to termination and other treatment options would be provided.

Employee Credentials

BHP is committed to providing quality treatment services, facilitated by trained and licensed/certified employees. Treatment services are provided by appropriately licensed/certified employees in accordance with state laws. All non-licensed employees providing treatment services are supervised by a licensed employee. Treatment documents such as Diagnostic Assessments, Progress Notes, and Individual Service Plans will include the name and credentials of the employee providing the treatment service. When applicable, staff credentials will also be found on their business cards and/or posted in their offices.

Fees

Treatment services often have different fees associated with them. During the intake process the organization's financial policies and fee structure will be explained to you. You will be informed of any and all fees that will be charged for treatment services and arrangements for payment for those services. You are expected to provide current and accurate information regarding your household income and household size so that we can determine any fees that may apply and coordinate billing for your treatment services. It is also important that you notify BHP of any changes in insurance and/or financial information on an ongoing basis. You will be responsible for making payment at the time of each billable treatment service. If you have difficulty meeting your financial obligations for outpatient treatment services, it is your responsibility to contact the billing office to discuss payment options. Failure to meet your established fee may result in your account being processed for collection.

Pets/Service Animals

Pets are not permitted in any BHP facility. However, service animals such as guide dogs, signal dogs, or other animals individually trained to provide assistance to individuals with a disability are permitted in BHP facilities per ADA requirements. While on properties owned or operated by BHP, the care and supervision of the service animal is the sole responsibility of the owner, which includes the requirement that all service animals must be on some type of leash. BHP staff are not permitted to provide either written documentation, or verbal agreement, that a client may consider his/her pet as a Service or Therapy Animal.

Seclusion & Restraint

As outlined in the client rights policy and procedure, BHP does not use seclusion or restraint (including chemical or mechanical restraints). Verbal de-escalation is used if clients become aggressive or display threatening and/or violent behavior. If de-escalation is unsuccessful, '911' will be called.

Sensory-Impaired Clients

If you are blind, deaf or have any other sensory impairments, BHP will pay for, or assist with, the cost of auxiliary services as long as it is program related. Please contact any BHP employee for assistance.

Health & Safety Information

Safety

For your safety, emergency evacuation plans and listing of emergency codes are located in all facilities. The emergency evacuation plans identify where you should go in case of an emergency as well as the location of first aid kits and fire extinguishers. Please be sure to look at these plans and know where all emergency exits can be found. The listings of emergency codes provide direction on how to proceed if an emergency occurs. Fire extinguishers and First Aid kits are also provided in each facility. The location of these items can be found on the emergency evacuation plans.

Tobacco Use

BHP facilities are tobacco-free environments. Smoking and the use of smokeless tobacco products (including e-cigarettes) are prohibited anywhere within BHP's facilities or vehicles. Smoking and other

tobacco use is permitted in designated outdoor areas. This policy applies to all employees, volunteers, visitors, vendors and clients of the organization.

Possession of Illicit or Licit Drugs

No employee, volunteer, visitor, vendor, or client of the organization is permitted to bring illicit (e.g. cocaine, marijuana, etc.) or licit (e.g. alcohol) drugs onto BHP premises, any satellite location under the management or administration of the organization or on the grounds or parking areas. In addition, no one being transported in a vehicle owned, rented or leased by the organization or in an employee's vehicle may be in possession of illicit or licit drugs. Anyone found to be in possession of illicit or licit drugs will be asked to leave the premises or vehicle and the police may be contacted. In residential alcohol and/or other drug treatment programs, such items are considered to be contraband and the possession of such items could result in termination of services. Licit drugs such as medication used for illness or over-the-counter drugs are permitted as outlined below. Licit drugs such as tobacco are permitted as outlined above.

Prescription/Over-The-Counter Medications

If you need to take or possess prescription medication or over-the-counter medications while on BHP premises, any satellite location under the management or administration of the organization, parking lots and grounds surrounding the premises or in vehicles you must keep them in your possession. Medications are not to be shared or given to anyone for whom the medication is unintended. Residential and medical treatment services have specific guidelines for the storage and/or distribution of medications.

Weapons

BHP is a "Zero Tolerance-Weapons Free Zone". Possession of valid concealed weapons permit authorized by the State of Ohio is NOT an exemption under this procedure. This policy applies to all employees, volunteers, visitors, vendors and clients.

No employee, volunteer, visitor, vendor or client shall possess on their person any firearm or other form of weapon in a BHP facility, satellite location under the management of administration of the organization, parking lots and grounds surrounding the premises or in vehicles owned, rented or leased by the organization or their employee. Individuals who are authorized to carry weapons (e.g. police, corrections officers) will be permitted on BHP property. Specific procedures are in place for individuals who are authorized to carry weapons (e.g. police, corrections officers) and are visitors at residential alcohol and/or other drug treatment facilities.

Appendix

1. Advance Directives
2. Pre-Admission Orientation – Residential SUD
3. Client Rights (Policy 26.06)
4. Client Grievance (Policy 26.07)
5. Notice of Privacy Practices
6. Fees for Treatment

Advance Directives Overview

An **Advance Directive Durable Power of Attorney for Health Care** is a legal document. It empowers you to name an *agent*, a trusted friend or family member, to make health care decisions when an attending physician determines that you have lost the capacity to make informed health care decisions for yourself. It is commonly called an Advance Directive for Health Care.

If you have a mental illness or have been diagnosed with a mental illness in the past, and you already have a Durable Power of Attorney for Health Care, you also may wish to have a **Declaration for Mental Health Treatment** to address issues that might arise and are not specifically covered by your Durable Power of Attorney for Health Care. The Declaration for Mental Health Treatment lets health care professionals know your own preferences regarding mental health treatment. It also allows the person you have named in the declaration (your “proxy”) to advocate for your stated choices and make other decisions in your best interest if you have not stated any preferences.

Many people with a history of mental illness live in fear of what will happen if they lose the ability to make health care decisions. When you develop an Advance Directive for Health Care or Declaration for Mental Health Treatment, you name an agent to act on your behalf. It is a proactive approach to making your own decisions about your care.

An Advance Directive for Health Care or Declaration for Mental Health Treatment may include instructions to your agent as to what you want done, who you wish to see or not see, where you want to go for treatment and other very important issues related to treatment. You may revoke your Advance Directive or Declaration or the authority of a specific agent at any time. You may create a new Advance Directive or Declaration whenever you have the capacity to make your own health care decisions.

For more information regarding Advance Directives or Declarations for Mental Health Treatment you can contact:

Ohio Legal Rights Service (OLRS)
Telephone: (866) 529-6446 or
(614) 466-7264

WEB: <http://olrs.ohio.gov>
TTY: Use website to find provider,
then call Ohio Relay Service at:
1-800-750-0750

NAMI Ohio (National Alliance on Mental Illness of Ohio)
Telephone: (614) 224-2700 or 1-800-686-2646
WEB: www.namiohio.org

Pre-Admission Orientation for Residential Alcohol and/or Other Drug Treatment Services

Waiting List

Due to limited bed availability, once you are accepted into treatment services, it is very likely that you will be placed on a waiting list. You are required to call to 'check in' weekly to indicate your continued interest in treatment services and provide any relevant changes in your current status (e.g. completion of Medical Examination, change in contact information, etc.). The phone number provided for 'check in' will allow you to leave a message with this information. If you do not call in weekly you may be removed from the waiting list. If you are hospitalized or are in jail/prison, you will not be required to 'check in' weekly.

Medical Concerns

You are required to have a medical examination prior to admission. Bring a thirty (30) day supply of any medications you are taking, along with instructions on use. Also bring any over-the-counter medications that you use, including vitamins. All of your medications must be turned in immediately at admission. All of your medication will be locked up in our office.

Benefits

You will be required to apply for a Direction Card and Disability Assistance, until you are in Phase III. Employees will assist you in completing the necessary forms. A birth certificate, Social Security card and driver's license or state ID are required to apply for these benefits. If you own a car you must bring a copy of your auto title and verification of insurance.

Fees

Residential client fees are reviewed annually and are outlined in detail in the Client Handbook that will be provided upon admission to either The Courage House Women's Recovery Center or Spencer House Men's Recovery Center. A bi-weekly fee of \$50 will be charged at admission and throughout your time in the program.

General Financial Responsibilities

Clients who owe fines, court costs, restitution, child support and legal fees, etc. must make payment in a timely manner while receiving services. Clients who are employed or otherwise have a source of income (e.g. disability assistance) shall be required to make such payments.

What to Bring

You are responsible for bringing and keeping a supply of personal items (i.e. clothing, soap, etc.). There are certain items that you are required to bring, however, due to very little closet and storage space, you are limited on the amount to bring. Below is a suggested list of items with the maximum allowed:

Work Shoes (1 pair)	Sheets (twin, 2 sets)
Shoes (1 pair)	Blanket (1)
Tennis Shoes (1 pair)	Pillow (1)
Street Clothes (5 outfits)	Towels (3)
Gym Clothes/Sweats (2 sets)	Wash Cloths (6)
Dress Clothes (1 outfit)	Toothpaste
Underwear (7 sets)	Toothbrush
Sleepwear (2 sets)	Shaving supplies
Coat/Jacket (1)	Soap
Work Clothes (5)	Shampoo
Bathing Suit (1)	Deodorant
Alarm Clock	Slippers (1 pair)

Prohibited Items

The Client Handbook provides a complete list of prohibited items and those items considered to be contraband. The following are some of the items that are prohibited:

- Aerosol cans of any type (e.g. shaving cream, mousse, hair spray)
- Flammable chemicals (e.g. lighter fluid, body spray, cologne/perfume in a spray bottle, hair spray)
- Finger nail polish and remover
- Jewelry in excess of \$50.00 (excluding wedding bands)

All electronics, music, CDs and DVDs or over-the-counter medication must be pre-approved before being brought into the house.

	Policy Title: Client Rights	Policy: 26.06
		Chapter: 26 Justice
		Effective: 01/07/20

POLICY STATEMENT

It is the policy of Behavioral Healthcare Partners of Central Ohio, Inc. (BHP) that clients will receive services in keeping with the procedures outlined herein and in accordance with all federal, state and local regulations and standards set forth by regulatory entities.

PROCEDURE

BHP	<p>A. The President & Chief Executive Officer and Chief Clinical Officer shall ensure that the organization's intake criteria prohibits discrimination in accepting referrals and that clients are not subjected to discrimination based on race, religion, national origin, gender, disability or political views.</p> <p>B. Every client of the organization receiving alcohol/drug (SUD) and/or mental health (MH) treatment services shall have the following rights:</p> <ol style="list-style-type: none"> 1. All who access SUD and/or MH treatment services are informed of these rights: <ol style="list-style-type: none"> a. The right to be informed of all client rights prior to consent to proceed with services and annually thereafter. During the intake process, each client shall receive an Orientation Manual which includes an overview of BHP's client rights and grievance policies and procedures. At such time, the designated employee shall review this information and answer any questions. The client shall sign the Clerical Intake Checklist acknowledging that they have received a copy of the policies and procedures. This process shall be repeated annually thereafter; and b. The right to have these rights available at all times for review and clarification and to request a written copy of these rights. A copy of this policy shall be posted on a bulletin board in each facility and copies shall be made available to any client upon request; and c. The right to receive information in language and terms appropriate for the person's understanding. <ol style="list-style-type: none"> i. Limited English proficient and/or sensory-impaired clients, who need assistance or their advocate, shall contact any staff member. The Chief Clinical Officer, or designee, shall coordinate assistance and may solicit assistance from resources at local colleges and/or companies that provide interpreter services and communication devices, including Ohio Relay. Interpreters must be fluent in the language of the client with demonstrated ability and/or certification. The organization shall pay for the cost as long as it is program related. ii. Ordinarily, family and friends will not be used as interpreters for limited English proficient and/or sensory impaired clients. If it is the specific request of the client that family or friends be used as interpreters, this request will be documented. d. The right to be fully informed of the cost of services. This information is reviewed with clients as evidenced by the Payment Agreement form.
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2. Services are appropriate and respectful of personal liberty;
 - a. The right to be treated with consideration, respect for personal dignity, autonomy, and privacy; and
 - b. The client's right to be informed of their condition and other applicable information is sufficient to facilitate their decision making; and
 - c. The right to be informed of and participate in any appropriate and available service that is consistent with an **Individual Service Plan (ISP)**, regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation; and
 - d. The right to reasonable assistance, in the least restrictive, feasible setting; and
 - e. The right to reasonable protection from any form of abuse or neglect including physical abuse, sexual and emotional abuse, financial abuse and exploitation, inhumane treatment, assault, humiliation, retaliation, or battery by any other person; and
 - f. The right to access or referral to self-help and advocacy support services.
3. Development of **ISP's**:
 - a. The right to a current **ISP** that addresses the client's needs and responsibilities and that specifies the provision of appropriate and adequate services, as available, either directly or by referral. Policy 20.01 provides more detailed information on ISP completion.
 - b. The right to actively participate in the development, periodic review and revision of the **ISP** with the staff including services necessary upon discharge; and
 - c. The right to receive a copy of the **ISP**.
4. Declining or consenting to services:
 - a. The right to give full informed consent or refusal or express choice regarding any service, treatment or therapy including concurrent services, composition of the service delivery team, and medication (absent an emergency) prior to beginning the service, treatment or therapy. The **Consent for Treatment** will be completed upon Intake and updated as needed; and
 - b. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs, or other audio and visual technology. This right does not prohibit the agency from using closed-circuit monitoring to observe common areas, which does not include bathrooms. The client's consent shall be obtained in order for BHP to use client's name, likeness, etc. The **Audio/Video-Taping Permission form** will be completed when client's name, likeness, etc. is to be used for therapeutic or training or supervision purposes; and
 - c. The right to decline any unusual or hazardous procedures including unnecessary or excessive medication. BHP does not use unusual or hazardous procedures; and
 - d. The right to give full informed consent or refusal or express choice regarding involvement in research projects and adherence to research guidelines and ethics, if applicable. BHP generally does not conduct or participate in external research. Policy 70.13 and 21.22 provide more detailed information about research and adherence to research guidelines and ethics.
5. Restraint, seclusion or intrusive procedures:
The right to be free from restraint or seclusion. As outlined in Policy 22.10, seclusion and/or restraint shall not be employed, nor shall clients be

isolated in locked, unmonitored rooms. The organization will respond to aggressive or assaultive behaviors as outlined in Policy 25.12. In such cases, staff shall employ verbal de-escalation techniques and/or contact the police in situations perceived to be volatile and/or injurious to self or others.

6. Privacy:

The right to reasonable privacy and freedom from excessive intrusion by visitors, guests and non-agency surveyors, contractors, construction crews or others.

7. Confidentiality:

- a. The right to confidentiality of communications and personal identifying information unless an **Authorization for Disclosure** is authorized; and
- b. The right to request to restrict treatment information being shared; and
- c. The right to be informed of the circumstances under which an agency is authorized or intends to release, or has released, confidential information without written consent for the purposes of continuity of care as permitted by division (A)(7) of section 5122.31 of the Revised Code and other state and federal laws and regulations as outlined in the **Notice of Privacy Practices**.

8. Grievances:

The right to have the grievance procedure explained orally and in writing, the right to file a grievance, with assistance if requested; and the right to have a grievance reviewed through a grievance process, including the right to appeal a decision. These procedures are outlined in Policy 26.07.

9. Non-discrimination:

The right to receive services and participate in activities free of discrimination on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, political views, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.

10. No reprisal for exercising rights:

The right to exercise rights without reprisal in any form including the ability to continue services with uncompromised access. As outlined in Policy 26.07, the client will not experience any retaliation or barriers to service if they chose to file a **Client Rights and Grievance Application**. No right extends so far as to supersede health and safety considerations.

11. Outside opinions:

The right to have the opportunity to consult with independent specialists or legal counsel, at one's own expense.

12. No conflicts of interest:

No employee may be a person's guardian or representative if the person is currently receiving services from BHP.

13. The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for clear treatment reasons in the client's **ISP**. If access is restricted, the **ISP** shall also include a goal to remove the restriction.

14. The right to be informed in advance of the reason(s) for denial or discontinuance of service provision, and to be involved in planning for the consequences of that event.

15. The right to be informed of the methods to reinstate any restricted rights or privileges and the purpose or benefit for such restrictions. While the organization does not restrict client rights, privileges may be restricted under certain circumstances. For example, the **Client Handbook** for residential SUD programs clearly defines program rules and possible consequences for failing to adhere to such rules.

- C. Every client of a Mental Health Residential Facility shall also have the following rights:
1. The right to be verbally informed of all resident rights in language and terms appropriate for the resident's understanding, prior to or at the time of residency, absent a crisis or emergency.
 2. The right to request a written copy of all resident rights and the grievance procedure.
 3. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations.
 4. The right to file a grievance.
 5. The right to be treated all times with courtesy and respect, and with consideration for personal dignity, autonomy and privacy.
 6. The right to receive services in the least restrictive, feasible environment.
 7. The right to receive humane services in a clean, safe, comfortable, welcoming, stable and supportive environment.
 8. The right to reasonable protection from physical, sexual and emotional abuse, neglect, and exploitation.
 9. The right to freedom from unnecessary or excessive medication and the right to decline medication except when there is imminent risk of physical harm to self or others.
 10. The right to be free from restraint or seclusion unless there is imminent risk of physical harm to self or others.
 11. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit a facility from using closed-circuit monitoring to observe areas in the facility other than bathrooms or sleeping areas, or other areas where privacy is reasonably expected.
 12. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of resident information under state and federal laws and regulations.
 13. The right to have access to one's own record unless access to certain information is restricted for clear treatment reasons. If access is restricted, a treatment/service plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment/service being offered to remove the restriction.
 14. The right to be informed of one's own condition.
 15. The right not to be discriminated against on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental disability, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.
 16. The right to practice a religion of his or her choice or to abstain from the practice of religion.
 17. The right to be informed in writing of the rates charged by the facility as well as any additional charges, and to receive thirty days' notice in writing of any change in the rates and charges.
 18. The right to reside in a class one 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.
 19. The right to continued residency unless the facility is no longer able to meet the resident's care needs, the resident presents a documented danger to other residents, staff or visitors, or the monthly charges have not been paid for more than thirty days.

	<p>20. The right not to be locked out of the facility at any time.</p> <p>21. The right of adult residents not to be locked in the facility at any time for any reason.</p> <p>22. The right to consent to or refuse treatment or services, or if the resident has a legal custodian, the right to have the legal custodian make decisions about treatment and services for the resident.</p> <p>23. The right to consult with an independent treatment specialist or legal counsel at one's own expense.</p> <p>24. The right to communicate freely with and be visited without staff present at reasonable times by private counsel and, unless prior court restriction has been obtained, to communicate freely with and be visited at reasonable times by a personal physician, psychologist or other health care providers, except that employees of a board, a provider, personnel of the Ohio protection and advocacy system, or representatives of the state long-term ombudsman program may visit at any time when permitted by the Revised Code. The right to communicate includes receiving written communications, which may be opened and inspected by facility staff in the presence of the resident recipient so long as the communication is then not read by the staff and given immediately to the resident.</p> <p>25. The right to meet with staff from the Ohio Department of Mental Health and Addiction Services in private.</p> <p>26. The right not to be deprived of any legal rights solely by reason of residence in the facility.</p> <p>27. The right to personal property and possessions</p> <p>a. The right of an adult resident to retain personal property and possessions.</p> <p>28. The right of an adult resident to manage his/her own financial affairs, and to possess a reasonable sum of money.</p> <p>29. The right to use the common areas of the facility. Adult residents shall have right of access to common areas at all times.</p> <p>30. The right to engage in or refrain from engaging in activities:</p> <p>a. The right of an adult to engage in or refrain from engaging in cultural, social, or community activities of the resident's own choosing in the facility and in the community.</p> <p>31. The right to meet or communicate with family or guardians, and visitors and guests.</p> <p>a. The right of an adult:</p> <p>i. To reasonable privacy and the freedom to meet with visitors and guests at reasonable hours.</p> <p>ii. To make and/or receive confidential phone calls, including free local calls.</p> <p>iii. To write or receive uncensored, unopened correspondence subject to the facility's rules regarding contraband.</p> <p>32. The right to be free from conflicts of interest; no residential facility employee may be a resident's guardian, custodian, or representative with the exception of an employee that has a previously established legal relationship to a resident, e.g. parent, spouse or child if permitted by facility policy.</p> <p>D. In crisis or emergency situations, pertinent rights will be explained verbally such as their right to consent or to refuse the offered treatment and the consequences of that agreement or refusal. A full verbal explanation of the Client Rights and Grievance Policies and Procedures will be provided during the next appropriate appointment.</p>
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	<p>E. When the organization provides non-direct client services such as information and referral, consultation, mental health education, prevention and training services, those in attendance may receive a verbal explanation of their rights and will be provided access to the written client rights and grievance policies and procedures upon request.</p> <p>F. Every employee, contract staff, volunteer and student intern shall receive training and be given a copy of this policy during their orientation. They shall sign an acknowledgement form to be placed in their personnel file, indicating that they have been given a copy of the policy and that they agree to abide by it.</p> <p>G. Training regarding client rights and grievance procedures shall be conducted annually in accordance with the Staff Development and Training Plan.</p> <p>H. The President & Chief Executive Officer shall appoint Client Rights Officers, who shall be available to provide clients assistance in filing a grievance, if needed, and to investigate the grievance.</p> <p>The organization shall make provisions for prompt accessibility of a Client Rights Officer to the griever.</p> <p>The Client Rights Officer is Tara Stafford, Executive Assistant. The back-up Client Rights Officer is Kathryn St. James, President & Chief Executive Officer. The Client Rights Officer is located at 65 Messimer Drive, Newark, OH 43055 and 8402 Blackjack Road, Mt. Vernon, OH 43050. The Client Rights Officer's typical office hours are Monday-Friday 8:00 AM – 4:30 PM. The Client Rights Officer can be reached by telephone at 740-522-8477, or 877-593-6330.</p>
Residential – SUD	<p>A. Residential SUD clients have additional rights outlined in Operational Policy 26.07 in accordance with the Federal Prison Rape Elimination Act (PREA).</p>

CITATIONS

ACA: 6B-01, 6B-02
 PREA: 115.253
 CARF: 1.K.1
 OhioMHAS: 5122-26-18, 5122-30-22.1

Origination: 04/11
 Effective: 01/07/20

Approved by:



Kathryn E. St. James, President & CEO
 Behavioral Healthcare Partners of Central Ohio, Inc.

	Policy Title: Client Grievance	Policy: 26.07
		Chapter: 26 Justice
		Effective: 07/08/20

POLICY STATEMENT

It is the policy of Behavioral Healthcare Partners of Central Ohio, Inc. (BHP) that clients are provided an avenue through which they can make a formal complaint regarding a violation of their rights that protects the client from retaliation or barriers to services. Client grievances shall be investigated in keeping with the procedures outlined herein and in accordance with all federal, state and local regulations and standards set forth by regulatory entities.

PROCEDURE

BHP	<p>A. The President & Chief Executive Officer shall appoint Client Rights Officers, and PREA Coordinator for sexual assault and harassment, who shall be available to provide clients assistance in filing a grievance, if needed, and to investigate the grievance.</p> <p>The organization shall make provisions for prompt accessibility of a Client Rights Officer or PREA Coordinator to the grievor.</p> <p>The Client Rights Officer is Tara Stafford, Executive Assistant. The back-up Client Rights Officer is Kathryn St. James, President & Chief Executive Officer. The office of the Client Rights Officer is located at 65 Messimer Drive, Newark, Ohio 43055. The PREA Coordinator is Kimberly Wright, CQI Specialist, and her office is located at 65 Messimer Drive, Newark, Ohio 43055. The Client Rights Officer and PREA Coordinator’s typical office hours are Monday – Friday 8:00am – 4:30pm. The Client Rights Officer can be reached by telephone at 740-522-8477 or 877-593-6330. The PREA Coordinator can be reached by telephone at 740-788-0399 or 740-504-8773.</p> <p>B. Client Rights grievances must be in writing. The client may request a grievance application package from any staff member. All staff members must immediately advise the client about the name and availability of the Client Rights Officer, and the client’s right to file a grievance. However, the completed written application must be submitted to a Client Rights Officer.</p> <p>If the client is unable to complete the application package, a staff member or the Client Rights Officer shall complete the application package based upon the client’s verbal report. The grievance application shall include at least the date, approximate time, and description of the incident and names of individuals involved in the incident/situation being grieved.</p> <p>The grievance application must be dated and signed by the client or the individual filing the grievance on behalf of the client. A PREA complaint does not require a signature.</p> <p>C. The organization shall offer clients every opportunity to file grievances and to assist, when necessary, in that process. Clients have the opportunity to file grievances within any reasonable time frame, but are encouraged to do so</p>
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within thirty (30) days from the date that the grievance occurred, so that information is readily available and memories are still fresh. PREA complaints do not have a time limit for filing.

Staff will accept PREA complaints verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. If a client feels that they are being sexually abused or sexually harassed or believe that someone else is being sexually abused or sexually harassed, it should be reported to any staff member, the PREA Coordinator or an outside agency (listed below). There is no time limit for filing a PREA complaint.

D. A written acknowledgement of receipt of the grievance shall be provided to the client filing the grievance. The acknowledgment shall be provided within three (3) working days from receipt of the grievance. The written acknowledgment shall include, but not be limited to, the following: date grievance was received, summary of grievance, overview of grievance investigation process, timetable for completion of investigation and notification of resolution and treatment provider contact name, address and telephone number.

E. No employee, contract staff, volunteer or student intern shall take any retaliation, including abuse, humiliation, neglect, denial of or impeding access to program services as a result of a client filing a grievance.

The agency shall issue a final agency decision on the merits of any portion of a PREA complaint within (ninety) 90 days of the initial filing of the grievance. Computation of the (ninety) 90 day time period shall not include time consumed by clients in preparing any administrative appeal. An extension of time to respond can be claimed by agency, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the client in writing of any such extension and provide a date by which a decision will be made.

F. Resolution Process:

1. The Client Rights Officer shall review the application, enter into Grievance Log, then forward to Human Resource Director, Corporate Compliance Officer or HIPAA Compliance Officer to gather additional information and investigate the grievance. If a resolution can be found at this level, a written statement which details the grievance, the investigation and resolution shall be given to the griever. The Client Rights Officer will check regularly to assure that the time-line for the investigation and resolution is followed.
2. The PREA Coordinator, after receiving an emergency grievance alleging a client is subject to substantial risk of imminent sexual abuse, shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five (5) calendar days.
3. If the griever is not satisfied, a meeting is scheduled with the President & Chief Executive Officer. If a resolution is reached at this level, a written statement as detailed above shall be given to the griever.
4. If at this point there is no resolution, the griever shall be invited to bring his or her concerns before the Executive Committee of the Board of Directors. This shall be the final option within the organization.

- G. A resolution decision on the grievance will be made within twenty (20) working days of receipt of the grievance. Any extenuating circumstances indicating that this time period shall need to be extended shall be documented in the grievance file and written notification given to the client.
- H. A client may be represented by a person of his or her own choice. If a client employs an attorney, the client must pay for the attorney's fees. The organization is not required and shall not be responsible for any fees or costs related to the employment of private counsel.
- I. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, BHP shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five (5) calendar days. The initial response and final decision shall document BHP's determination whether the client is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.
- J. The griever has the option to file a grievance with outside organizations, that include, but are not limited to, the following:

Mental Health and Recovery for Licking and Knox Counties
 1435-B West Main Street
 Newark, Ohio 43055
 (740)522-1234

Ohio Department of Mental Health and Alcohol Addiction
 Services (OhioMHAS)
 Consumer Advocacy and Protection Specialist
 Kathryn Remer
 30 East Broad Street, 8th Floor
 Columbus, Ohio 43215-3430
 (614)466-2596
 (877)275-6364
www.mha.ohio.gov

Southeastern Ohio Legal Services
 1108 City Park Ave.
 Columbus, Ohio 43202
 (614)737-0144
 800-589-5888
 Local Office 15 W. Locust Ave., Suite A
 Newark, Ohio 43055
 740-345-0850 or 888-831-9412
www.seols.org

Attorney General's Office, Medicaid Fraud Control Section
 150 East Gay Street, 17th Floor
 Columbus, Ohio 43215
 1-800-282-0515
 1-877-527-1305 (fax)
www.ohioattorneygeneral.gov

Ohio Department of Aging: Office of the State Long-term Care
Ombudsman
246 N. High Street, 1st Floor
Columbus, Ohio 43215
800-282-1206

Disability Rights Ohio
200 Civic Center Drive, Suite 300
Columbus, Ohio 43215
614-466-7264 or 800-282-9181

Ohio Developmental Disabilities Council
899 E. Broad Street, Suite 203
Columbus, Ohio 43205
(800)766-7426
www.ddc.ohio.gov

U.S. Department of Health & Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, Illinois 60601
(800)368-1019
(800)537-7697 (TDD)
www.hhs.gov/ocr/office/file/

The State of Ohio Counselor, Social Worker and
Marriage and Family Therapist Board
77 S. High Street, 24th Floor, Room 2468
Columbus, Ohio 43215-6171
(614)466-0912
www.cswmft.ohio.gov

State Medical Board of Ohio
30 E. Broad Street, 3rd Floor
Columbus, Ohio 43215-6127
(614)466-3934
www.med.ohio.gov

Ohio Board of Nursing
17 South High Street, Suite 660
Columbus, Ohio 43215-3466
(614)466-3947
(614)466-0388 (fax)
www.nursing.ohio.gov

State Board of Psychology
77 South High Street, Suite 1830
Columbus, Ohio 43215-6108
(614)466-8808
(877)779-7446
www.psychology.ohio.gov

Ohio Chemical Dependency Professionals Board
77 S. High St., 16th Floor
Columbus, Ohio 43215
(614)387-1110
www.ocdp.ohio.gov

HIPAA Complaints
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington, D.C. 20201
(800)368-1019
(800)537-7697 (TDD)
www.hhs.gov/ocr/hipaa

Long-Term Care Ombudsman
Alexis Simpson
3820 Trueman Court
Hilliard, Ohio 43026
1-800-536-5891
www.centralohio.easterseals.com

- K. Upon request, and when accompanied by an appropriate **Authorization of Disclosure**, or as otherwise authorized by law, the Client Rights Officer or PREA Coordinator will provide all relevant information about the grievance to one or more of the organizations specified in the paragraph above.
- L. The Client Rights Officer shall maintain a **Grievance Log** by fiscal year (July 1 – June 30) containing the following information: grievance, summary of the complaint and resolution of action taken. The Human Resource Director, Corporate Compliance Officer or the HIPPA Compliance Officer shall be responsible for maintaining a file of the grievance complaints by fiscal year (July 1 – June 30). Attached to a copy of the grievance, shall be documentation reflecting the process used, resolution/remedy of the grievance, summary of all contact and meetings, letters and other documents and a signed copy of the resolution. If applicable, documentation of extenuating circumstances for extending the time period for resolving the grievance beyond twenty (20) working days. Each fiscal year a log and file shall be maintained for a minimum of three (3) years.
- M. During the organization’s Continuous Quality Improvement Committee meetings, grievances will be reviewed. A summary will be provided to the Board of Directors in the Corporate Compliance Report. The President & Chief Executive Officer, or designee, will at least annually evaluate the grievance policy and procedures to determine its efficiency and effectiveness. The quality and nature of grievances shall be aggregated and analyzed. Results may be used in future program and policy changes.
- N. During the intake process, each client shall receive an **Orientation Manual** which includes an overview of BHP’s client rights and grievance policies and procedures. At such time, the designated employee shall review this information and answer any questions. The client shall sign the **Intake Checklist** acknowledging that they have received a copy of the policies and procedures.
- A copy of this policy shall be posted on a bulletin board in each facility and copies shall be made available to any client upon request.
- O. Every employee, contract staff, volunteer and student intern shall receive training and be given a copy of this policy during their orientation. They shall sign an acknowledgement form to be placed in their personnel file, indicating that they have been given a copy of the policy and that they agree to abide by it.

	P. Training regarding client rights and grievance procedures shall be conducted annually.
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CITATIONS

ACA: M4C-01; 6B-03
CARF: 1.K.3-4
OhioMHAS: 5122-26-18; 5122-30-22.1
BHP: Operational Policy 26.06 Clients Rights
PREA: 115.271; 115.273

Origination: 04/11
Effective: 07/08/20
Approved by:



Kathryn E. St. James, President & CEO
Behavioral Healthcare Partners of Central Ohio, Inc.

Behavioral Healthcare Partners of Central Ohio, Inc.

Notice of Privacy Practices

Effective: July 1, 2010

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

If you have any questions about this notice, please contact the organization's privacy officer at (740)522-8477 or toll free 1-(877)593-6330.

GENERAL INFORMATION:

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

We must obtain your written consent before we can disclose information about you for payment purposes. For example, we must obtain your written consent before we can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before we can share information for treatment purposes or for health care operations. However, federal law permits us to disclose information *without* your written permission as outlined below.

WHO WILL FOLLOW THE REQUIREMENTS OF THIS NOTICE:

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

- Any health care professional authorized to enter information into your client records
- All departments and units of the organization
- Any member of a volunteer group we allow to help you while under the care of the organization
- All employees other personnel
- All of the following entities, sites and locations comply with the terms of this notice. In addition, these entities, sites and locations may share PHI with each other for treatment, payment or organizational operations purposes described in the notice.
 1. Mental Health and Recovery for Licking and Knox Counties (MHR)
 2. Behavioral Health Generations (BHG)

OUR PLEDGE REGARDING PHI:

We understand that PHI about you and your health is personal. We are committed to protecting PHI about you. We create a record of the care and services you receive at the organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the organization, whether made by employees or other personnel of the organization or persons under contract to the organization (example, psychiatrist). This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

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

HOW MAY WE USE AND DISCLOSE PHI ABOUT YOU:

The following categories describe different ways that we use and disclose PHI without written permission. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information without written permission will fall within one of the categories.

- **For Healthcare Operations** We may use and disclose PHI about you for organizational internal operations and with qualified service organization. These uses and disclosures are necessary to run the organization and make sure that all of our clients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our employees and other personnel in caring for you. We may also combine PHI about many clients of the organization to decide what additional services the organization 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 employees and other personnel of the organization for review and learning purposes. We may also combine the PHI we have with PHI 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 PHI so others may use it to study health care and health care delivery without learning who the specific patients are.
 - **Appointment Reminders** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or services at the organization.
- **For Payment** We may use and disclose PHI about you so that the treatment and services you receive at the organization may be billed to and payment may be collected from you, an insurance company or a third party. For example, we need to give MHR and/or Ohio Mental Health and Addiction Services (OhioMHAS) information about counseling you received at the organization so the Board will pay us for the service.
- **For Treatment** We may use PHI about you to provide you with behavioral health and medical treatment or services. We may disclose PHI about you to doctors, nurses, counselors, healthcare professionals in training, or employees and other personnel of the organization who are involved in taking care of you through the organization. Treatment communications will be on a 'need to know' basis and will include the minimum necessary information to carry out treatment or service activities. For example, a student/intern may accompany or request permission to participate in a session with you and your service provider(s). Different departments of the organization may also share PHI about you in order to coordinate the different things you need, such as prescriptions, counseling and residential support. We also may, with proper authorization, disclose PHI about you to people outside the organization who may be involved in your care, such as family members, caregivers, or others that we use to provide services that are part of your care.
 - **Treatment Alternatives** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
 - **Health-Related Benefits and Services** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities** We may use PHI about you to contact you in an effort to raise money for the organization and its operations. We may disclose PHI to a foundation related to the organization so that the foundation may contact you in raising money for the organization. We only release contact information, such as your name, address and phone number and the dates you received treatment services at the organization. *If you do not want the agency to contact you for fundraising efforts, you must notify the agency in writing.*

- **Health Oversight and Regulatory Activities** We may disclose PHI to a health oversight agency for activities authorized by law. These activities include, for example, audits and evaluations. These activities may be completed by a governmental agency with financial or regulatory authority or a private entity that provides financial assistance, is a third party payor, or is a peer review organization. Such activities are necessary to monitor the quality of services and that of the larger health care system, government programs, and compliance with civil rights laws.
- **Law Enforcement** We may release PHI if asked to do so by a law enforcement official:
 1. In response to a special court order. For example, if a subpoena is issued, you will be asked to provide written permission to release PHI. The organization will release PHI without permission if a court order is issued that complies with 42 C.F.R.;
 2. To report a crime (or threat of crime) on the organization's premises or against our employees. Information released will be limited to circumstances, client status, name and address, and last known location;
 3. Report cause of death as required by law;
- **Public Health Risks** We may disclose PHI about you for public health activities. These activities generally include the following: to
 1. Report cause of death as required by law;
 2. Report child abuse or neglect (we cannot respond to follow-up requests from information or to subpoenas unless you provide written consent or a court has issued an order that complies with 42 C.F.R Part 2);
 3. Consult with medical personnel in emergency situations in which there is an immediate threat to health and immediate medical intervention is necessary; and
 4. Disclose information to medical personnel of the FDA who assert reason to believe the health of any individual may be threatened by error in manufacture, labeling, or sale of product, and that information will be used exclusively for notifying clients of potential dangers.
- **Required by Law** We will disclose PHI about you when required to do so by federal, state or local law.
- **Research** Under certain circumstances, we may use and disclose PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. PHI may only be disclosed after determining that the researcher is qualified, has a protocol with appropriate safeguards, and has had independent review by a review board determining that rights and welfare will be protected and the benefits outweigh risks of disclosure. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the organization.

SPECIAL SITUATIONS:

We may also disclose PHI about you for other purposes if you provide written permission or if information is provided in such a manner that it does not identify you as a client receiving drug and alcohol services, if applicable. These purposes generally include the following:

- **Avert a Serious Threat to Health or Safety** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Coroners, Medical Examiners, and Funeral Directors** We may release PHI to report cause of death as required by law. Other disclosures are only permitted with authorization from your legal representative or, if none, a family member.
- **Individuals Involved in Your Care or Payment for Your Care** With proper authorization, we may release PHI about you to a friend or family member who is involved in your medical care or to someone who helps pay for your care.

- **Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution. Releases can only be made to the individuals within the criminal justice system that are responsible for monitoring patient progress. The release can be revoked only after the specified period or event (i.e. completion of sentence).
- **Law Enforcement** We may release PHI if asked to do so by a law enforcement official to identify or locate a suspect, fugitive, material witness, or missing person;
- **Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we may be required to disclose PHI about you in response to a court order issued in compliance with 42 C.F.R..
- **Marketing Activities** We may only use PHI about you for marketing purposes with your written permission.
- **Military and Veterans** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authorities.
- **National Security and Intelligence Activities** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Public Health Risks**
 1. Prevent or control disease, injury or disability;
 2. Report births and deaths;
 3. Report abuse, neglect, or domestic violence;
 4. Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 5. Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Workers Compensation** We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

YOUR RIGHTS REGARDING PHI ABOUT YOU

You have the following rights regarding PHI we maintain about you:

- **Right to Request Restrictions** You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to any restrictions you request, but if we agree, then we are bound by that agreement and may not use or disclose any information which you have restricted, except as necessary in a medical emergency.
- **Right to Access** You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes medical and billing records including psychotherapy notes. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the supervisor of medical records. Access must be granted or denied within 30 days, except for information maintained off-site, which must be handled within 60 days. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the organization will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend** If you feel that PHI we have about you is incorrect or incomplete you may ask us to amend the information. You have the right to request an amendment for

as long as the information is kept by, or for, the organization. To request an amendment, your request must be made in writing and submitted to the Supervisor of Medical Records. In addition, you must provide a reason that supports your request. The request must be granted or denied within 30 days. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that 1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; 2) is not part of the PHI kept by or for the organization; 3) is not part of the information which you would be permitted to inspect and copy; or 4) is accurate and complete.

- **Right to an Accounting of Disclosures** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of PHI about you. To request this list or accounting of disclosures, you must submit your request in writing to the Supervisor of Medical Records. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Confidential Communication** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the organization’s privacy officer. We will not ask you the reasons for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. A paper copy of this notice may be obtained from the reception or billing areas.

CHANGES TO THIS NOTICE

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

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the organization or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. This may be given to any employee of the organization who will forward the complaint to the organization’s privacy officer.

Privacy Officer
Behavioral Healthcare Partners of Central Ohio, Inc.
65 Messimer Drive
Newark, OH 43055
(740)-522-8477 or toll free 1-(877)-593-6330

You may also file a complaint with the Secretary of the Department of Health and Human Services, to do so contact:

Office for Civil Rights, DHHS
233 N. Michigan Avenue, Suite 240
Chicago, Illinois 60601

Phone: (312)886-2359

TDD: (312)353-5693

FAX: (312)886-1807

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

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

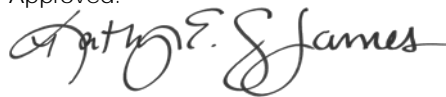
OTHER USES OF PHI

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

Origination: 07/10

Effective: 02/20/17

Approved:



Kathryn E. St. James, President & CEO
Behavioral Healthcare Partners of Central Ohio, Inc.

Form #: 113

Behavioral Healthcare Partners of Central Ohio, Inc.

Fees for Treatment

In order to better assist you in understanding the fee structure and the charges associated with mental health (MH) and alcohol and other drug (SUD) treatment services provided by Behavioral Healthcare Partners of Central Ohio, Inc. (BHP), we have included a listing of Usual and Customary Rates (UCR) for the services offered:

Service	Cost per Hour (MH)	Cost per Hour (SUD)
Assessment/Intake	140.00	135.00
Case Management (Individual)	92.00	80.00
Case Management (Group)	40.00	N/A
Crisis Intervention (Intake)	200.00	N/A
Crisis Intervention (Services)	200.00	N/A
Group Therapy	40.00	40.00
Individual Therapy	100.00	120.00
Medical Management (Assessment)	250.00	N/A
Medical Management (Services)	240.00	N/A
	Cost per Service (MH)	Cost per Service (SUD)
Laboratory Analysis	N/A	60.00
Urine Dip Screen	N/A	20.00
Residential Services (Courage & Spencer House)	N/A	50.00 bi-weekly
Residential Services (Altmaier House)	*	N/A
Residential Services (River Valley)	*	N/A

* Fees associated with our Adult Care Facilities vary with location and can be discussed with your treatment provider.