



ACCESS

carroll

INTEGRATED HEALTH CARE

BEHAVIORAL HEALTH CLIENT HANDBOOK

Version 2.1

Phone: 410-871-1478
www.AccessCarroll.org



Public Health
Prevent. Promote. Protect.
Carroll County Health Department

IMPORTANT AND EMERGENCY NUMBERS:

Family and Children's Services (Domestic Violence Hotline): 443-865-8031

Maryland Youth Crisis Hotline: 800-422-0009

Suicide Lifeline: 800-273-8255

Suicide Hopeline: 800-784-2433

Rape Crisis Intervention Service of Carroll County: 410-857-0900

Access Carroll:

- Medical & Behavioral Health: 410-871-1478
- Family Dental Care: 443-952-7508
- Ambulatory Detox: 410-871-1478

Carroll County Health Department: 410-876-2152

- Bureau of Prevention, Wellness, and Recovery Peer Service: 410-876-2152
- Family Planning: 410-876-4930
- Children's Dental Clinic: 410-876-4918
- Tobacco Cessation: Cigarette Restitution Fund Program: 410-876-4443
- Kids in Safety Seats: 410-876-4448
- Maryland Children's Health Program: 410-876-4916, 410-876-4960
- Nursing: 410-876-4900
- WIC: 410-876-4898

Carroll Hospital: 410-848-3000, 410-871-7000

- Behavioral Health Services: 410-871-7110
- Care Connect/Health Navigation: 410-871-7000

Mission of Mercy: 410-833-5870

Tender Care Pregnancy Center: 410-848-8289

Carroll County Department of Social Services: 410-386-3300

Human Services Programs of Carroll County: 410-857-2999

Carroll County Food Sunday: Limited daytime hours at Distillery Building.

Maryland Volunteer Legal Services: 410-547-6537

Alcoholics Anonymous: 410-663-1922

Parole and Probation: 410-871-3650

Potomac Case Management: 301-791-3087

ProBono Counseling Project: 301-805-8191

Westminster Rescue Mission (Men Recovery & Food Distribution): 410-848-2222

TRANSPORTATION NUMBERS

- Carroll Transit System: 410-363-0622
- Medicaid Transportation (Medical Assistance): 410-876-4813

COMMUNITY RESOURCE LIST

Please View Carroll Card at The Partnership for a Healthier Carroll County or Access Carroll websites below:

- <http://www.healthycarroll.org/wp-content/uploads/2017/05/Carroll-Card-2017.pdf>
- <http://www.accesscarroll.org>

PREPARE ME CARROLL MOBILE APP (FREE)

The unexpected can hit without warning in the form of flash floods, road closures and power outages. You might not be able to predict such situations, but Carroll County Emergency Management wants to put the most important emergency alerts in your pocket with its free Prepare Me Carroll mobile app. Download it from your smart phone app store.

WELCOME TO ACCESS CARROLL

Thank you for choosing Access Carroll. We are a person-centered and integrated health care home with a mission to serve residents of Carroll County, Maryland. We provide quality integrated services, including medical, dental and behavioral health care. Services are provided in a welcoming and holistic manner based upon the unique strengths, needs, abilities and desires of all individuals in an environment that ensures and respects privacy. This packet includes many community resources that may be helpful in your recovery. Again, thank you for choosing us.

- **PATIENT-CENTERED AND INTEGRATED HEALTH**

Founded in 2005, Access Carroll, Inc. is a private, nonprofit organization offering reduced cost health services to low income residents of Carroll County, Maryland. With the support of our partners and generous donors, Access Carroll strives to provide timely, efficient, affordable and high quality, medical, dental, behavioral health and recovery support services. Access Carroll is a strategic partner with Carroll Hospital, Carroll County Health Department and The Partnership for a Healthier Carroll County to improve the health and well-being of our community. We want our neighbors-our patients-to be healthy from head to heart and teeth to toes!

- **MISSION**

To champion health and provide quality, integrated health care services for low-income residents of Carroll County, Maryland.

- **PHILOSOPHY**

We believe every individual should have access to health care that is coordinated, comprehensive, culturally sensitive, community based, accountable, and high quality. We also believe all individuals should have the right to health information, the opportunity to participate in their plan of care and the right to accept responsibility for their own care to the extent to which they are able. Access Carroll sees the future Carroll County, Maryland as a community that provides an unencumbered path to integrated health care services to every low-income resident. Access Carroll is a member of the Carroll County Comprehensive Continuous Integrated Systems of Care Network.

SERVICES AVAILABLE AT ACCESS CARROLL

- **MEDICAL SERVICES:**

- Primary Health Care (All ages): Preventative Care and Screenings, Acute Care and Chronic Disease Management
- Ambulatory Detoxification – Withdrawal Management
- Medication Assisted Treatment for Alcohol and Opioids – 7 days a week
- Medication Assistance – Medical Supplies
- Laboratory Testing
- Referrals to Specialists
- Chronic Disease Management
- Medical and Intensive Case Management
- Nurse Navigation with Social Work – Biopsychosocial Team Services

- **DENTAL SERVICES(ADULT & CHILD):**

- Preventative Care - Exams, Cleanings, X-Rays, Sealants, Fluoride
- Restorative Care –Fillings, Root Canals
- Prosthetics -Crowns, Bridges, Dentures
- Emergency Care – Pain Relief, Extractions
- Nitrous Oxide
- Oral Health Education

- **BEHAVIORAL HEALTH SERVICES:**

- Mental Health Services
 - Assessments
 - Individual, Family, and Group Therapy with Children and Adults
- Substance Use Disorder Treatment Services
 - Assessments
 - Intensive Outpatient Program

- Individual, Family, and Group Therapy
 - Withdrawal Management
- Case Management
- Peer Recovery Support
- Alternative Wellness Programs
 - Theracoustic Spa
- **ADDITIONAL WRAP AROUND SERVICES:**
 - Public Assistance Application Support
 - Insurance Navigation and Enrollment
 - Community Resource Information
 - Overdose Response Education – Naloxone (Narcan)
 - Patient Education
 - Community Resource Information
 - Screening, Brief Intervention, Referral and Treatment (SBIRT) Screenings on all service lines

ELIGIBILITY FOR ADMISSION CRITERIA

- An assessment must be completed prior to the patient being admitted to determine the appropriate treatment required.
- Based on the assessment, the client must be found to have a Behavioral Health diagnosis that requires treatment that can be delivered at Access Carroll.
- The client must be a Maryland resident.
- The client must agree to pay the fee established and to abide by the rules of the program while in Behavioral Health treatment services.

APPOINTMENTS

Medical & Behavioral Health: 410-871-1478
 Family Dental Care: 443-952-7508
 Ambulatory Detox: 410-871-1478

HOURS OF OPERATION

- **Hours of Operation:**
 - Medical: 8:00 am – 5:00 pm (Mon-Fri)
 - Dental: 8:30 am – 5:00 pm (Mon-Fri)
 - Behavioral Health: 8:00 am – 8:00 pm (Mon-Thurs), 8:00 am – 5:00 pm (Fri)
 - Weekend Ambulatory Detox hours: 9:00 am – 1:00 pm (Sat - Sun)
 - Walk-In Substance Use Disorder Assessments recommended arrival Mon-Fri, 8:00am to 10:00 am. Appointments necessary for all other services.
 - Closed on New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day
 - Inclement weather closures are announced via website and may adopt Carroll County government closures Mon – Fri during daytime business hours.
 - Note: Access Carroll maintains a very conservative controlled substance and narcotics policy.

INCLEMENT WEATHER POLICY

Inclement weather closures are announced via website (www.AccessCarroll.org) and may adopt Carroll County government closures Mon – Fri during daytime business hours. It’s the client’s responsibility to call Access Carroll or check the website to ascertain if Access Carroll is closed during inclement weather. If your group is held and you fail to appear, this will be counted as an absence.

ELIGIBILITY FOR SLIDING/REDUCED FEE SCALE

- Carroll County Resident
- Uninsured, Underinsured, Public Assistance
- Financial income is screened for eligibility

- So we may better serve you and help in obtaining comprehensive health and public assistant services, please bring the following to your FIRST appointment, if you have them:
 - Insurance Cards
 - Driver's license or photo ID, and Social Security card
 - Proof of Carroll County residency (e.g. lease, current utility bill, letter from landlord or shelter)
 - Last four paycheck stubs (if employed)
 - Any documentation of public assistance from the State of Maryland including child support, disability, alimony, housing and food stamps
 - Most recent Federal Income Tax Return and W-2 forms

NO SHOW/CANCELLATION POLICY

Access Carroll, Inc. provides a critical service to the community and the list of people seeking treatment continues to grow. Clients must make every effort to keep appointments and be on time, and participate in treatment. Missed appointments are expected to be made up. In order to remain a client at this office, it is your responsibility to be on time and show up for all scheduled appointments. In the event that you need to cancel an appointment, it is your responsibility to do so with a minimum of 24 hours' notice. Should cancellations or No Shows become an issue, lack of follow through may result in discontinuation of services.

CLIENT RIGHTS AND RESPONSIBILITIES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. As your provider, we have corresponding responsibilities to you. These rights and responsibilities are described in the following two sections.

STATEMENT OF CLIENT'S RIGHTS

1. Clients have the right to be treated with dignity and respect.
2. Clients have the right to fair treatment. This is regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
3. Clients have the right to have their treatment and other client information kept private.
4. Only in an emergency, or if required by law, can records be released without client permission.
5. Clients have the right to information from staff/providers in a language they can understand.
6. Clients have the right to have an easy to understand explanation of their condition and treatment.
7. Clients have the right to information about providers and to list certain preferences in a provider.
8. Clients have the right to know the clinical guidelines used in providing their care.
9. Clients have the right to know about State and Federal laws that relate to their rights and responsibilities.
10. Clients have the right to know their rights and responsibilities in the treatment process.
11. Clients have the right to share in the information of their plan of care.
12. Clients have the right to easily access timely care in a timely fashion and know about their treatment choices regardless of cost or coverage by the benefit plan.
13. Clients have the right to share in developing their plan of care, to know of their rights and responsibilities in the treatment process, to receive services that will not jeopardize their employment and to freely file a complaint or appeal and learn how to do so.
14. Clients have the right to ask or give input on the Clients Rights and Responsibilities policy, know about advocacy and community groups and prevention services.

STATEMENT OF CLIENT'S RESPONSIBILITIES

1. Clients have the responsibility to give providers information they need. This is so they can deliver the best possible care.
2. Clients have the responsibility to let their provider know when the treatment plan no longer works for them.

3. Clients have the responsibility to follow their medication plan. They must tell their provider about medication changes, including medications given to them by other providers.
4. Clients have the responsibility to treat those giving them care with dignity and respect.
5. Clients should not take actions that could harm the lives of Access Carroll, Inc. employees, providers, or other integrated staff members.
6. Clients have the responsibility to keep their appointments. Clients should call their providers as soon as possible if they need to cancel visits.
7. Clients have the responsibility to ask their providers questions about their care. This is so they can understand their care and take an active role in that care.
8. Clients have the responsibility to let their provider know about problems with paying fees.
9. Clients have the responsibility to follow the plans and instructions for their care. The care is to be agreed upon by the client and provider.
10. Clients have the responsibility to keep current with their fees.
11. Clients have the responsibility to report abuse and fraud.
12. Clients have the responsibility to openly report concerns about the quality of care they receive.

GRIEVANCE PROCEDURES

If you feel at any time that you are being treated unfairly as a client of the program, or if you do not agree with termination procedures or if you have any other complaints of any kind, please bring the matter to the attention of the Manager of Clinical Operations at Access Carroll (410-871-1478) or the Services Coordinator at the Carroll County Health Department (410-876-2152).

CLIENT NOTICE OF HEALTH INFORMATION PRACTICES (HIPAA) and 42 CFR

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE IS AVAILABLE UPON REQUEST. PLEASE READ IT CAREFULLY.

GENERAL INFORMATION

Access Carroll, Inc. is committed to protecting your health information. Each time you visit a health care provider, a record of your visit is made. This information is often referred to as your health or medical record. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. Your health record is a legal document and may be used for a variety of purposes including planning your care and treatment, communicating to other health professionals who contribute to your care, providing data for medical research, and educating other health professionals.

Further, Information regarding your substance use disorder treatment, including payment for these services, is protected by two federal laws:

- The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) 42, U.S.C., §1320d et. seq., 45 C.F.R. Parts 160 & 164, and the
- Confidentiality Law 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2.

Under these laws, Access Carroll may not say to a person outside Access Carroll that you attend services at Access Carroll, nor may Access Carroll disclose any information identifying you in any way or disclose any other protected information except as permitted by federal law.

Access Carroll must obtain your written consent before it can disclose information about you for payment purposes. *For example*, Access Carroll must obtain your written consent before it can disclose information to your payer source in order to be paid for services. Federal law permits Access Carroll to disclose information *without* your written permission in the following instances:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluation;
3. To report a crime committed on Access Carroll’s premises or against Access Carroll personnel;
4. To medical personnel in a medical emergency; including suicidal and homicidal ideation
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

For example, Access Carroll can disclose information without your consent to obtain legal and financial services, or to a medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place.

Before Access Carroll can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing at any time.

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. Access Carroll is not required to agree to any restrictions you request, but if it does agree, it is bound by that agreement and may not use or disclose any information which you have restricted, except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. Access Carroll will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health care information maintained by Access Carroll, except to the extent that the information contains counseling notes or information compiled for use in a civil, criminal or administrative hearing or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Access Carroll records, and to request and receive an accounting of disclosures of your health related information made by Access Carroll during the six years prior to your request. You also have the right to receive a paper copy of this notice.

PICTURES AND VIDEO

Access Carroll can take pictures, videos, or other images and recordings to be used for your care or treatment, or to identify you. The staff must ask your permission to use the images or recordings for any other purpose.

BEHAVIORAL HEALTH ADVOCATE

You have the right to have a personal representative, also called an advocate, with you during your care. Your advocate is a family member or friend of your choice. Your advocate can: be with you to provide support during your care; get information and ask questions when you cannot; remind you about instructions and help you make decisions; ask for help if you are not getting the care you need. Your advocate can make decisions for you if they are your legal guardian or if you signed a legal document giving them the power to make decisions for you. This document may be called a health care power of attorney.

PSYCHIATRIC ADVANCE DIRECTIVE

Maryland law gives the right to anyone 16 years of age and over to be involved in decisions about their mental health treatment. However, a parent or guardian of a person under the age of 18 years may authorize treatment, even over the objection of the minor. The law also notes that at times, some persons are unable to make treatment decisions. Maryland law states that you have the right to make decisions in advance, including mental health treatment decisions, through a process called advance directive. An advance directive can be used to state your treatment choice or can be used to name a health care agent, who is someone that will make health care decisions for you. Access Carroll staff may assist you in this process.

DISCHARGE OR TERMINATION OF SERVICES

Discharge planning will be a part of your treatment plan. You and your counselor will have agreed upon criteria for discharge. Termination of behavioral health services may occur if you are no longer participating in your treatment plan or missing regularly scheduled appointments. Maryland state regulations require the automatic discharge of those clients who have not had a face-to-face contact with a clinical team member within a period of 30 days. Other conditions may result in termination of

behavioral health services, including but not limited to failure to abide by the Statement of Client's Responsibilities. If termination of services is indicated, Access Carroll will notify you in writing of the termination and may assist you in obtaining services from another professional

HEALTH, SAFETY AND ILLEGAL DRUGS

The health and safety of the staff, clients and visitors of Access Carroll is an issue of ongoing concern for the management. So that you may further your safety while you receive services at Access Carroll, it is important that you are aware of certain precautions.

1. The staff of Access Carroll has a primary responsibility for the safety and well-being of all clients, co-workers and the public and will work towards maintaining a safe and healthy environment. If at any time you see or feel that there is something that is unsafe, please inform someone and it will be taken care of as soon as possible.
2. It is the intent of Access Carroll to address the needs and protect the rights of the clients, staff and visitors with regard to infectious disease. In order to control the spread of infectious disease, we ask that all clients, staff and visitors wash their hands; after eating, using the bathroom, or smoking; and as often as necessary to keep hands clean.
3. Weapons of any sort are prohibited inside of Access Carroll's facilities. This applies to all personnel, clients and visitors (with the exception of Law Enforcement), and will be strictly enforced. Otherwise, appropriate steps will be taken which may include involving local law enforcement.
4. Urinalysis or Breathalyzer tests may be required during your treatment session. If a client is under the influence of alcohol or other drugs, Access Carroll will take appropriate actions to ensure the safety of staff and clients. This may include, but is not limited to, contacting emergency services or the client's emergency contact. Persons found to be under the influence of alcohol or other drugs may be cause to terminate the treatment session and to leave the premises. Disruptive behavior will not be tolerated.
5. No Smoking is permitted at the Access Carroll facility. In addition to tobacco, this includes electronic cigarettes and other electronic smoking devices.
6. Bathroom use prohibits flushing anything other than body waste and toilet paper in the toilet. Paper towels, tampons, feminine napkins, toileting cloths, and any other cleaning item are not permitted in the toilet, and must be disposed of in the trash can. The bathrooms are to be used with respect with everyone responsible for cleaning up after themselves.

OPIOID/HEROIN OVERDOSE PREVENTION AND RESPONSE (*3)

Incidence of drug overdose fatalities and visits to local emergency rooms is rising in Carroll County.

MINIMIZE OVERDOSE RISK BY:

- Understand your tolerance and be aware of when it might be lower (Example: If you haven't used in a while, gained/lost weight, started taking new medications).
- Avoid mixing drugs or mixing drugs and alcohol.
- Recognize that medications prescribed by a doctor may interact with street drugs and cause an overdose.
- Take care of your health: eat well, drink plenty of water, and sleep.
- If you have a new dealer or unfamiliar supply, use a small amount at first, to see how strong it is.

EDUCATE FRIENDS/FAMILY ON SYMPTOMS OF OPIOID OVERDOSE AND WHAT TO LOOK FOR:

- Slowed heartbeat or pulse.
- Opens eyes but can't speak.
- Slowed breathing – less than 8 breaths per minute.
- Blue lips and/or fingernails.
- Gurgling/raspy breathing or choking sounds.
- Passing out.
- Throwing up.
- Pale, greyish or limp body.

HOW TO RESPOND TO AN OPIOID OVERDOSE:

- Evaluate the situation.
 - Is the person breathing?
 - Have they vomited?
 - Do they need rolled to their side?
 - Do they need rescue breathing or CPR?
- Call for help.
- Immediately call 911, professionals are the best help in an overdose situation.
- Evaluate the situation, again.
 - Is the person breathing yet?
 - Do they still need rescue breathing?
 - Are they waking up?
- Continue monitoring the situation until a trained person arrives and takes over.

OPIOID OVERDOSE RESCUE TRAINING – NALOXONE (NARCAN)

If you are concerned that you or a loved one is at risk for overdosing on heroin or prescription pain medication, this training is for you. Naloxone is a prescription medication that reverses an opioid overdose. Classes are FREE, Call 410-871-1478 to register. Class is held on the 3rd Wednesday of each month at 5:30-7:30 pm at Access Carroll. Individualized training is available one-on-one with a Peer Support staff. Call 410-876-4449 and ask to speak to a Peer trained in Naloxone.

COMMUNICABLE DISEASE TESTING:

Through the Carroll County Health Department, the following tests are available at no charge:

- Gonorrhea
- Syphilis
- Chlamydia
- HIV
- Herpes
- Venereal Warts

For more information or to make an appointment, call 410-876-4930 or 410-876-4900.

Carroll County Health Department
290 South Center Street
Westminster, Maryland 21157

Included Services:

- Appropriate physical examination during the clinic
- Treatment for diagnosed disease(s)
- Education

SEXUALLY TRANSMITTED INFECTIONS (STIs) OVERVIEW (*1)

Sexually transmitted diseases (STDs), or sexually transmitted infections (STIs), are generally acquired by sexual contact. The organisms that cause sexually transmitted diseases may pass from person to person in blood, semen, or vaginal and other bodily fluids.

Sometimes these infections can be transmitted nonsexually, such as from mother to infant during pregnancy or childbirth, or through blood transfusions or shared needles.

It's possible to contract sexually transmitted diseases from people who seem perfectly healthy, and who may not even be aware of the infection. STDs don't always cause symptoms, which is one of the reasons experts prefer the term "sexually transmitted infections" to "sexually transmitted diseases."

SYMPTOMS

Sexually transmitted infections (STIs) can have a range of signs and symptoms, including no symptoms. That's why they may go unnoticed until complications occur or a partner is diagnosed. Signs and symptoms that might indicate an STI include:

- Sores or bumps on the genitals or in the oral or rectal area
- Painful or burning urination
- Discharge from the penis
- Unusual or odd-smelling vaginal discharge
- Unusual vaginal bleeding
- Pain during sex
- Sore, swollen lymph nodes, particularly in the groin but sometimes more widespread
- Lower abdominal pain
- Fever
- Rash over the trunk, hands or feet

Signs and symptoms may appear a few days after exposure, or it may take years before you have any noticeable problems, depending on the organism.

CAUSES

Sexually transmitted infections can be caused by:

- Bacteria (gonorrhea, syphilis, chlamydia)
- Parasites (trichomoniasis)
- Viruses (human papillomavirus, genital herpes, HIV)

Sexual activity plays a role in spreading many other infectious agents, although it's possible to be infected without sexual contact. Examples include the hepatitis A, B and C viruses, shigella, and *Giardia intestinalis*.

RISK FACTORS

Anyone who is sexually active risks exposure to a sexually transmitted infection to some degree. Factors that may increase that risk include:

Having unprotected sex. Vaginal or anal penetration by an infected partner who isn't wearing a latex condom significantly increases the risk of getting an STI. Improper or inconsistent use of condoms can also increase your risk.

Oral sex may be less risky, but infections can still be transmitted without a latex condom or dental dam. Dental dams — thin, square pieces of rubber made with latex or silicone — prevent skin-to-skin contact.

- **Having sexual contact with multiple partners.** The more people you have sexual contact with, the greater your risk. This is true for concurrent partners as well as monogamous consecutive relationships.
- **Having a history of STIs.** Having one STI makes it much easier for another STI to take hold.
- Anyone forced to have sexual intercourse or sexual activity. Dealing with rape or assault can be difficult, but it's important to be seen as soon as possible. Screening, treatment and emotional support can be offered.
- **Using alcohol or other drugs.** Substance use can inhibit your judgment, making you more willing to participate in risky behaviors.
- **Injecting drugs.** Needle sharing spreads many serious infections, including HIV, hepatitis B and hepatitis C.
- **Being young.** Half of STIs occur in people between the ages of 15 and 24.

- **Men who request prescriptions for drugs to treat erectile dysfunction.** Men who ask their doctors for prescriptions for certain drugs — such as sildenafil (Viagra), tadalafil (Cialis) and vardenafil (Levitra) — have higher rates of STIs. Be sure you are up to date on safe sex practices if you ask your doctor for one of these medications.

TRANSMISSION FROM MOTHER TO INFANT

Certain STIs — such as gonorrhea, chlamydia, HIV and syphilis — can be passed from an infected mother to her child during pregnancy or delivery. STIs in infants can cause serious problems and may be fatal. All pregnant women should be screened for these infections and treated.

PREVENTION

There are several ways to avoid or reduce your risk of sexually transmitted infections.

- **Abstain.** The most effective way to avoid STIs is to abstain from sex.
- **Stay with one uninfected partner.** Another reliable way of avoiding STIs is to stay in a long-term mutually monogamous relationship with a partner who isn't infected.
- **Wait and verify.** Avoid vaginal and anal intercourse with new partners until you have both been tested for STIs. Oral sex is less risky, but use a latex condom or dental dam — a thin, square piece of rubber made with latex or silicone — to prevent direct contact between the oral and genital mucous membranes. Keep in mind that no good screening test exists for genital herpes for either sex, and human papillomavirus (HPV) screening isn't available for men.
- **Get vaccinated.** Getting vaccinated early, before sexual exposure, is also effective in preventing certain types of STIs. Vaccines are available to prevent human papillomavirus (HPV), hepatitis A and hepatitis B.
- **Use condoms and dental dams consistently and correctly.** Use a new latex condom or dental dam for each sex act, whether oral, vaginal or anal. Never use an oil-based lubricant, such as petroleum jelly, with a latex condom or dental dam. Condoms made from natural membranes are not recommended because they're not as effective at preventing STIs. Keep in mind that while condoms reduce your risk of exposure to most STIs, they provide a lesser degree of protection for STIs involving exposed genital sores, such as human papillomavirus (HPV) or herpes. Also, nonbarrier forms of contraception, such as oral contraceptives or intrauterine devices, don't protect against STIs.
- **Don't drink alcohol excessively or use drugs.** If you're under the influence, you're more likely to take sexual risks.
- **Communicate.** Before any serious sexual contact, communicate with your partner about practicing safer sex. Reach an explicit agreement about what activities will and won't be OK.
- **Consider male circumcision.** There's evidence that male circumcision can help reduce a man's risk of acquiring HIV from an infected woman (heterosexual transmission) by as much as 60 percent. Male circumcision may also help prevent transmission of genital HPV and genital herpes.
- **Talk to your health care provider** about pre-exposure prophylaxis (PrEP). PrEP is an HIV prevention option for people who don't have HIV but who are at high risk of becoming infected with HIV. PrEP involves taking a specific HIV medicine every day.

DIAGNOSIS

If your sexual history and current signs and symptoms suggest that you have an STI, laboratory tests can identify the cause and detect coinfections you might have contracted.

- **Blood tests.** Blood tests can confirm the diagnosis of HIV or later stages of syphilis.
- **Urine samples.** Some STIs can be confirmed with a urine sample.
- **Fluid samples.** If you have active genital sores, testing fluid and samples from the sores may be done to diagnose the type of infection. Laboratory tests of material from a genital sore or discharge are used to diagnose some STIs.

SCREENING

Testing for a disease in someone who doesn't have symptoms is called screening. Most of the time, STI screening is not a routine part of health care, but there are exceptions:

- **Everyone.** The one STI screening test suggested for everyone ages 13 to 64 is a blood or saliva test for human immunodeficiency virus (HIV), the virus that causes AIDS.
- **Everyone born between 1945 and 1965.** There's a high incidence of hepatitis C in people born between 1945 and 1965. Since the disease often causes no symptoms until it's advanced, experts recommend that everyone in that age group be screened for hepatitis C.
- **Pregnant women.** Screening for HIV, hepatitis B, chlamydia and syphilis generally takes place at the first prenatal visit for all pregnant women. Gonorrhea and hepatitis C screening tests are recommended at least once during pregnancy for women at high risk of these infections.
- **Women age 21 and older.** The Pap test screens for cervical abnormalities, including inflammation, precancerous changes and cancer, which is often caused by certain strains of human papillomavirus (HPV). Experts recommend that starting at age 21, women should have a Pap test at least every three years. After age 30, women are advised to have an HPV DNA test and a Pap test every five years or a Pap test every three years.
- **Women under age 25 who are sexually active.** All sexually active women under age 25 should be tested for chlamydia infection. The chlamydia test uses a sample of urine or vaginal fluid you can collect yourself. Some experts recommend repeating the chlamydia test three months after you've had a positive test and been treated. The second test is needed to confirm that the infection is cured as reinfection by an untreated or undertreated partner is common. A bout of chlamydia doesn't protect you from future exposures. You can catch the infection again and again, so get retested if you have a new partner. Screening for gonorrhea also is recommended in sexually active women under age 25.
- **Men who have sex with men.** Compared with other groups, men who have sex with men run a higher risk of acquiring STIs. Many public health groups recommend annual or more frequent STI screening for these men. Regular tests for HIV, syphilis, chlamydia and gonorrhea are particularly important. Evaluation for hepatitis B also may be recommended.
- **People with HIV.** If you have HIV, it dramatically raises your risk of catching other STIs. Experts recommend immediate testing for syphilis, gonorrhea, chlamydia and herpes after being diagnosed with HIV. People with HIV should also be screened for hepatitis C. Women with HIV may develop aggressive cervical cancer, so they should have a Pap test within a year of being diagnosed with HIV, and then again six months later.
- **People who have a new partner.** Before having vaginal or anal intercourse with new partners, be sure you've both been tested for STIs. Keep in mind that human papillomavirus (HPV) screening isn't available for men. No good screening test exists for genital herpes for either sex, so you may not be aware you're infected until you have symptoms. It's also possible to be infected with an STI yet still test negative, particularly if you've recently been infected.

TREATMENT

STIs caused by bacteria are generally easier to treat. Viral infections can be managed but not always cured. If you're pregnant and have an STI, prompt treatment can prevent or reduce the risk of infection of your baby. Treatment usually consists of one of the following, depending on the infection:

- **Antibiotics.** Antibiotics, often in a single dose, can cure many sexually transmitted bacterial and parasitic infections, including gonorrhea, syphilis, chlamydia and trichomoniasis. Typically, you'll be treated for gonorrhea and chlamydia at the same time because the two infections often appear together. Once you start antibiotic treatment, it's crucial to follow through. If you don't think you'll be able to take medication as prescribed, tell your doctor. A shorter, simpler treatment regimen

may be available. In addition, it's important to abstain from sex until you've completed treatment and any sores have healed.

- **Antiviral drugs.** You'll have fewer herpes recurrences if you take daily suppressive therapy with a prescription antiviral drug. Antiviral drugs lessen the risk of infection, but it's still possible to give your partner herpes. Antiviral drugs can keep HIV infection in check for many years. But the virus persists and can still be transmitted, though the risk is lower.

The sooner you start treatment, the more effective it is. Once you start treatment — if you take your medications exactly as directed — it's possible to lower your virus count to nearly undetectable levels. If you've had an STI, ask your doctor how long after treatment you need to be retested. Doing so ensures that the treatment worked and that you haven't been reinfected.

HIV/AIDS: THE BASICS (*2)

WHAT IS HIV/AIDS?

HIV stands for human immunodeficiency virus, which is the virus that causes HIV infection. The abbreviation "HIV" can refer to the virus or to HIV infection.

AIDS stands for acquired immunodeficiency syndrome. AIDS is the most advanced stage of HIV infection.

HIV attacks and destroys the infection-fighting CD4 cells of the immune system. The loss of CD4 cells makes it difficult for the body to fight infections and certain cancers. Without treatment, HIV can gradually destroy the immune system and advance to AIDS.

HOW IS HIV SPREAD?

HIV is spread through contact with certain body fluids from a person with HIV. These body fluids include:

- Blood
- Semen
- Pre-seminal fluid
- Vaginal fluids
- Rectal fluids
- Breast milk

The spread of HIV from person to person is called HIV transmission. The spread of HIV from a woman with HIV to her child during pregnancy, childbirth, or breastfeeding is called mother-to-child transmission of HIV.

In the United States, HIV is spread mainly by having sex with or sharing drug injection equipment with someone who has HIV. To reduce your risk of HIV infection, use condoms correctly and consistently during sex, limit your number of sexual partners, and never share drug injection equipment.

Mother-to-child transmission is the most common way that children become infected with HIV. HIV medicines, given to women with HIV during pregnancy and childbirth and to their babies after birth, reduce the risk of mother-to-child transmission of HIV.

You can't get HIV by shaking hands or hugging a person who has HIV. You also can't get HIV from contact with objects such as dishes, toilet seats, or doorknobs used by a person with HIV. HIV does not spread through the air or through mosquito, tick, or other insect bites.

HOW CAN I REDUCE MY RISK OF GETTING HIV?

Anyone can get HIV, but you can take steps to protect yourself from HIV infection.

- Get tested and know your partner's HIV status. Talk to your partner about HIV testing and get tested before you have sex. Use this testing locator from the Centers for Disease Control and Prevention (CDC) to find an HIV testing location near you.
- Have less risky sex. HIV is mainly spread by having anal or vaginal sex without a condom or without taking medicines to prevent or treat HIV.
- Use condoms. Use a condom correctly every time you have vaginal, anal, or oral sex. Read this fact sheet from CDC on how to use condoms correctly.
- Limit your number of sexual partners. The more partners you have, the more likely you are to have a partner with HIV whose HIV is not well controlled or to have a partner with a sexually transmitted disease (STD). Both of these factors can increase the risk of HIV transmission. If you have more than one sexual partner, get tested for HIV regularly.
- Get tested and treated for STDs. Insist that your partners get tested and treated too. Having an STD can increase your risk of becoming infected with HIV or spreading it to others.
- Talk to your health care provider about pre-exposure prophylaxis (PrEP). PrEP is an HIV prevention option for people who don't have HIV but who are at high risk of becoming infected with HIV. PrEP involves taking a specific HIV medicine every day.
- Don't inject drugs. But if you do, use only sterile drug injection equipment and water and never share your equipment with others.
- Talk to you health care provider about post-exposure prophylaxis (PEP). The word "prophylaxis" means to prevent or protect from an infection or disease. PEP involves taking antiretroviral (ARV) medicines very soon after a possible exposure to HIV to prevent becoming infected with HIV.

HOW IS HIV INFECTION DIAGNOSED?

Because early HIV infection often causes no symptoms, a doctor or other health care provider diagnoses by test a person's blood for the presence of antibodies (disease-fighting proteins) to HIV. HIV antibodies generally do not reach detectable levels in the blood for six weeks to three months following infection. It may take the antibodies as long as six months to be produced in quantities large enough to show up in standards blood tests. HIV antibodies may be detected also in an oral swab at the mucosal lining of the gum. This test called a "rapid" test, gives results in twenty minutes.

WHAT IS THE TREATMENT FOR HIV?

Antiretroviral therapy (ART) is the use of HIV medicines to treat HIV infection. People on ART take a combination of HIV medicines (called an HIV regimen) every day. (HIV medicines are often called antiretrovirals or ARVs.) ART prevents HIV from multiplying and reduces the amount of HIV in the body. Having less HIV in the body protects the immune system and prevents HIV infection from advancing to AIDS. ART can't cure HIV, but it can help people with HIV live longer, healthier lives. ART also reduces the risk of HIV transmission.

WHAT ARE THE SYMPTOMS OF HIV/AIDS?

Within 2 to 4 weeks after a person becomes infected with HIV, they may have flu-like symptoms, such as fever, chills, or rash. The symptoms may last for a few weeks after they become infected. After this earliest stage of HIV infection, HIV continues to multiply but at very low levels. More severe symptoms of HIV infection, such as signs of opportunistic infections, generally don't appear for many years. (Opportunistic infections are infections and infection-related cancers that occur more frequently or are more severe in people with weakened immune systems than in people with healthy immune systems.)

Without treatment with HIV medicines, HIV infection usually advances to AIDS in 10 years or longer, though it may take less time for some people. HIV transmission is possible at any stage of HIV infection—even if a person with HIV has no symptoms of HIV.

HOW IS AIDS DIAGNOSED?

The following criteria are used to determine if a person with HIV has AIDS: The person's immune system is severely damaged, as indicated by a CD4 count of less than 200 cells/mm³. A CD4 count measures the number of CD4 cells in a sample of blood. The CD4 count of a healthy person ranges from 500 to 1,600 cells/mm³ and/or the person has developed certain opportunistic infections.

Fast Facts

- People with HIV infection are affected disproportionately by viral hepatitis.
- Nearly 75% of people with HIV who report a history of injection drug use also are infected with hepatitis C virus (HCV).
- HIV/HCV coinfection more than triples the risk for liver disease, liver failure, and liver-related death.

Overview

Viral Hepatitis means inflammation of the liver caused by a virus. In the United States, the most common causes of viral hepatitis are hepatitis A virus (HAV), hepatitis B virus (HBV), and hepatitis C virus (HCV). Each is distinct from the other and spread in slightly different ways. HBV and HCV infections are common among people who are at risk for, or living with, HIV. You can get some forms of viral hepatitis the same way you get HIV—through sexual contact without a condom and sharing needles or works to inject drugs.

HAV, a short-term but occasionally severe illness, is usually spread through contaminated food, drinks, or touching objects (including injection drug equipment); the feces of an infected person; or sexual contact with an infected person. HAV usually causes a short-term illness. Most people recover completely and do not have any lasting liver damage.

HBV can be spread through blood and other body fluids, including semen. Some people who become infected with HBV, especially during adulthood, can clear the virus. Others, especially those infected as infants or young children, go on to develop long-term infection.

HCV is most often spread through blood, but can sometimes be spread through sexual contact. Most people who become infected with HCV go on to develop a chronic infection. Infection with HCV is often “silent.” Many people can have the infection for decades without having symptoms or feeling sick. Compared with other age groups, people born from 1945 to 1965 are 5 times as likely to be infected with HCV.

Coinfection

People with HIV infection in the United States are often affected by chronic viral hepatitis; about one-third are coinfecting with either HBV or HCV. More people living with HIV are infected with HCV than with HBV. Viral hepatitis progresses faster and causes more liver-related health problems among people with HIV than among those who do not have HIV. Although treatment with antiretroviral therapy has improved the health and extended the life expectancy of people with HIV, liver disease—much of which is related to HBV and HCV causes non-AIDS-related deaths in this population.

People with HIV who are coinfecting with either HBV or HCV are at increased risk for serious, life-threatening complications. As a result, anyone living with HIV should be tested for HBV and HCV. Coinfection with hepatitis may also complicate the management of HIV infection. To prevent coinfection for those who are not already infected with HBV, the Advisory Committee on Immunization Practices recommends HAV and HBV vaccination of high-risk patients. High-risk patients can include gay, bisexual, and other men who have sex with men^a and persons who inject drugs with HIV infection or AIDS. Read more about the recommendation. (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a1.htm?s_cid=rr5516a1_e)

The Numbers

- Of people with HIV in the United States, about 25% are coinfecting with HCV, and about 10% are coinfecting with HBV.
- Nearly 75% of people with HIV who inject drugs also are infected with HCV.
- HIV/HCV coinfection more than triples the risk for liver disease, liver failure, and liver-related death.
- About 20% of all new HBV infections and 10% of all new HAV infections in the United States are among gay and bisexual men.
- CDC estimates that people born during 1945-1965 account for nearly 75% of all chronic HCV infections in the United States.
- In the United States, from 2012 to 2013, rates of acute HCV increased 33% among blacks/African Americans, 28% among whites, and 5% among Hispanics/Latinos.^b

^a The term *male-to-male sexual contact* is used in CDC surveillance systems. It indicates a behavior that transmits HIV infection, not how individuals self-identify in terms of their sexuality.

^b Hispanics/Latinos can be of any race.

Viral Hepatitis Transmission

People can be infected with the three most common types of hepatitis in these ways:

HAV: Ingestion of the virus from close person-to-person contact with an infected person; sexual contact with an infected person; or from contaminated food, drinks, or touching objects, including drug injection equipment, that has been contaminated from an infected person.

HBV: Contact with infected blood, semen, or other body fluids; sexual contact with an infected person; sharing contaminated needles, syringes, or other drug injection equipment; and needlesticks or other sharp-instrument injuries from an infected person. In addition, an infected woman can pass the virus to her newborn, but HBV vaccination of the baby at birth can prevent her newborn from becoming infected.

HCV: Contact with blood of an infected person, primarily through sharing contaminated needles, syringes, or other drug injection equipment; less commonly, HCV can be transmitted through sexual contact with an infected person and from needlesticks or other sharp-instrument injuries. Although, sexual transmission of HBV occurs much more frequently than HCV, sexual transmission of HCV occurs more often among gay and bisexual men who are infected with HIV than among those not infected with HIV. Condom use decreases but does not eliminate the risk from sexual contact.

Viral Hepatitis Prevention

HAV: The best way to prevent HAV infection is to get vaccinated. The Centers for Disease Control and Prevention (CDC) recommends HAV vaccination for people who are at risk for HIV infection, including gay and bisexual men; users of recreational drugs, whether injected or not; and sex partners of people with HAV infection.

HBV: The best way to prevent HBV infection is to get vaccinated. CDC recommends HBV vaccination for people who have or are at risk for HIV infection and who have never been infected with HBV. This includes gay and bisexual men, people who inject drugs, sex partners of people with HBV infection, people with multiple sex partners, people with a sexually transmitted infection, and health care and public safety workers exposed to blood on the job.

HCV: No vaccine exists for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs if you currently do so by getting into and staying in a drug treatment program. If you continue injecting drugs, always use new, sterile needles or syringes, and never reuse or share needles or syringes, water, or other drug preparation equipment.

Testing and Treatment

Blood tests are used to detect viral hepatitis. The virus can be detected even if a person has no symptoms. In the case of HBV, the test result can help determine if a person has been infected and, if not, whether he or she would benefit from vaccination. If an HCV test is positive, a follow-up test must be done to determine if the person is still infected, or has resolved the infection.

Treatment for viral hepatitis varies. HAV infection usually runs its course over time, and most all people who become infected with HAV recover completely and do not have any lasting liver damage. Both chronic HBV and HCV infection can be treated with antiviral medications. For HBV, treatment can delay or limit the effects of liver damage. Newly approved treatments for HCV infection are shorter, have fewer side effects, and now can cure the disease.

Coinfection with viral hepatitis may also complicate the treatment and management of HIV infection. Because viral hepatitis infection is often serious in people with HIV infection and may lead to liver damage more quickly, CDC recommends that all people with HIV infection be tested for HBV and HCV. CDC also recommends that everyone born from 1945 to 1965 should be tested at least once for HCV. While anyone can get HCV, up to 75% of adults infected with HCV were born from 1945 to 1965.

HIV/HBV and HIV/HCV coinfections can be effectively treated in many people, but treatment is complex, and people with coinfection should look for health care providers with expertise in the management of both HIV infection and viral hepatitis.

CDC has produced a 5-minute online Hepatitis Risk Assessment tool (<http://www.cdc.gov/hepatitis/riskassessment>) that allows people to answer questions privately, in their home or in a health care setting, and get tailored recommendations based on CDC's guidelines to discuss with their doctor. This tool can also determine which tests and vaccines are right for you.

Additional Resources

CDC-INFO
1-800-CDC-INFO (232-4636)
www.cdc.gov/info

CDC HIV Website
www.cdc.gov/hiv

**CDC Act Against
AIDS Campaign**
www.cdc.gov/actagainstaids

Tuberculosis (TB) Facts

TB Can Be Treated

What is TB?

"TB" is short for a disease called tuberculosis. TB is spread through the air from one person to another. TB germs are passed through the air when someone who is sick with **TB disease** of the lungs or throat coughs, speaks, laughs, sings, or sneezes. Anyone near the sick person with **TB disease** can breathe TB germs into their lungs.

TB germs can live in your body without making you sick. This is called **latent TB infection**. This means you have only inactive (sleeping) TB germs in your body. The inactive germs cannot be passed on to anyone else. However, if these germs wake up or become active in your body and multiply, you will get sick with **TB disease**.

When TB germs are active (multiplying in your body), this is called **TB disease**. These germs usually attack the lungs. They can also attack other parts of the body, such as, the kidneys, brain, or spine. **TB disease** will make you sick. People with **TB disease** may spread the germs to people they spend time with every day.

If the **TB disease** is in your lungs, you may:

- cough a lot,
- cough up mucus or phlegm ("flem"),
- cough up blood, or
- have chest pain when you cough.

You should ALWAYS COVER YOUR MOUTH when you cough!

If you have **TB disease**, you may also:

- feel weak,
- lose your appetite,
- lose weight,
- have a fever, or
- sweat a lot at night.

These are symptoms of **TB disease**. These symptoms may last for several weeks. Without treatment, they usually get worse.

If you get **TB disease** in another part of the body, the symptoms will be different. Only a doctor can tell you if you have **TB disease**.



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TB Facts: TB Can Be Treated

How do I know if I have latent TB infection or TB disease?

If you have been around someone who has **TB disease**, you should go to your doctor or your local health department for tests.

There are two tests that can be used to help detect latent **TB infection**: a TB skin test or a TB blood test. The skin test is used most often. A small needle is used to put some testing material, called tuberculin, under the skin. In 2-3 days, you return to the health care worker who will check to see if there is a reaction to the test. In some cases, a TB blood test is used to test for **TB infection**. This blood test measures how a person's immune system reacts to the germs that cause TB.

Other tests are needed to show if you have **TB disease**. An x-ray of your chest can tell if there is damage to your lungs from TB. **TB disease** may be deep inside your lungs. Phlegm ("flem") you cough up will be tested in a laboratory to see if the TB germs are in your lungs.

If **TB disease** is in your lungs or throat, you can give TB germs to your family and friends. They can get sick with **TB disease**. You may have to be separated from other people until you can't spread TB germs. This probably won't be for very long, if you take your medicine as your health care provider instructs.

Can TB be treated?

If you have **TB infection**, you may need medicine to prevent getting **TB disease** later. This is called "preventive" treatment.

TB disease can also be treated by taking medicine. If you have **TB disease**, it is very important that you finish the medicine, and take the drugs exactly as you are told. If you stop taking the drugs too soon, you can become sick again. If you do not take the drugs correctly, the germs that are still alive may become difficult to treat with those drugs. It takes at least six months and possibly as long as one year to kill all the TB germs.

It is very important that you take your medicine as your doctor recommends.



Protect your family and friends from TB — take ALL your TB drugs!



TB skin test



TB blood test



TB drugs

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<http://www.cdc.gov/tb>

QUESTIONS

If you have any questions, concerns or comments regarding any information contained in this handbook, please communicate with your counselor first, or contact the Manager of Clinical Operations at 410-871-1478.

REFERENCES

*1 "Sexually transmitted diseases (STDs)." *Mayo Clinic*, August 18, 2017.

<https://www.mayoclinic.org/diseases-conditions/sexually-transmitted-diseases-stds/symptoms-causes/syc-20351240>

*2 "HIV/AIDS: The Basics Understanding HIV/AIDS." *National Institutes of Health*, August 22, 2017.

<https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/19/45/hiv-aids-the-basics> . May 30, 2018

*3 "Opioid/Heroin Overdose Prevention and Response Brochure." *Carroll County Overdose Prevention Workgroup*. June 04, 2018.

BEHAVIORAL HEALTH CLIENT FORMS CHECKLIST
Substance Use Disorder Treatment Forms (SUD)
Mental Health Treatment Forms (MH)

Conveniently included in this handbook, are copies of the forms you have signed for substance use disorder treatment, mental health treatment, or both.

SUD	MH	FORM NAME
√	√	
√	√	1. Consent for Integrated Services
√	√	2. Emergency Release of Information
	√	3. Informed Consent for Therapy Services
√	√	4. Notice of Privacy Practices
√	√	5. Release of Information (ROI) to Beacon Health
√	√	6. Release of Information (ROI) to CCHD for Continuity of Care
√		7. Beacon Authorization to Disclose Substance Use Treatment Info for Coordination of Care
√		8. Client's Rights, Rules, Grievance Policy for Substance Use Disorder Treatment
√	√	9. TB Symptom Checklist
√		10. Confidentiality of Alcohol and Drug Abuse Client Records
√		11. Family and Recovery Environment Assessment
√		12. Help With Recovery
√		13. Client Concern List
√		14. Symptom Screening Form - DAPHTEM
√		15. Outpatient Treatment Services Group Contract
√		16. Substance Use Disorder Services Fee Schedule
√	√	17. BH Client Discharge Satisfaction Survey
√	√	18. Client Handbook Orientation Checklist

The forms listed above are attached to the handbook for your reference. Note: all logos and all signature lines have been removed to conserve space.

CONSENT FOR INTEGRATED SERVICES

Consent for Integrated Services:

I consent to receiving integrated health care services from Access Carroll, Inc. I understand integrated health services may include medical, dental, behavioral health (mental health and substance abuse recovery) care within a network of service providers. I understand professional health care students may participate in my care.

I understand Access Carroll, Inc. is open for scheduled appointments daily, and can accommodate urgent walk in situations only as able. I understand if I have a life-threatening emergency, I must seek care through a hospital emergency department or other health care provider.

Consent to Share Medical Records:

I understand Access Carroll, Inc. is a strategic partnership of local network providers including the Carroll County Health Department, Carroll Hospital, and Carroll Health Group. I understand that to better coordinate my health care services, my health information will be a part of this shared network of providers that includes an electronic health record as further explained on the Health Information Portability and Accountability Act (HIPAA) acknowledgment.

I understand Access Carroll is a participant of the Chesapeake Regional Information System for our Patients (CRISP), a statewide health information exchange. As permitted by law, I understand my health information will be shared through the CRISP exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. I understand I may “opt out” and disable access to my health information through CRISP by calling 1-877-952-7477 or by completing and submitting an Opt-Out form to CRISP by mail, fax, or through their website at www.crisphealth.org. I further understand public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

Consent for Medical Insurance Authorization and Assignment:

I understand all charges are due at the time services are provided. I authorize Access Carroll, Inc. and all integrated entities to provide information to my insurance carriers concerning my illness and treatments. I authorize payment of medical benefits from my insurance carriers for services rendered to Access Carroll, Inc. I understand I am responsible for any amount not covered by insurance, including co-pays and fees. I understand I may be eligible for financial assistance through a sliding fee scale and must provide all necessary eligibility documents in order to determine eligibility.

Patient Responsibilities:

- I understand my health is my responsibility.
- I will inform Access Carroll, Inc. if I change my address or telephone number. If I decide not to return to Access Carroll, Inc., I will seek care from another care provider.

I understand it is my responsibility to notify the clinic when I will not be able to keep a scheduled appointment, **at least 24 hours in advance**. If I fail to give adequate notice, it will be considered a failed appointment. I realize after three such failed appointments, I may not be allowed to return to the clinic for a period of no less than one year from the last failed date.

- I voluntarily agree to have Access Carroll, Inc. integrated health care services. I understand I may withdraw this consent at any time by request in writing.

This Consent for Services is valid for **one year** from the signature date.

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL & PROTECTED HEALTH INFORMATION

I, _____, hereby consent to communication between

Access Carroll Integrated Health Care

and Emergency Contact Person _____
Name and Relationship of Person to Whom Disclosure is to be made

Address and Telephone Number

The following information:

Patient status at Access Carroll and information related to the medical emergency.

The purpose of the disclosure authorized herein is:

to assist the patient with receiving the appropriate medical services and continuity of care.

I understand that my behavioral health records are protected under Federal regulations governing Confidential Mental Health Records and Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and that any information that identifies me as a patient in an alcohol or other drug abuse program cannot be disclosed without my written consent except in limited circumstances as provided for in these regulations.

I understand that my behavioral health records are also currently protected under the Federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164. I understand that my health information specified above will be disclosed pursuant to this authorization, and that the recipient of the information may re-disclose the information and it may no longer be protected the HIPAA privacy law. The Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, however, will continue to protect the confidentiality of information that identifies me as a patient in an alcohol or other drug program from re-disclosure.

I also understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it, and that in any event this authorization expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

I understand that the covered entity seeking this authorization is not conditioning treatment, payment, enrollment or eligibility for benefits on whether I sign the authorization.

I understand that I am entitled to receive a copy of this authorization after it is signed.

I accept _____ (initials) I decline _____ (initials) a copy of this form.

Note: Federal Regulations prohibit any further disclosure of this information, without the specific written consent of the patient.

Informed Consent for Therapy Services PROVIDER-CLIENT SERVICE AGREEMENT

Welcome to Access Carroll Integrated Health. This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

CLIENT RIGHTS AND RESPONSIBILITIES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. As your provider, we have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Statement of Client's Rights

1. Clients have the right to be treated with dignity and respect.
2. Clients have the right to fair treatment. This is regardless of their race, religion, gender, ethnicity, age, disability, or source of payment.
3. Clients have the right to have their treatment and other client information kept private.
4. Only in an emergency, or if required by law, can records be released without client permission.
5. Clients have the right to information from staff/providers in a language they can understand.
6. Clients have the right to have an easy to understand explanation of their condition and treatment.
7. Clients have the right to information about providers and to list certain preferences in a provider.
8. Clients have the right to know the clinical guidelines used in providing their care.
9. Clients have the right to know about State and Federal laws that relate to their rights and responsibilities.
10. Clients have the right to know their rights and responsibilities in the treatment process.
11. Clients have the right to share in the information of their plan of care.
12. Clients have the right to easily access timely care in a timely fashion and know about their treatment choices regardless of cost or coverage by the benefit plan.
13. Clients have the right to share in developing their plan of care, to know of their rights and responsibilities in the treatment process, to receive services that will not jeopardize their employment and to freely file a complaint or appeal and learn how to do so.
14. Clients have the right to ask or give input on the Clients Rights and Responsibilities policy, know about advocacy and community groups and prevention services.

Statement of Client's Responsibilities

1. Clients have the responsibility to give providers information they need. This is so they can deliver the best possible care.
2. Clients have the responsibility to let their provider know when the treatment plan no longer works for them.
3. Clients have the responsibility to follow their medication plan. They must tell their provider about medication changes, including medications given to them by other providers.
4. Clients have the responsibility to treat those giving them care with dignity and respect.
5. Clients should not take actions that could harm the lives of Access Carroll, Inc. employees, providers, or other integrated staff members.
6. Clients have the responsibility to keep their appointments. Clients should call their providers as soon as possible if they need to cancel visits.
7. Clients have the responsibility to ask their providers questions about their care. This is so they can understand their care and take an active role in that care.

8. Clients have the responsibility to let their provider know about problems with paying fees.
9. Clients have the responsibility to follow the plans and instructions for their care. The care is to be agreed upon by the client and provider.
10. Clients have the responsibility to keep current with their fees.
11. Clients have the responsibility to report abuse and fraud.
12. Clients have the responsibility to openly report concerns about the quality of care they receive.

RISKS AND BENEFITS

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first several sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some initial impressions of what your treatment may include. At that point, you and your therapist will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with a provider at Access Carroll. If you have questions about our procedures, please discuss them whenever they arise. If your doubts persist, your therapist will be happy to help you set up a meeting with another mental health professional for a second opinion.

TRANSFERRING CARE

As described throughout this Informed Consent for Therapy Services, there may be instances when a client may require or request a transfer of care from one therapist to another. Access Carroll will assist in transfer of care both internally and with external providers, at patient request, as available per insurance acceptance and scheduling. Examples of a needed transfer of care include:

- Second opinion
- Primary therapist is unavailable for an extended period of time or departure
- Insurance accepting provider
- Client relocation
- At client or therapist request

APPOINTMENTS

Appointments will ordinarily be 50-60 minutes in duration. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, we ask that you provide our office with 24 hours' notice. If you miss a session without canceling, this may negatively impact your treatment plan. Repeated missed appointments may result in discharge from therapy services. If it is possible, Access Carroll will try to find another time to reschedule the missed appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PROFESSIONAL FEES

The standard fee for the initial therapy intake is \$170.00 and each subsequent individual session (60 minute session) is \$ 110.00. The following is a summary of full-cost fees for psychotherapy services offered at Access Carroll:

Mental Health Assessment (Initial Intake):	\$170.00
Mental Health 30 Minutes:	\$ 60.00
Mental Health 45 Minutes:	\$100.00
Mental Health 60 Minutes:	\$110.00
Mental Health Family with Client:	\$110.00
Mental Health Family without Client:	\$100.00

Theracoustic Spa:

No Charge

Access Carroll accepts Maryland Medicaid Insurance through Beacon Health Options and we offer services on a sliding fee scale based upon your annual income and family size. Documentation is required to establish eligibility of reduced service fees at least annually. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check or cash. Any checks returned to our office are subject to an additional fee of up to \$25.00 to cover the bank fee. An unpaid balance may result in suspension of services.

INSURANCE

You should also be aware that most insurance companies require you to authorize Access Carroll to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems.) Sometimes our office has to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, Access Carroll has no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit, if you request it. By signing this Agreement, you agree that Access Carroll can provide requested information to your carrier if you plan to pay with insurance. As a participating provider with Maryland Medicaid and Beacon Health Options, additional consents to release information may be necessary.

If Access Carroll is not a participating provider for your insurance plan, we will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, we can assist you in finding another provider accepting your insurance.

PROFESSIONAL RECORDS

Access Carroll, Inc. is required to keep appropriate records of the therapy services that we provide. Your records are securely maintained through an Electronic Health Record. Access Carroll will keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records we may receive from other providers, copies of records we send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, we recommend that you initially review them with your therapist, or have them forwarded to another mental health professional to discuss the contents. If we refuse your request for access to your records, you have a right to have the decision reviewed by another mental health professional, which your therapist will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY

Access Carroll maintains policies about confidentiality, as well as other information about your privacy rights, which are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is our policy not to provide treatment to a child under age 13 unless s/he agrees that your therapist can share whatever information necessary with a parent. For children 14 and older, we request an agreement between the client and the parents allowing the therapist to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless there is a safety concern (see also above section on Confidentiality for exceptions), in which case your therapist will make every effort to notify the

child of intentions to disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING ACCESS CARROLL

Therapists are often not immediately available by telephone. Therapists generally do not answer the phone when they are with clients or otherwise unavailable. At these times, you may leave a message with a reception member or leave a confidential voice mail message with your therapist, and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from your therapist or they are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) go to your Local Hospital Emergency Room, or 2) call 911 and ask to speak to the mental health worker on call. Access Carroll will make every attempt to inform you in advance of planned absences, and provide you with additional community resources.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, you are encouraged to talk with your therapist so that they can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that your therapist refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about your therapist's specific training and experience. You have the right to expect that your therapist will not have social or sexual relationships with clients or with former clients.

GRIEVANCE PROCEDURES

If you feel at any time that you are being treated unfairly as a client of the program, or if you do not agree with termination procedures or if you have any other complaints of any kind, please bring the matter to the attention of the Manager of Clinical Operations at Access Carroll (410-871-1478) or the Services Coordinator at the Carroll County Health Department (410-876-2152).

DISCHARGE OR TERMINATION OF SERVICES

Discharge planning will be a part of your treatment plan. You and your therapist will have agreed upon criteria for discharge. Termination of psychotherapy services may occur if you are no longer participating in your treatment plan or missing regularly scheduled appointments. Other conditions may result in termination of psychotherapy services, including but not limited to failure to abide by the Statement of Client's Responsibilities. If termination of services is indicated, Access Carroll will notify you in writing of the termination and may assist you in obtaining services from another professional.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read and understand this Agreement, and agree to its terms.

Access Carroll, Inc. Notice of Privacy Practices

Understanding Your Health Record and Health Information

Access Carroll, Inc. is committed to protecting your health information. Each time you visit a health care provider, a record of your visit is made. This information is often referred to as your health or medical record. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. Your health record is a legal document and may be used for a variety of purposes including planning your care and treatment, communicating to other health professionals who contribute to your care, providing data for medical research, and educating other health professionals. Access Carroll, Inc. will follow the policies described in this notice, though we reserve the right to change our privacy practices and the terms of this notice at any time.

How Access Carroll, Inc. Uses and Discloses Your Protected Health Information

Access Carroll, Inc. will only use your health information when doing their jobs. Your information will be entered into an Electronic Health Record. Only staff working directly with you or that have administrative responsibilities will have access to those records. No information will be released to any other agency without your written consent. For uses beyond what Access Carroll, Inc. normally does we must have your written authorization unless the law permits or requires it. The following are permitted disclosures for treatment, payment, and health care operations that do not require patient authorization.

- **Treatment:** Access Carroll, Inc. may use or share your health information to approve, deny treatment and to determine if your medical treatment is appropriate, including health services provided by network providers of the Carroll County Health Department, Carroll Hospital, and Carroll Health Group. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health Care Operations:** Access Carroll, Inc. may use and share your records to evaluate the quality of services provided, or to local, state or federal auditors as required.
- **Payment:** Access Carroll will use your health information for payment. A bill may be sent to you or a third-party payer. Presenting insurance information at the time of service provides us with the authorization to release personal information to your insurance carrier. This includes, but is not limited to, social security number, full name, and date of birth, as well as the diagnosis pertaining to the service provided.
- **Appointment Reminder Calls:** We may contact you to remind you of your appointment for treatment or medical care. We will ask you to sign in when you come for care so we can prepare for your visit and call you when your caregiver is ready to see you.
- **Health Care Oversight and Quality Assurance and Peer Reviews:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, inspections, investigations, and licensure requirements. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Family and Friends Involved in Your Care:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. During a disaster, we may share information with a disaster relief organization so that your family can be notified of your condition, status, and location.
- **Patient Satisfaction Surveys:** Access Carroll, Inc. conducts patient satisfaction surveys to ensure we are providing the best possible care for you and our community.
- **Food and Drug Administration (FDA):** As required by law, Access Carroll, Inc. may disclose health information concerning adverse events with the respect to food, supplements, product defects or post-marketing surveillance information.
- **Public Health Activities:** Access Carroll, Inc. may disclose health information when Access Carroll, Inc. is required to collect or report information disease or injury, or to report vital statistics to public health authorities.

- Coroners, Medical Examiners, Funeral Directors and Organ Procurement Programs: Access Carroll, Inc. may disclose health information relating to a death to coroners, medical examiners or funeral directors, and to authorized organ procurement programs.
- Research Purposes: In certain circumstances Access Carroll, Inc. may disclose health information to assist medical research.
- Avert Threat to Health or Safety: In order to avoid a serious threat to health or safety, Access Carroll, Inc. may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- Abuse and Neglect: Access Carroll, Inc. will disclose your health information to appropriate authorities if we reasonably believe you are a possible victim of abuse, neglect, domestic violence, or some other crime. Access Carroll, Inc. may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- Specific Government Functions: Access Carroll, Inc. may disclose health information of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.
- Worker's Compensation: Access Carroll, Inc. may disclose health information to worker's compensation programs providing benefits for work-related injuries or illnesses without regard to fault.
- Patient Directories: You will not be identified to an unknown caller or visitor without authorization.
- Lawsuits, Disputes and Claims: If you are involved in a lawsuit, a dispute, or a claim, Access Carroll, Inc. may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf, or other lawful process.
- Law Enforcement: Access Carroll, Inc. may disclose your health information to a law enforcement official for purposes required by law or in response to a subpoena.
- Homeless Database: If you are at risk for or are identified as homeless, Access Carroll, Inc. will provide limited demographic information into a county database, Community Service Point, as required by the US Department of Housing and Urban Development (HUD) for the purposes of coordinating emergency and housing services.

Your Health Information Rights

Although your health record is the physical property of the health care provider and facility that compiled it, the information belongs to you.

- Request Restrictions: You have a right to request a restriction or limitation on the health information Access Carroll, Inc. uses or discloses about you. Access Carroll, Inc. will accommodate your request if possible, but is not legally required to agree to the requested restriction. If Access Carroll, Inc. agrees to a restriction, Access Carroll, Inc. will follow it except in emergency situations.
- Request Confidential Communications: You have the right to ask Access Carroll, Inc. to send you information at an alternative address or by alternative means. Access Carroll, Inc. must agree to your request as long as it is reasonably easy for us to do so.
- Inspect and Copy: You have the right to see your health information upon your written request. If you want copies of your health information, you may be charged a fee for copying, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.
- Request Amendment: You may request in writing that Access Carroll, Inc. correct or add to your health record. Access Carroll, Inc. may deny the request if Access Carroll, Inc. determines the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; (3) not permitted to be disclosed. If Access Carroll, Inc. approves the request for amendment, Access Carroll, Inc. will change the health information and inform you and tell others needing to know about the change in the health information.
- Accounting of Disclosures: You have the right to obtain a list of the disclosures made of your information; however, we are not required to agree to a requested restriction.
- Notice: You have the right to receive a paper copy of this notice and/or an electronic copy by e-mail upon request.

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL & PROTECTED HEALTH INFORMATION

I, _____, hereby consent to communication between

Access Carroll Integrated Health Care

and

TO: Beacon Health

PO Box 618

Hanover, MD 21076

Phone: 800-888-1965

FAX: 866-703-9028

The following information: **integrated behavioral health services (mental health and substance use disorder), attendance and participation in treatment, admission and discharge dates, ASAM level of care, results of drug testing, and evaluation.**

The purpose of the disclosure authorized herein is: **obtain authorization for treatment.**

I understand that my behavioral health records are protected under Federal regulations governing confidentiality of mental health records and Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and that any information that identifies me as a patient in an alcohol or other drug abuse program cannot be disclosed without my written consent except in limited circumstances as provided for in these regulations.

I understand that my records are also currently protected under the Federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164. I understand that my health information specified above will be disclosed pursuant to this authorization, and that the recipient of the information may re-disclose the information and it may no longer be protected the HIPAA privacy law. The Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, however, will continue to protect the confidentiality of information that identifies me as a patient in an alcohol or other drug program from re-disclosure.

I also understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it, and that in any event this authorization expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

I understand that the covered entity seeking this authorization is not conditioning treatment, payment, enrollment or eligibility for benefits on whether I sign the authorization.

I understand that I am entitled to receive a copy of this authorization after it is signed.

I accept _____ (initials)

I decline _____ (initials) a copy of this form.

Note: Federal Regulations prohibit any further disclosure of this information, without the specific written consent of the patient.

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL & PROTECTED HEALTH INFORMATION

I, _____, hereby consent to communication between

Access Carroll Integrated Health Care

and

Carroll County Health Department
Bureau of Prevention, Wellness, and Recovery
290 South Center Street
Westminster, MD 21157
Phone: 410-876-2152
FAX: 410-876-4832

The following information: **integrated behavioral health care, attendance and participation in treatment, admission and discharge dates, ASAM level of care, results of drug testing, evaluation and diagnosis (if applicable), treatment recommendations, and**

- Peer Specialist Services**
- Case Management**
- Hepatitis/HIV Testing**

Other: _____

The purpose of the disclosure authorized herein is: **continuity of care.**

I understand that my health records are protected under Federal regulations governing integrated behavioral health care, including the Confidentiality of Mental Health Records and Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and that any information that identifies me as a patient in an alcohol or other drug abuse program cannot be disclosed without my written consent except in limited circumstances as provided for in these regulations.

I understand that my health records are also currently protected under the Federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 & 164. I understand that my health information specified above will be disclosed pursuant to this authorization, and that the recipient of the information may re-disclose the information and it may no longer be protected under the HIPAA privacy law. The Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, noted above, however, will continue to protect the confidentiality of information that identifies me as a patient in an alcohol or other drug program from re-disclosure.

I also understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it, and that in any event this authorization expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

I understand that the covered entity seeking this authorization is not conditioning treatment, payment, enrollment or eligibility for benefits on whether I sign the authorization.

I understand that I am entitled to receive a copy of this authorization after it is signed.

I accept _____ (initials) I decline _____ (initials) a copy of this form.

Note: Federal Regulations prohibit any further disclosure of this information, without the specific written consent of the patient.

AUTHORIZATION TO DISCLOSE SUBSTANCE USE TREATMENT INFORMATION FOR COORDINATION OF CARE

Name of Patient _____ DOB: _____

Address: _____ Phone No: _____

Medical Assistance Number: _____

Section 1: Purpose of Authorization

This authorization to disclose is for the purpose of permitting the Maryland Medical Assistance Program (the Medicaid program), my substance use treatment provider, and any other providers identified in this form to coordinate my care so that it is more beneficial to me. By giving my consent, my Medicaid Managed Care Organization and any other providers specifically identified on this form will have access to information about substance use treatment I am receiving, which will help avoid conflicts in medication or treatment and improve the care I am receiving. By giving this consent, I may also gain access to other case management services offered through the Medicaid program.

Section 2: Name of Substance Use Treatment Provider (To be completed by provider)

Access Carroll Integrated Health Care
10 Distiller Drive, Suite 200
Westminster, Maryland 21157
410-871-1478

Section 3: Duration and Revocation of Authorization

I may revoke this Authorization at any time either verbally or in writing, by informing my substance use treatment provider of my wish to revoke authorization. I may also revoke this authorization by writing to the Maryland Medicaid Program's administrative services organization, Beacon Health Options, at:

Beacon Health Options
EDI Helpdesk/PO Box 1287, Latham, NY 12110
Phone: 800.888.1965
Fax: 877-502-1044

This Authorization's effective date is: _____. This Authorization expires when
(1) I revoke the Authorization; (2) I am no longer enrolled in a Medicaid Managed Care Organization; or
(3) I am no longer receiving treatment from a substance use treatment provider.

Section 4: Authorization

I hereby authorize my substance use treatment provider to disclose to the Maryland Medicaid Program (including its administrative services organization, Beacon Health Options, claims and authorization data resulting from my treatment, for purposes of coordination of my care. If you want to identify the kind or amount of information that you are authorization for disclosure, you may do so here:

I also authorize the Maryland Medicaid Program (including Beacon Health Options) to re-disclose my claims and authorization data to the Medicaid Managed Care Organization in which I am enrolled, and with any additional health care providers listed on this form below, for purposes of coordinating my health care. I further authorize my substance use treatment provider to disclose medical records requested by my MCO's patient care coordination team, for purposes of coordinating my care.

I understand that the information that may be disclosed as a result of this authorization may not be re-disclosed to any entity other than those entities identified in this authorization. I also understand that, for two years following the date of my signature, I have the right to find out who in the MCO actually saw my information.

I have been provided a copy of this Authorization.

Additional health care provider(s) with whom information about my care may be shared:

Name: _____

Address: _____

Name: _____

Address: _____

*NOTE: If you are signing as the member's Legally Authorized Representative, attach a copy of the legal document(s) granting you the authority to do so. Examples are a health care power of attorney, a court order, guardianship papers, etc.

The following are the Maryland Medicaid Managed Care Organizations (MCOs):

Aetna

Compliance Officer
509 Progress Drive, Suite 117
Linthicum, MD 21209
866-827-2710

Amerigroup Community Care

Compliance Officer
7550 Teague Road, Suite 500
Hanover, MD 21076
410-859-5800

Jai Medical Systems

Compliance Officer
5010 York Road
Baltimore, MD 21212
410-433-2200

Kaiser Permanente

Compliance Officer
2101 East Jefferson Street
Rockville, MD 20852
301-816-2424

Maryland Physicians Care

Compliance Officer 509 Progress Drive
Linthicum, MD 21090-2256
800-953-8854

MedStar Family Choice

Compliance Officer
5233 King Avenue, Suite 400
Baltimore, MD 21237
410-933-2204

Priority Partners

Compliance Officer
Baymeadow Industrial Park
6704 Curtis Court
Glen Burnie, MD 21060
410-424-4400

Riverside Health of Maryland

Compliance Officer
1966 Greenspring Dr., 6th Floor
Timonium, MD 21093
410-878-7709

UnitedHealthcare

Compliance Officer
Lyndwood Executive Center
6095 Marshalee Dr, Suite 200
Elkridge, MD 21075
410-379-3457

11/2017

CLIENT'S RIGHTS, RULES AND GRIEVANCE POLICY FOR SUBSTANCE USE DISORDER TREATMENT

RIGHTS:

All records are confidential with the exception of a court ordered subpoena or similar legal mandate being issued in order to compel disclosure. Otherwise, no one except the staff has access to patient records. Our staff members respect the confidentiality and the anonymity of patients. No other agency has access to your records unless you choose to allow them access by signing a release form. All individuals will be treated with respect by all staff members of Access Carroll.

GRIEVANCE PROCEDURES:

If you feel at any time that you are being treated unfairly as a client of the program, or if you do not agree with termination procedures or if you have any other complaints of any kind, please bring the matter to the attention of the Manager of Clinical Operations at Access Carroll (410-871-1478) or the Services Coordinator at the Carroll County Health Department (410-876-2152).

RULES:

1. Clients must make every effort to keep appointments and be on time, and participate in treatment. Missed appointments are expected to be made up.
2. Persons under the influence of alcohol or other drugs may be asked to leave the premises. Disruptive behavior will not be tolerated.
3. No weapons of any kind are allowed on the premises
4. All clients are required to respect the anonymity of the other patients and never divulge his/her name outside of the program. All that is said in group is confidential and must never be repeated outside of group.
5. State regulations require the automatic discharge of those patients who have not had a face-to-face contact with a clinical team member within a period of 30 days.
6. Probation Policy: With client consent, a status report may be provided to your Parole/Probation Agent and Drinking Drivers' Monitors, etc., indicating whether or not you attended scheduled counseling sessions, results of drug testing, and participation in treatment as required.
7. Random urinalysis/Breathalyzer tests will be required during your treatment session. A positive test may result in a referral to a more intensive treatment program. Failure to submit a urine/Breathalyzer will be considered a positive test.
8. NOTICE TO PATIENTS ON MEDICATIONS: Please only bring the amount of medications you will need while you are receiving care, treatment, or services at Access Carroll. You may bring them in a labeled bag or container. This is for your safety. Thank you!
9. I received a copy of the client handbook. I understand that I will be held responsible for knowing and abiding by the program boundaries and regulation.

I have read and understand this document. I hereby agree to abide by all rules and requirements of the treatment program, and I understand that failure to do so may result in discharge from Access Carroll behavioral health services.

Patient received copy of handbook (initial, if so) _____

TB SYMPTOM CHECKLIST

Patient Name: _____ Date: _____

Person Completing Checklist: (if different from above): _____

Persons with any of the following risk factors are candidates for tuberculin testing, unless there is written documentation of a previous positive TST or QFT. If the answer to all questions is “No”, testing is not recommended.

Risk Factor	Yes √	No √
TB Symptoms: <ul style="list-style-type: none"> • Unexplained fever for more than 1 week. • Unexplained weight loss. • Unexplained night sweats. • Persistent cough for more than 3 weeks. • Productive cough with bloody sputum. 		
Recent close or prolonged contact with someone with infectious TB disease.		
Foreign-born person from high-prevalence area who has lived in the U.S. for less than 5 years.		
HIV infection/AIDS/injection drug use.		
Immunosuppression secondary to use of prednisone or other immunosuppressive medications, i.e., chemotherapy, or anti-rejection drugs.		
Resident, employee, or volunteer of high-risk congregate setting (e.g. prison, LTC facility, hospital, homeless shelter).		
Medical conditions associated with risk of progressing to TB disease if infected, i.e., Diabetes Mellitus, Silicosis, Cancer of head or neck, Hodgkin’s disease, Intestinal bypass or gastrectomy, chronic malabsorption syndrome.		
For children only: Travel to a high-incidence country for more than a year, or resided with an individual at high-risk for TB (i.e., from high-incidence country, HIV-infected, or employed at a high-risk setting).		
TB TESTING RECOMMENDED: Signature: _____ Date: _____		

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE CLIENT RECORDS

The confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal laws and regulations, 42CFR. The program may not disclose any information identifying a client as an alcohol or drug abuse client unless:

- client consents in writing; OR
- court ordered disclosure; OR
- to emergency medical personnel for a bona fide medical emergency or to qualified personnel for research, audit, or program evaluation; OR
- crime threatened or taking place on program premise or against program personnel.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal laws and regulations do not protect information about suspected child abuse or neglect from being reported under State law to appropriate State and local authorities. This facility is required to report any suspected child abuse, sexual abuse, or neglect to the proper authorities. This disclosure is required regardless of the time elapsed since the abuse occurred and regardless of whether the abuser is dead or alive.

Signed release to criminal justice agencies, ie: DDMP, Parole and Probation, or other proceedings under which the client was mandated into treatment, is not covered under this disclosure.

No client may reveal any information about another client including their presence in treatment.

The above information has been explained to me. I understand and agree to abide by these regulations.

See 42 U.S. Code §§ 290dd-3, 290ee-3 for Federal laws and 42.C.F.R.Part 2 for Federal Regulations

FAMILY AND RECOVERY ENVIRONMENT ASSESSMENT

	Questions	Yes	No
1	Would you like to receive information about how chemical dependency affects families?		
2	Did you grow up in a household where one or more family member's alcohol use had a negative impact on the family?		
3	Would you like to receive information about Al-Anon and/or other 12-Step and other self-help programs?		
4	Do you have a family member who is currently in need of substance use disorder treatment?		
5	Do you believe that the support of your family members can help you refrain from alcohol and/or drug use?		
6	Would you be interested in setting up a meeting with your primary counselor and family member about substance use disorder treatment?		
7	Would you like to receive information about how to deal with family issues in recovery?		
8	Did you grow up in a household where one or more family member's drug abuse had a negative impact on the family?		
9	Do you currently reside with a family member or relative whose active drug use and/or alcohol use has a negative impact on your efforts to maintain abstinence or sobriety?		
10	Are your family members supportive of your efforts to abstain from alcohol or other drugs?		
11	Can you talk to your family members about your participation in methadone maintenance treatment?		
12	Have you ever suffered any type of physical, emotional, or sexual abuse by a family member that would make it unsafe for you to involve them in your treatment?		
13	Would you like to set up a meeting with a family member(s) to discuss how substance use can impact the family?		
14	Would you like to bring in a family member to discuss how your substance use may have impacted them?		
15	If you have children under the age of 18, are you comfortable discussing your involvement in treatment?		
16	Could your primary counselor or treatment team be helpful in talking to your family members about your current involvement in treatment?		
17	Are you currently interested in receiving some family counseling and/or therapy?		
18	Do you have any concerns about a family member's current drug or alcohol use?		
19	Do you want your family or a member of your family involved in any aspect of your treatment?		
20	Is there a need for an interpreter and/or support or special services needed to engage your family member in treatment?		
21	Do you want or need support and/or treatment services to address how your substance use disorder may have impacted your own children and loved ones?		

How Can We Help You With Your Recovery?

Please complete this form. This will allow your Primary Counselor to identify your needs and goals while you are in treatment at Access Carroll.

Alcohol and Drug Abuse:

- Withdraw/Detox- Drug of Choice is: _____
- Education
- Alcoholic Anonymous information
- Narcotics Anonymous information

Physical Health: Do you have any of the following disorders? (Check all that apply)

- High Blood Pressure
- Seizures
- Hepatitis B or C
- Head Injury
- Chronic pain – if yes, location: _____
- High Cholesterol
- Heart Problems
- HIV or AIDS
- Diabetes

Family: Are you interested in (check all that apply)

- Family Counseling
- Relationship or Marital Counseling
- Domestic Violence Therapy

Psychological/Mental Health: Have you ever been diagnosed by a physician or psychiatrist with any of the following (or been in mental health therapy before?)(Check all that apply)

- Mental Health Therapy
- Depression
- Bipolar Disorder
- ADD/ADHD
- Physical or emotional abuse
- Traumatic occurrences in life
- Need grief or loss counseling

Have you been prescribed medication in the past for depression or other mental health issues?

Yes No

Legal: Are you (check all that apply)

- Currently on probation
- Recent DWI or DUI
- Court Ordered to treatment
- Recent drug related charges

Educational:

- Need GED Testing
- Interested in college courses

Vocational:

- Employed
- Unemployed

Additional Supports requested:

- Faith Based
- Peer Support

CLIENT CONCERN LIST

Client Name: _____ Client #: _____

Area of Concern (Code)	Concern Identified	Treatment Plan	Deferred
Physical Health (PH)			
Employment Financial Support (EF)			
Drug & Alcohol (DA)			
Treatment History (TH)			
Legal (L)			
Family/Social (FS)			
Mental Health (MH)			

Client Name _____

Client ID # _____

Date (x1) _____

Date (x2) _____

Administered by (x1) _____

Administered by (x2) _____

SYMPTOM SCREENING FORM

Many people in our program have various symptoms and problems. For us to better serve you please answer the questions on these pages. Place a check mark in the box to the right of each question to show how much this type of feeling has been bothering you for the past several days.

		0 Not at All	1 Rarely	2 Sometimes	3 A Lot
D	1. Have you been feeling sad or blue?				
	2. Does your future seem lonely or hopeless?				
	3. Do you feel worthless or not as good as other people?				
	4. Have you lost interest in activities you used to enjoy?				
	5. Do you feel life is not worth living or you're better off dead?				
A	6. Do you feel nervous, shaky, tense, or restless inside?				
	7. Do you feel afraid?				
	8. Do you worry a lot?				
	9. Do you have physical stress-tense muscles, headaches, trouble breathing, or upset stomach?				
P	10. Do you hear voices other people say they don't hear?				
	11. Do you believe others are against you or are watching you?				
	12. Do you feel out of touch with other people or not close to them?				
	13. Do you feel someone or something else controls you or your thoughts?				
	14. Note: Number 14 not on original questionnaire.				
H	15. Do you feel easily irritated or lose your temper?				
	16. Do you feel like breaking or smashing things?				
	17. Do you think about hurting other people?				
	18. Do you hit or injure other people?				
T	19. Do you ever have bad dreams or thoughts about troubling or harmful events that happened to you in the past?				
	20. Are you jumpy or easily startled by noises or movements?				
	21. Do you have periods in your life that you can't remember?				
	22. Have you ever been through an event that involved a physical threat or harmed you?				
	23. Do you ever feel numb, apart, or without feeling at all?				
E	24. Do you or have you ever eaten a very large amount of food within 2 hours?				
	25. Have you worried about gaining weight or being fat, even if you were underweight?				
M	26. Do you have intense mood ups-and-downs?				
	27. Do your thoughts seem to race, or do you feel too active?				
	28. Do you ever go without sleep, sometimes even for a few days?				
	29. Do you do things without think about what will happen?				

SYMPTOM SCREENING FORM SCORING SHEET

Client Name

Client ID #

Date of 1st Screen

Date of 2nd Screen

Section	1 st Score	2 nd Score	Instruction
Question 5 Score	<u> </u>	<u> </u>	<p style="text-align: center;">*** If 1 or more, immediately do a suicide assessment and discuss with supervisor for possible emergency psychiatric evaluation. ***</p>
Question 18 Score	<u> </u>	<u> </u>	<p style="text-align: center;">*** If 1 or more, immediately discuss with supervisor for possible mental health referral. ***</p>

For the score below, if the score is as indicated or higher in one of the items, discuss with supervisors and consider mental health referral.

Depression Section	<u> </u>	<u> </u>	If 6 or more, discuss...
Anxiety Section	<u> </u>	<u> </u>	If 6 or more, discuss...
Psychotic Section	<u> </u>	<u> </u>	If 6 or more, discuss...
Depression section	<u> </u>	<u> </u>	If 6 or more, discuss...
Hostility Section	<u> </u>	<u> </u>	If 6 or more, discuss...
Trauma Section	<u> </u>	<u> </u>	If 6 or more, discuss...
Eating Disorders Section	<u> </u>	<u> </u>	If 6 or more, discuss...
Manic Section	<u> </u>	<u> </u>	If 6 or more, discuss...

OUTPATIENT TREATMENT SERVICES GROUP CONTRACT

Groups start promptly at their stated times. Once the counselor takes the group back to their appointed room, NO ONE is allowed into the group. There will be no exceptions, and it will be marked as unexcused. Bathroom breaks will not be permitted during group time.

Cell phones are not permitted in group. Leave cell phones in vehicles, at the front office or in the group basket. If cell phones are found in group, you will be asked to leave the group and credit will not be given for attending.

The only excused absence will be medical with documentation. Arrive on time because situations such as traffic, transportation issues, and employment conflicts will not be excused.

Please be respectful in groups. Listen actively and attentively. Speak from your own experiences and not about others. Any side conversation, disrespectful communication, interrupting others, monopolizing, criticizing, or put-downs will not be allowed.

At any time, if behaviors become disruptive or negatively impact other group members, the Group Leader has a right to ask a client to leave and additional disciplinary actions may ensue.

Group is a safe environment where people can disclose, give and receive constructive feedback, positively challenge one another and build on the process. If you are offended, please express that to the group. If you are confused, please ask for clarification.

Confidentiality must be strictly adhered to with no exception. The quality of the discussion is dependent upon those participating in the group. Take responsibility for YOUR GROUP.

SUBSTANCE USE DISORDER SERVICES FEE SCHEDULE

PROFESSIONAL FEES

The following is a summary of full-cost fees for Substance Use Disorder services offered at Access Carroll:

Substance Use Disorder Assessment:	\$170.00
Individual Outpatient Session - Per 15 Minutes:	\$ 30.00
Group Outpatient Session - 60 Minutes:	\$ 60.00
Intensive Outpatient (IOP) per day:	\$140.00
Substance Use Disorder Family Services:	No Charge
Theracoustic Spa:	No Charge

Access Carroll accepts Maryland Medicaid Insurance through Beacon Health Options and we offer services on a sliding fee scale based upon your annual income and family size. Documentation is required to establish eligibility of reduced service fees at least annually. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check or cash. Any checks returned to our office are subject to an additional fee of up to \$25.00 to cover the bank fee. An unpaid balance may result in suspension of services.

INSURANCE

You should also be aware that most insurance companies require you to authorize Access Carroll to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems.) Sometimes our office has to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, Access Carroll has no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will provide you with a copy of any report we submit, if you request it. By signing this Agreement, you agree that Access Carroll can provide requested information to your carrier if you plan to pay with insurance. As a participating provider with Maryland Medicaid and Beacon Health Options, additional consents to release information may be necessary.

If Access Carroll is not a participating provider for your insurance plan, we will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, we can assist you in finding another provider accepting your insurance.

BEHAVIORAL HEALTH CLIENT DISCHARGE SATISFACTION SURVEY

Date Completed: _____ Provider (optional): _____

**We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses directly impact our improvement, and will be confidential and anonymous, you can deposit your completed form into the black survey box in our front lobby.
 Thank you for your time.**

Please Rate The Following Based on Your Service					
Please rate the following by circling the number that most closely represents your feelings.	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
I found the waiting room environment was comfortable and/or appropriate.	5	4	3	2	1
I found the front office staff was welcoming and helpful for my needs.	5	4	3	2	1
Staff worked with me in setting up appointments.	5	4	3	2	1
I was treated with respect by staff.	5	4	3	2	1
Staff were helpful in dealing with billing/fee establishment procedures.	5	4	3	2	1
I found that my counselor's office created a pleasant environment for sessions.	5	4	3	2	1
I found that the group room was a pleasant environment for group treatment.	5	4	3	2	1
I had input in developing my treatment plan and understood the direction my counseling was going in.	5	4	3	2	1
I understand the level of care that was recommended during my treatment.	5	4	3	2	1
I felt my counselor listened to me in individual sessions and that I could talk about anything I needed to share.	5	4	3	2	1
I was able to gain a better understanding of addiction during my treatment.	5	4	3	2	1
I was able to gain healthier coping skills to handle high risk situations and/or feelings.	5	4	3	2	1

Staff offered to involve my family in treatment.	5	4	3	2	1
I was given information about resources available in the community.	5	4	3	2	1
I found my groups to be helpful during my treatment. List groups attended below and evaluate each:	5	4	3	2	1
I was asked about my treatment goals and needs.	5	4	3	2	1
I was asked if my treatment goals and needs were met.	5	4	3	2	1
Group:	5	4	3	2	1
Group:	5	4	3	2	1
Group:	5	4	3	2	1
Group:	5	4	3	2	1
Group:	5	4	3	2	1
Group:	5	4	3	2	1
Group:	5	4	3	2	1
Group:	5	4	3	2	1
Group:	5	4	3	2	1
Mental Health Section:	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
Were you assessed for co-occurring issues? (Anxiety, depression, etc.) If so, were your needs met?	5	4	3	2	1
Did you receive co-occurring education/information? If so, was the education/information helpful?	5	4	3	2	1
Did you receive or were you referred for mental health treatment? If so, were your needs met?	5	4	3	2	1
Are you on medication for mental health issues? If so, was it helpful?	5	4	3	2	1
Overall, I was satisfied with services received for co-occurring (mental health/substance use disorder issues).	5	4	3	2	1
List any suggestions for improving the safety of the care, treatment or services provided to you:					
List 3 things that were most helpful in your treatment:					

CLIENT ORIENTATION CHECKLIST

Handbook Statement
1. Important and Emergency Numbers
2. Transportation Numbers
3. Community Resource List
4. Prepare Me Carroll Mobile App
5. Welcome to Access Carroll
6. Services Available at Access Carroll
7. Eligibility for Admission Criteria
8. Appointments
9. Hours of Operation
10. Inclement Weather Policy
11. Eligibility for Sliding/Reduced Fee Scale
12. No Show/Cancellation Policy
13. Client's Rights and Responsibilities
14. Grievance Procedure
15. Client Notice Of Health Information Practices (HIPAA) and 42 CFR
16. Pictures and Videos
17. Behavioral Health Advocate
18. Psychiatric Advance Directive
19. Discharge or Termination of Services
20. Health, Safety, and Illegal Drugs
21. Opioid/Heroin Overdose Prevention and Response
22. Naloxone (Narcan) Training Class
23. Communicable Disease Testing
24. Sexually Transmitted Infections (STIs) Overview
25. HIV/AIDS: The Basics
26. HIV and Viral Hepatitis Facts
27. Tuberculosis (TB) Facts
28. Consents for Treatment and Release of Information

By my signature below I have received a copy of Access Carroll's Behavioral Health Client Handbook and have been informed of the information above:

Client Signature

Date

Client ID #

Witness Signature

Date

Handbook Version #

DECLINATION OF BEHAVIORAL HEALTH CLIENT HANDBOOK

By my signature below I have declined a hard copy of Access Carroll's Behavioral Health Client Handbook, but have been informed of the information above and understand that the latest electronic version of this handbook can be viewed at www.AccessCarroll.org.

Client Signature

Date

Client ID #