



INTEGRATED SERVICES for behavioral health

Client Handbook

August 2021

MISSION STATEMENT

To provide a strengths framework for integrated health related services to support people and families with opportunities in housing, work, and community life.

To develop, provide and manage low-income housing, housing for the poor and distressed, housing for the disabled and to combat community deterioration through the improvement, rehabilitation, or redevelopment of blighted areas and for other charitable purposes.

VISION

Healthy people. Strong communities

VALUES

COLLABORATIVE: Everything we do – from our service philosophy to business planning, is based on cultivating collaborative relationships.

COMMUNITY MINDED: We work with partners from healthcare to social services and everything in between. All of our behavioral health and other services are intended to meet the everyday needs of people and communities to support health & wellness broadly defined.

FORWARD-THINKING: We seek long-lasting partnerships to move through the change process as efficiently as possible.

INTEGRATED: For more than twenty years, the word “integrated” has appeared in our name. It is in our DNA. More than ever, all of our behavioral and other services are carefully designed to mesh with primary healthcare to operate in a more holistic way. We are also working with local partners to advance ambitious ideas about promoting community-minded healthy neighborhoods.

LOCAL: We help to conserve local healthcare and other community resources so they can fit more efficiently within emerging regional and national systems of care.

PERSON-CENTERED: We provide a full array of clinical behavioral health services at the highest level of informed, contemporary practice. We have always placed a special emphasis on home-based services in a way that has taught us important lessons about relationship-based care. Working as allies, we find ourselves in a better position to help people and families to help themselves be well.

DATA DRIVEN: We value learning from data we maintain, using it to enhance our services and basing service interventions on best practices and validated research.

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Forward

Welcome to Integrated Services for Behavioral Health (ISBH). You have been referred to our agency so that we may provide assistance and support to you and/or your family.

The purpose of ISBH is to intervene in individual and family behavioral health concerns in such a way that assists the individual or family in optimizing their functioning in their own home and community.

In order to enter the ISBH program, you must first complete an assessment phase. Based upon the information provided in the assessment, together with your provider you will develop an Individualized Care Plan (ICP) that is tailored to your specific concerns and goals.

Upon completion of the assessment phase, you will begin work with your primary service provider to implement your care plan. Your primary provider and/or team will coordinate with others that you identify as key to you being successful in reaching your goals.

Program Services

*All services are available via in person, home, community, telehealth, etc.

Assessment Service

This service is the gateway to all other ISBH services. The assessment is an initial brief evaluation to determine the needs of the client so that services may begin quickly. The assessment is sensitive to individual ethnic and cultural backgrounds, persons of disabilities, as well as the social and physical environment that affects the person's functioning and mental health. After services have started a more intensive evaluation may be indicated and completed by a Counselor, Physician, or Nurse Practitioner. The assessment is an ongoing process and may be updated during treatment. Contacts with family, parent, or guardian and/or other agencies or individual are made, as appropriate.

ISBH does not restrain or seclude clients. ISBH will work with client to assist them in managing distress, crisis and interpersonal problems that may be interfering with daily functioning. ISBH providers will work with the client to design planned services that are client driven and preferred. In distressing situations services may include referral to a local crisis service for assessment and support. Safety plans and crisis plans are designed to promote the safety, security, and recovery of the client.

Community-based

This service includes an array of services and activities that provides treatment, support, and rehabilitation services. A significant amount of support services are performed face-to-face with persons served at their homes, schools, or other natural living spaces. Community and Family Support Services consist of case management activities which are considered important to assist the person in gaining access to necessary services. Rehabilitation services are designed to reduce symptoms of mental illness to restore the person served to the best functional level.

Homeless Programs

ISBH offers services to households experiencing homelessness in Athens, Gallia, Hocking, Jackson, Meigs, Perry, and Vinton counties. For the purpose of these programs, homelessness is defined as living in a place not meant for human habitation, or an emergency homeless shelter. (Limited funds may also be available to assist those at imminent risk of homelessness.) The primary goal of these programs is to help participants achieve and maintain housing stability by removing barriers. Homeless program staff and participants often work closely with behavioral health staff, and other partner agencies such as local Community Action Agencies and Metropolitan Housing Authorities.

Counseling and Psychotherapy

This service consists of a series of time-limited structured sessions that work to attain goals from the Individualized Care Plan. When the person is a minor, the face-to-face interaction may also be with family members, guardians and/or significant others when the intent is to improve functioning at home or school, for example. Group counseling, such as anger management, may also be used when there are specific issues identified where psychoeducational and practice activity can be used to improve functioning.

Medication Management

Integrated Services for Behavioral Health strives to provide extended behavioral health services by offering a behavioral medicine program. After an evaluation has been completed by a licensed physician or nurse practitioner, the provider may prescribe medications. A medication is prescribed if determined to be helpful in improving or maintaining a client's optimal behavioral health. The goal of medication management is to minimize side effects of medication and to develop an ongoing individualized care plan for the client's medication goals. Medication management includes assisting clients with barriers if presented when obtaining their prescribed medication.

Risk Management

The Risk Management program is an evening and weekend program designed to reduce risk associated with challenging and long-term behavioral health conditions. Risk management includes complex care coordination driven by life domain service planning. Risk Managers work in collaboration with Community Partners to provide a focused service intended to reduce known risks that impact individual and family functioning.

Intensive Outpatient and Substance Use Services

ISBH offers services for individuals seeking treatment for problematic substance use who meet the criteria for a Level 1 or a Level 2 level of care defined by the American Society of Addiction Medicine. Our person-centered approach allows our clients to collaborate with a provider to design a care plan to fit their individualized treatment needs. Using a harm reduction approach, we offer group and individual therapy, peer support and therapeutic behavioral support often coupled with our medicine program to help our clients reach their recovery goals.

MH/SUD Peer Services

In many of our counties, ISBH employs peer supporters or "Family Peer Mentors" to serve our clients with mental health and substance use needs. These unique members of the ISBH team are individuals with lived experience in substance use or mental health. The peer's primary focus is to come along-side families

finding recovery to share personal experience and empowerment while helping eliminate barriers as they navigate systems such as local courts and child welfare.

Member Houses/Prevention Programs

The Hive

The Hive is a non-fee, voluntary out of school time program located in Nelsonville/Athens county which targets at risk school aged youth and their households with recreational programs, food access and social support.

Peer Houses

The Peer Houses of Hocking and Vinton counties are intentional socialization communities for individuals living with severe and persistent mental illness. The "houses" provide normative daily supports, food, and hygiene access and recreation and creative activities.

Day Treatment

ISBH offers a person-centered day treatment program designed to meet the individualized needs of children and adolescents with behavioral management problems and serious emotional disturbances to maintain a least restrictive level of care. Day Treatment is appropriate for youth who have been unable to find success in an outpatient setting, but do not require 24-hour care. This treatment provides an environment of highly structured therapeutic services with professional monitoring, control, and protection.

Residential (to be opened early 2022)

ISBH Youth Center is a youth and family centered residential program located within southeast Ohio. Services are provided 24 hours a day, 7 days per week. Identified persons served are youth with behavioral health or co-occurring needs, including intellectual or developmental disabilities. Families, guardians, and community resources are included in all treatment whenever possible. All services are provided in a safe, trauma-informed, recovery-focused milieu designed to integrate the person served back into the community with their families and/or living independently whenever possible. All services are delivered by an interdisciplinary team and staff that are trained in serving youth and families with behavioral health disorders or related problems.

Help Me Grow

Help Me Grow is Ohio's evidence-based parent support program that encourages early prenatal and well-baby care through Healthy Families America, as well as parenting education to promote the comprehensive health and development of children. Help Me Grow Home Visiting is a voluntary family support program for pregnant women and caregivers. Help Me Grow Home Visiting is an evidence-based program that promotes healthy growth and development for babies and young children. Our home visitors are credentialed professionals who use a non-judgmental and compassionate approach that empowers parents with skills, tools, and confidence to nurture the healthy growth of their children.

Help Me Grow Home Visiting believes all young children deserve the same opportunities to realize their full potential in life, regardless of economic, geographic, and demographic considerations. The parenting education and child development resources provided to families allows them to maximize this critical period of development in their child's life, providing a foundation for lasting success. Help me Grow Home visiting focuses on Healthy Pregnancies, Baby and Child Health, Breastfeeding, Nutrition, Immunizations,

Child Growth and Development, Discipline, Toilet Training, Child Safety, Household Safety and Local Resources.

Primary Care Integration

ISBH has partnered with Adena Health System in southeast and central Ohio to integrate behavioral health into primary care settings. Separate physical and behavioral health systems lead to fragmented care, poor health outcomes, and higher healthcare costs. Behavioral health integration can support earlier identification of behavioral health concerns, supports the reduction of the stigma associated with seeking these services, and increase access to behavioral needed health services.

Integrated Care Plan

An Integrated Care Plan (ICP) is a document that guides services and identifies which services the person receives. It is a mutual effort between the ISBH provider, and the person served that identifies wishes, desires and goals and includes the assessment results. The ICP is developed to identify obstacles or mental health symptoms that stand in the way of the person's optimal functioning and the attainment of their goals.

The ICP shall be developed within the first four sessions or within 30 days of the person's initial assessment. Each staff member providing services shall participate in the ICP development with the consent of the person served. If appropriate, other mental health providers and social supports shall be invited to participate in ICP development. For minors receiving services, the ICP shall reflect attention to the needs of children including, but not limited to development, family, school and social-recreational issues and interagency coordination. For persons with multiple service needs, the ICP shall reflect consideration of the entire range of issues related to the person's life circumstances that directly affect the person's ability to respond to treatment.

The ICP is a dynamic and changing document that is based upon ongoing assessment of the person's functioning and needs. It may be updated at any time and will be formally reviewed every 90 days unless the client is participating in Day Treatment or Intensive Outpatient Services. ICP for participants in those programs will have updated ICPs every 30 days. Annual ICPs are completed for people receiving Behavioral Medicine services.

Discharge and Transition Planning

All services are intended to be time limited with discharge when goals of the ICP are met and the client is able to maintain improvement and recovery. The optimal situation is where the client and ISBH provider mutually agree upon an end to services. "Closure" occurs because the client and provider assess that their symptoms have abated, and that the client has the supports and knowledge to maintain themselves without professional care. At other times, the client or their legal guardian or representative requests service stoppage. A client or legal guardian may withdraw from ISBH's services at any time.

At other times during the course of ISBH service, the client may identify needs that may require additional services and supports. Those additional services and supports will be identified in a revised ICP. ISBH will

work with the client to provide, refer, and link appropriate care throughout the course of ISBH service. Internal referrals for counseling services or psychiatric services will be made by the ISBH provider upon request through the form provided in the clinical record. The ISBH provider will alert the appropriate staff that the referral form has been completed so that the client may be contacted for further services.

At the time of discharge, the ISBH provider will work with the client to ensure that “continuity of care” concerns are addressed in a discharge summary. A discharge summary that reflects client progress and strengths may include referral, identified resources and supports and recommendations for continued activity to sustain recovery.

Attempts, when appropriate, will be made to follow up with clients who drop out or withdraw without informing ISBH.

Financial Considerations

ISBH is primarily a Medicaid funded service provider for behavioral health services with additional funding for social services from a variety of county administered resources, including local Job & Family Services.

ISBH is a participating provider with many insurance plans and is obligated by the Center for Medicare and Medicaid Services and/or by the agreement we have with your insurance company to present you a bill for any co-pay or deductible for the services we provide.

Rules and Expectations

Hours vary but are always flexible to meet the needs of clients. For after-hour access, clients are advised to work with their provider to determine appropriate services and supports. For all other after-hour crisis concerns, clients are advised to contact the following crisis line:

- Athens County (Hopewell Health Center) - 740-593-3344
- Fairfield County (New Horizons) – 740-687-8255
- Franklin County (Netcare Access) - 614-276-2273
- Gallia County (Woodland Centers) - 740-466-5500
- Hocking County (Hopewell Health Center) – 740-593-3344
- Jackson County (Woodland Centers) – 888-475-8484
- Licking County (BHP of Central Ohio) – 740-522-8477
- Meigs County (Woodland Centers) – 800-252-5554
- Perry County (Allwell Behavioral Health) – 740-455-4132
- Pickaway County (SPVMHC) – 740-477-2579
- Pike County (SPVMHC) – 740-773-4357
- Ross County (SPVMHC) – 740-773-4357
- Vinton County – (Hopewell Health Center) - 740-593-3344
- Washington County – (Hopewell Health Center) - 740-593-3344

- National Hotline – 800-273-8255

ISBH property cannot be removed from a given area without authorization.

Tobacco products are not permitted in ISBH sites.

In the event you are unable to attend a scheduled appointment, please notify us by calling 1-800-321-8293 or by directly contacting your service provider.

Possession and/or use of illegal drugs or alcohol on ISBH property or during an ISBH service contact are strictly forbidden.

Transportation or sale of illegal drugs or alcohol on ISBH property or during an ISBH service contact is strictly forbidden.

Possession of guns, knives, or other weapons on ISBH property or during an ISBH service contact is strictly forbidden – except for where allowed by law.

Aggression, verbally or physically towards clients or ISBH employees is strictly forbidden and may lead to modification in service provided.

All ISBH staff are mandated reporters and are legally obligated to report incidents of alleged or actual abuse or neglect to the proper authorities.

ISBH may modify or restrict services should issues of safety and security arise. Restriction may occur due to threats, unsafe conditions, or other risks. Clients may request, in writing, for restrictions to be lifted and the ISBH provider and their manager will work to explore ways to maintain accessibility to service.

Policy on handling items brought into program by persons served

Policy and Procedure: Handling of Items brought into Programs by Persons Served (illegal drugs, legal drugs, prescription medication and weapons)

- It is the policy of ISBH to operate a drug-free workplace, and in doing so to implement specific requirements for the handling of illegal drugs, legal drugs, and prescription medication that are brought into the programs by persons served.
 - The use of alcohol or illegal drugs on the premises and/or during services is strictly prohibited.
 - All appropriately prescribed or over-the-counter medications brought into programs or services must be securely stored.
 - The selling or trading of over-the counter and/or personally prescribed medications is not permitted by persons served or visitors at any ISBH facility.
 - The possession, selling, trading or use of illicit drugs is not permitted by persons served or visitors at any ISBH facility.
 - The possession and/or use of alcohol products are not permitted by persons served or visitors at any ISBH facility.

- The goal of ISBH is to balance the respect for the individuals served with the need to maintain a safe and drug free environment. The intent of policy and procedure is to offer a helping hand to those who need it while sending a clear message that illegal drug use and/or alcohol use are incompatible with the plan for recovery and enhanced levels of functioning.
 - If alcohol or illegal drugs are brought into an ISBH program a modification in services may be warranted. At minimum, appropriate counsel will be given to promote a modification of such behaviors.
 - However, any behaviors that may be construed as intent to distribute may also warrant contact with legal authorities.
 - If a person served appears for any service intoxicated or having diminished capacity to cognitively perform, the service shall be discontinued, and appropriate measures shall be taken to ensure the individual has a safe means of returning to their home.
- It is the policy of ISBH to prohibit weapons in or on any ISBH owned, operated, or leased property or community-based work settings. Only law enforcement officers acting in an official capacity are permitted to carry weapons in or on ISBH property.
 - For the purposes of this policy, a weapon is defined as a firearm, an explosive device, or any other implement capable of and intended to inflict bodily harm and/or which is used or worn in a threatening manner.
 - No weapons, including concealed weapons are permitted on ISBH property. This includes vehicles.
 - Should personnel detect a person served or a visitor to be in possession of a weapon on the property, they will advise the person of the prohibition of such items and instruct them to remove the weapon immediately.
 - Failure to comply with the request for removal of a weapon from a facility shall be reported to the manager immediately.
 - The manager shall direct the weapon-toting individual to remove the weapon from the facility. Should the individual carrying the weapon refuse, the Manager shall contact the local authorities.
 - Procedures for workplace violence or threat of violence should be immediately implemented when deemed necessary by the staff members involved in the incident.
 - No Weapons Allowed signs shall be posted in visible areas.
 - All instances of weapons brought into the facilities that result in a request to remove them shall be documented through the Critical Incident reporting process.
 - Law enforcement personnel acting in an official capacity are exempt from this policy.
 - In community settings, in which staffs are in the homes of persons served, weapons shall be out-of-sight and removed from any room in which services are to be delivered.
 - When staffs are aware that the home contains weapons a written safety plan regarding the management of weapons shall be written.
 - When weapons are in the homes of persons served the service plan may be modified to ensure the safety of all. This change may include where services are delivered and who delivers the service.

Informed Consent

The service provider will explain to client the possible benefits and risks of the proposed treatment. The service provider will also inform the client of alternative types of treatment including their possible benefits. Furthermore, any questions regarding the implications and potential consequences of refusing treatment at this time will be answered. During your treatment at ISBH, if you have any additional questions or concerns you can ask your service provider. Therefore, you will be asked to give your consent to enter into treatment and agree to work with your service provider to accomplish the goals on the proposed service plan. The course for treatment may change with subsequent service plans that your service provider and you will develop and which you will discuss. You can withdraw from treatment at any time and if you have questions concerning this, you can discuss them with your service provider.

Client feedback

Client feedback and satisfaction is invaluable to ISBH in helping us continue to improve. Ways for you to inform ISBH about your needs may occur in treatment planning, in direct conversation with ISBH providers and supervisors, or through the ISBH website and email access. At various times, you will be provided an opportunity to rate satisfaction of our services and to rate your own progress. Your willingness to complete surveys provides us invaluable information. Please feel free to offer us your feedback and comments at any time by contacting us at 800-321-8293 or at info@isbh.org.

Promotion of Client Rights

Policy

All individuals and families served by ISBH will be provided information and understanding regarding their rights as clients of mental health and substance use related services.

Purpose

To assure that all individuals seeking mental health and substance use related services from ISBH or any other organization understand their rights and are fully informed in order to advocate for those rights as needed.

Procedure

At the initiation of services, in a language that is easily understood and in a manner that is meaningful, all served will be informed of their client rights. In the instance that the person served is under the age of 18 or is an adult under guardianship their rights will also be communicated to their guardian or legal

representative. A written description of these rights is provided upon request and is available on the isbh.org website.

Client rights are outlined below:

- The right to confidentiality of protected health information.
- The right to be treated with consideration and respect for personal dignity, autonomy, and privacy, with freedom from abuse, neglect, humiliation, retaliation and financial or other exploitation;
- The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan;
- The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives and to have such information in sufficient time to facilitate decision making;
- The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal; a parent or legal guardian may consent to or refuse any service, treatment, or therapy on behalf of a minor client;
- The right to express preferences regarding the composition of the service array and service delivery team.
- The right to a current, written individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
- The right to choose concurrent services within and between organizations to promote a full continuum of care of physical and behavioral health needs. Further the right to expect collaborative participation of ISBH with other professionals and organizations that enhance the potential for recovery.
- The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
- The right to freedom from unnecessary or excessive medication;
- The right to freedom from unnecessary restraint or seclusion;
- The right to participate in any appropriate and available agency service, regardless of refusals of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan;
- The right to be informed of and refuse any unusual or hazardous treatment procedures;
- The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, television, movies, or photographs;
- The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
- The right to confidentiality of communications and of all personally identifying information within the limitation and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client, or parent or legal guardian of a minor client, or court-appointed guardian of the person of the adult client, in accordance with rule 5122:2-3-11 of the Administrative Code;
- The right to consent or refuse signing of a release of information without reprisal or consequences for ongoing treatment.

- The right to have access to one's own psychiatric, medical, or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client and other person authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records;
- The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in the planning for the consequences of that event;
- The right to receive an explanation of the reasons for denial of services;
- The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, sexual orientation, gender identity, gender expression, national origin, age, physical or mental handicap, developmental disability, or inability to pay;
- The right to know the cost of services;
- The right to be fully informed of all rights;
- The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
- The right to file a grievance; any formal complaint will not result in retaliation or barriers to services; and
- The right to have oral and written instructions for filing a grievance. Your service provider will also review these rights with you.
- The right to self-help and/or advocacy support services. Your service provider will give you assistance in locating these support services.
- The right to access or receive a referral to legal counsel.
- The right to consent or refuse involvement in research projects, if available.
- The right of assurance that the organization adheres to research guidelines and ethics when persons served are involved.

Client Grievances

Policy

ISBH will hear and respond to all client grievances within two business days.

Purpose

To remain open to all feedback regarding ISBH services in order to strengthen services and relationships with the people and communities we serve. It is the mission of ISBH to provide quality mental health and rehabilitative services that are easily accessible, family "friendly" and that are coordinated cross-systems. Feedback from our clients is essential to how we develop and strengthen services.

Procedure

ISBH will respond to client complaints through the following process:

- ISBH staff will honor and maintain client privacy following ISBH privacy policies.
- ISBH may receive complaints via email, phone, written letter or personal contact.
- ISBH maintains a no wrong door approach, however all complaints will be directed first to the local county/program manager. The Manager will engage the client and strive to resolve the concerns collaboratively while supporting best clinical practice and continuity of care. (Note: complaints must be made by the client or their custodian. ISBH can neither confirm or deny service recipients to any individual without a signed release of information).
- A complaint not resolved locally will be directed to the Managing Director of Community Behavioral Health Work
- The Managing Director of Community Behavioral Health Work will ascertain the concerns, resolve the concern.
- In the event that a grievance remains unresolved at this point the Managing Director of Community Behavioral Health will refer the client to the ISBH Client Rights Officer to complete a formal grievance. A grievance is defined as a client’s expressed perception that one of their 30 rights, as defined in the ISBH client handbook has been violated, and the client is requesting formal redress at an executive level.
- A formal written grievance should include the following:
 - a. Date of incident;
 - b. Description of the incident, including time of day and location;
 - c. Names of persons involved;
 - d. Description of any attempts made to resolve the issue; and
 - e. Signed and dated by the person filing the formal grievance.
- All formal grievances will be kept confidential including all information gathered when working to resolve grievances.
- In the event that a clients request to have a representative attend a meeting regarding a grievance a current, signed release of information form must be completed prior to the meeting.
- Meeting can take place in person or virtually.
- Should the grievance be with the Executive Director, clients would file a formal grievance with the local ADAMH Board and/or Ohio Mental Health and Addiction Service (OHMAS), in accordance with Ohio Revised Code 5122:2-2-02.
- Also, in the event that a client is not satisfied with the recommended internal resolution of the grievance, the client has the right to file a formal grievance with their local ADAMH Board and/or Ohio Mental Health and Addiction Service (OHMAS), in accordance with Ohio Revised Code 5122:2-2-02.

Access to records

You have the right to request an opportunity to inspect or copy health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records, but not psychotherapy notes.

You must submit your request in writing to our Privacy Officer at 1950 Mt. St Mary’s Drive, Nelsonville, Ohio 45764. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request.

We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.

Confidentiality

Uses and disclosures of confidential information will generally only be made with your written permission, called a “Consent for Release of Confidential Information.” You have the right to revoke an authorization at any time. If you revoke your authorization, we will not make any further uses or disclosures of your health information under that Consent for Release of Confidential Information unless we have already taken an action relying upon the uses and disclosures you have previously authorized.

The following is a written summary of Federal Confidentiality Laws and Regulations for Clients who are assessed and/or treated for alcohol and/or drug issues at ISBH.

In accordance with 42 CFR Part 2, alcohol and other drug client records are subject to the following confidentiality conditions:

- Program staff shall not convey to a person outside of the program that a client receives services from the program or disclose any information identifying a client as an alcohol or drug services client unless the client consents in writing for the release of information, the disclosure is allowed by a court order, or the disclosure is made to qualified personnel for a medical emergency, research, audit, or program evaluation process.
- Federal laws and regulations do not protect any threat to commit a crime, any information about a crime committed by a client either at a program or against any person who works for the program.
- Federal laws and regulations do not protect any information about suspected child abuse or neglect

For a full discussion of potential uses of “Protected Health Information,” refer to the Notice of Privacy Practices provided at the time of Consent for Treatment and on the agency’s website, isbh.org.

Ethical Practice

ISBH is committed to the highest standards of ethical practice. All ISBH employees review and agree to the ISBH code of conduct. Each of our credentialed service professionals are guided by the standards of their respective disciplines, including social work, counseling, nursing, and psychology. In addition, each non-credentialed service provider is directly supervised by an independently licensed professional, ensuring a high standard for ethical practice across the entire Integrated Services service array.

Refer to the *Grievance Procedure* included in this handbook if there is any concern regarding ethical practice.