



CLIENT HANDBOOK

It is the mission of WCAP Counseling to meet our clients where they are and build a mutual relationship. Our goal is to invoke the best in our clients, to help them see their dignity and potential even amidst difficult life circumstances. Our aim is not simply crisis management; our aim is the type of growth and change that will allow clients to be part of a lifelong community of wellness.

Our approach is holistic, encompassing the biological-psychological-social-spiritual aspects of the person. Our values are rooted in the belief that counseling services should be affordable and accessible to all. We provide affordable mental health and alcohol (MH/AoD) and other drug treatment services for all persons regardless of race, gender, sexual orientation, or religious affiliation.

1900 Brice Rd
Reynoldsburg, OH 43068
Email: wcapcounseling@whitehallcapinc.com
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CLIENT RIGHTS

POLICY:

It is the policy of Whitehall CAP Inc. (WCAP Counseling) to maintain for at least two years, records of Client grievances that include:

1. Copy of grievance
2. Documentation reflecting process used and resolution/remedy
3. Documentation of extenuating circumstances for extending resolution beyond 21 days

PROCEDURE:

The rights of clients include

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment.
3. The right to receive services in the least restrictive, feasible environment.
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation.
5. The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency.
6. The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it.
7. The right of freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others.
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
9. The right to be advised and the right to refuse observation by others and by techniques such as one-way mirrors, tape recorders, video recorders, television, movies, or photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas.
10. The right of confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restrictions, and the treatment being offered to remove the restriction.
12. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary.
13. The right to be informed of the reason(s) for denial of a service

14. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state, or federal laws.
15. The right to know the cost of the services.
16. The right to be verbally informed of all client rights, and to receive a written copy upon request.
17. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations.
18. The right to file a grievance
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
20. The right to be informed of one's own condition;
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.

CLIENT GRIEVANCE PROCEDURE

All grievances must be written [2-1-07(I)(1)], dated and signed by the client or the person filing the grievance on behalf of the client [2-1-07(I)(2)], and should include the date, approximate time, description of the incident and names of the individuals involved in the incident/situation being grieved [2-1-07(I)(3)]. Grievances should be given to Aaron McVay, Executive Director, and the client rights officer, at 1900 Brice Rd, Reynoldsburg OH on Mondays and Wednesday's from 10 am – 8 pm, Tuesdays, Thursdays and Fridays. 9am – 5pm at (614) 239-9965. In the event the client rights officer is not on the premises, the grievance can be given to the agency receptionst, at the same above specified location during the same hours and at the same phone number [2-1-07(I)(4)].

This statement of client rights is posted in the waiting room of 1900 Brice Rd, Reynoldsburg. The grievance may be made verbally and the client advocate shall be responsible for preparing a written text of the grievance including an attestation by the client advocate that the written grievance is a true and accurate representation of the client's grievance. A decision will be made on the grievance within 20 business days of receipt. Extenuating circumstances indicating need for extension must be documented in the file and written notification given to client [2-1-07(I)(5)]. A counselor will assist you in filing a grievance upon your request [2-1-07(I)(6)].

Within three working days of receiving the grievance the program will provide the client with a written acknowledgement that includes: [a] the date the grievance was received, [b] a summary of the grievance, [c] an overview of the grievance investigation process, [d] a timetable for investigation and notification of the resolution, and [e] the treatment provider contact person's name, address, and telephone number [2-1-07(I)(8)].

At any time, the client or persons filing grievances on the client's behalf have a right to file a grievance with any of the organizations listed below [2-1-07(I)(7)]:

Ohio Department of Mental Health and Addiction Services (ODMHAS)

30 East Broad Street, 36th Floor
Columbus, Ohio 43215
(614) 466-3445

Disability Rights Ohio

LeVeque Tower Immigration Office
50 West Broad Street, Suite 1400
Columbus, Ohio 43215-5923
(614) 466-7264

Office for Civil Rights
U.S. Dept. Health/Human Services
233 N. Michigan Ave., Suite 240
Chicago, ILL 60601
Voice Phone: (312) 886-2359

Tuberculosis Disease Fact Sheet

What is Tuberculosis?

Tuberculosis (TB) is an infectious disease that develops slowly and can lead to ill health for a long time. If it is not treated, it can cause death.

How does it occur?

TB is caused by a type of bacteria that usually attacks the lungs. These bacteria can destroy parts of the lungs, making it difficult to breathe. They can also spread to damage the brain, kidneys, bones, and joints. They may also infect the lymph nodes.

TB is very contagious, it is spread mainly through the air. A person who has active TB can spray droplets infected with bacteria into the air by coughing, sneezing, or laughing. Tiny particles containing bacteria may stay in air for long time, ready to be breathed in by another person.

What are the symptoms?

Possible symptoms are: fatigue, weight loss and loss of appetite, fever, sweating at night, joint pain, or a cough that starts out dry but later sputum. Sometimes there are no symptoms.

How is it diagnosed?

If you experience symptoms, you will need to have a tuberculosis test, chest X-ray, and sputum culture.

How is it treated?

If you have active TB, you will be treated with medicines at home or in the hospital. You will probably be given several medicines which you need to take for several months. Several medicines are necessary because one alone may not kill all the TB bacteria.

How long will the effects last?

Almost all people who are properly treated for TB are cured. The main reason that treatments sometimes do not work is that people do not take their medications properly.

What can be done to help prevent TB?

TB can be prevented. To help prevent the spread of TB, people infected must be diagnosed early. If you have TB, you can prevent spreading it by: starting treatment with antibiotics as early as possible and taking these medicines as prescribed, disposing of used tissues in a sealed plastic bag, covering your mouth and nose when you cough, sneeze, or laugh, and washing your hands after sneezing or coughing or anytime your hands have been around your mouth or nose.

Hepatitis C Disease & Hepatitis B Disease Fact Sheet

What is Hepatitis C?

Hepatitis C is a liver disease caused by the hepatitis C virus. Hepatitis C is spread by contact with the blood of an infected person.

How is Hepatitis C diagnosed?

Anti HCV (antibody to HCV) test

The following are the types of test your doctor may order and the purpose for each:

- EIA (enzyme immunoassay). This test is usually done first. If positive, it should be confirmed.
- RIBA (recombinant immunoblot assay). This is a supplemental test used to confirm a positive EIA test.

Anti-HCV does not tell whether the infection is new (acute), chronic (long term) or is no longer present.

Who should get tested for Hepatitis C?

- persons who ever injected illegal drug, including those who injected once or a few time many years ago
- persons who were treated for clotting problems with a blood product made before 1987
- persons who were notified that they received blood from a donor who later tested positive for Hepatitis C
- person who received a blood transfusion or solid organ transplant before July 1992
- long term hemodialysis clients
- persons who have signs or symptoms of liver disease
- healthcare workers after exposures to HCV positive blood on the job (needlesticks or splashes to the eye)
- children born to HCV positive women

How is HCV spared from one person to another?

HCV is primarily spared by direct contact with human blood:

- sharing needles to inject street drugs
- through blood, blood products, or solid organs from a donor infected with HCV
- through sexual contact with an infected partner
- your mother had HCV at the time she gave birth to you
- you share razors, toothbrushes or other items with someone you live with who is infected with HCV
- accidental needlesticks (healthcare workers)

Those who are HCV positive should follow strict aseptic technique and standard precautions, including appropriate use of hand washing, barriers, and care in the and disposal of blood contaminated articles or instrument.

What is Hepatitis B?

Hepatitis is a term for inflammation of the liver. Hepatitis can be caused by viruses, medications, and alcohol abuse. Hepatitis B is a name of one of the viruses that cause Hepatitis. Hepatitis B is a serious, sometimes severe even and fatal type of hepatitis. Some people who have Hepatitis B develop the chronic form of the disease. This means they continue to be infected with the virus for a long time and time and develop the complications of prolonged liver inflammation. The disease can eventually cause liver failure and death.

How does it Occur?

Hepatitis B is extremely infectious. This type of Hepatitis is commonly spread through sexual secretions such as semen and blood. Contaminated syringes and needles can also spread Hepatitis. If instruments such as the ones used in tattoo and piercing parlors are not completely sterilized between uses, they can spread Hepatitis. Mothers who are infected with Hepatitis B or who are carriers can spread the disease to their babies.

What are the Symptoms?

Symptoms of Hepatitis B may appear as long as 4 week to 6 months after a person is infected with the virus. If symptoms occur, the disease usually begins with the typical symptoms of viral infection: loss of appetite, fever, general aching, and fatigue. Other possible early symptoms include: itching hives, pain in certain joints, in smokers, loss of taste for cigarettes. Symptoms that may follow several days later include; nausea and vomiting, foul breath and bitter taste in the mouth, dark brown urine, yellowish skin eyes (jaundice), pale colored bowel movements, pain just below the ribs on the right side.

Hepatitis B can cause permanent liver damage. Some of the symptoms of serious liver damage are; pain on left side of the upper abdomen from an enlarged spleen, swelling of the stomach and legs, reddening of the palms, easy bruising, bleeding from the esophagus or stomach.

How is it Diagnosed

A careful medical history helps determine when you began having symptoms and how they have progressed. It may also suggest how you got infected. Your health care provider will examine your eyes, skin, and especially your abdomen for sign of Hepatitis. The diagnosis is confirmed by blood tests. If your health care provider thinks you have chronic Hepatitis or serious liver damage, a live biopsy may be done. This sample of tissue is sent to a lab for tests.

How is it Treated

The usual treatment for Hepatitis B is bed rest, a balanced diet, and avoidance of alcohol and certain medications for least 6 months. Antibiotics are not useful in treating Hepatitis. If you have chronic Hepatitis B, you may need steroids or you may be given injection of interferon, an antiviral drug.

HIV Infection and AIDS Fact Sheet

What are HIV and AIDS?

HIV is the abbreviation for human immunodeficiency virus. HIV is the virus that causes AIDS (acquired immunodeficiency syndrome), a life-threatening disease.

HIV attacks the body's immune system. When the immune system is weakened, various infection called opportunistic infection develop. They are called opportunistic because they take advantage the weakened immune system. When you have AIDS, the

opportunistic infections eventually cause death because your body can no longer defend itself against them. AIDS is a condition of the body being overwhelmed by opportunistic infections or tumors.

How does it Occur?

The AIDS virus is **NOT** spread through the air, in food, or by casual contact such as shaking hands or hugging. It is passed on only when the blood, sexual secretions, or breast milk of an infected person enter another person's body. Spread of the virus can occur during such activities as: unprotected sexual activity, sharing IV needles, being born to or breast-fed by an HIV infected mother, or blood transfusions (now rare in the United States because of current screening tests).

The following groups have the highest risk for HIV infection and possible development of AIDS: sexually active homosexual men, bisexual men and their partners, IV drug users and their sexual partners, people who share needles (for IV drug use, tattooing, or piercing), heterosexuals with more than one sexual partner, people who have sex with an HIV infected partner, and babies born to mother who are HIV infected.

What are the symptoms?

The symptoms of HIV infection and AIDS are usually the symptoms of the diseases that attack the body because of a weakened immune system: fever that lasts from a few days to longer than a month, prolonged swelling of lymph nodes, sore throat, long lasting or multiple viral skin problems, such as herpes sores or plantar warts, repeated, severe yeast infections in spite of treatment, chronic muscle or joint pain, chronic diarrhea, headache, nausea and vomiting enlarged spleen or liver, loss of appetite or weight, especially loss of more than 10% of body weight.

How is it Diagnosed?

The ELISA test is the first blood test done to see if you are infected with HIV. If this test is positive, another more specific test, usually the Western Blot test, is done to confirm the results. Once you have a confirmed positive HIV test result, you must have a thorough medical exam.

How is it treated?

Treatment will depend on if it is known when you became infected with HIV and whether you are having symptoms. Treatment will include: lab tests, antiviral medicines, regular dental exams, preventive treatment for such diseases as pneumonia, TB, tetanus toxoplasmosis, Hepatitis B, influenza, and treatments for other opportunistic infections and tumors as they develop.

How long do the effects last?

The full effects of AIDS may not appear until 5 to 10 years after you are first infected with HIV. Although AIDS is a fatal disease, life expectancy has increased as new treatments are developed.

How can I take care of myself?

Ask any new sexual partner about his or her sexual history. Be careful to practice safe sex, use condoms, and seek HIV testing. If you are HIV positive, see your health care provider on regular schedule, keep all scheduled test appointments (blood, viral counts, dental, vision, etc.), and contact local AIDS support network (your healthcare provider should be able to help you find one).

How can I help prevent spreading the HIV virus?

If you are HIV positive, you should: practice safe sex, ask sexual partners to be tested for HIV; tell your health care providers you are HIV positive; DO NOT share needles for drug use, tattooing or body piercing; DO NOT donate blood, plasma, semen, or body parts.

How can I keep up to date on treatments for HIV infection?

Contact the AIDS Hotline with specific question or to find other resources.

The National AIDS Hotline: 1-800-342-2437, 24 hours a day, 7 days a week.

Your Information. Your Rights. Our Responsibilities.

HIPAA Privacy Notice

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on the last page of this notice.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual die.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Other Instructions for Notice

This notice is effective 1/21/2019

The Clinical Director is the agency privacy officer and can be reached at ameena.kemavor@whitehallcapinc.com or 614-239-9965