



*Over 50 years helping individuals and families achieve healthier, more resilient lives.*

# CONSUMER HANDBOOK

[www.anazaocommunitypartners.org](http://www.anazaocommunitypartners.org)

## **History**

Anazao Community Partners has provided behavioral health services to Wayne and Holmes Counties for more than 50 years. Over time, we have evolved, rebranded, and expanded our service array while remaining steadfast to our core purpose: helping individuals and families achieve healthier, more resilient lives.

## **Our Mission**

To swiftly meet the behavioral health needs of our community.

*Responsive* We address needs proactively and promptly, understanding that timely intervention can be pivotal for individuals and families in crisis or transition.

*Collaborative* We partner across disciplines, with consumers, staff, and community allies, believing shared expertise and co-creation generate more holistic, sustainable solutions.

*Reliable* We show up consistently, do what we say we will do, and strive to earn the trust of those who rely on us in vulnerable moments.

## **Our Approach**

In serving the diverse needs of Wayne and Holmes Counties, we prioritize making behavioral health support both easily accessible and effective. We understand the importance of availability, offering same-day access to services to ensure that help is available when it's needed most. Our acceptance of Medicaid and most private insurances, coupled with income and family size-based fee adjustments, demonstrates our commitment to inclusive care.

**ANAZAO COMMUNITY PARTNERS**  
**Consumer Handbook**

Table of Contents

Welcome:	3
Overview of Services:	5
a. Access and Engagement:	5
i. Assessments:	5
ii. Individual Service Plans:	6
b. Therapy/Counseling:	6
c. Community Care:	7
d. Service Coordination:	7
e. Group Service:	7
Fees/Payments:	8
Attendance Policy:	9
Rights and Program Orientation:	10
Consumer Rights:	11
Program Guidelines:	13
HIPAA Privacy Notice:	15
Confidentiality of Substance Use Disorder Consumer Records:	21
Consumer Grievance Procedure:	23
Consumer Grievance Form:	26
Tuberculosis Facts:	27
HIV Facts:	29
Hepatitis Facts:	31

## WELCOME

Welcome to Anazao Community Partners (ACP). We are a private, nonprofit outpatient behavioral mental health agency, providing an array of services to our community that address mental health, substance use and addictive behavior concerns across the whole continuum of care from prevention to recovery. ACP's main services include **community care**: therapeutic behavioral services (PSR), psychosocial rehabilitation (TBS), community psychiatric supportive treatment (CPST) for consumers navigating mental health diagnoses and substance use disorder case management (SUD case management) for our consumers navigating substance use concerns; **therapy and counseling** (office-based and school-based); and **service coordination**.

ACP is proud to be funded partners of The Mental Health and Recovery Board of Wayne and Holmes Counties, United Way of Wayne and Holmes Counties, and both Wayne and Holmes Counties Departments of Job and Family Services. This strong collaborative network enables us to provide a robust support system for our community.

This handbook is intended to provide a convenient reference for care at ACP. It includes information about the services we provide as well as what you can expect from the agency and what is expected from consumers.

### Leadership

#### *Executive Director*

Mark Woods, MPPM, MSW, LISW-S

#### ***Business Operations Director***

Kevin Bowen

#### ***Clinical Director***

Sarah Doohan, MA, LPCC-S

#### ***Director of Access and Engagement***

Jamie Shaw, MSW, LSW

#### ***Director of Community Care***

Michelle Kelly, MA, LPCC-S

#### ***Director of Therapy & Counseling***

Rachael Oyer, MSW, LISW-S

#### ***Director of Therapy & Counseling***

Josh Busson, MA, LIMF

### Office Locations

*ACP West*  
2525 Back Orrville Road  
Wooster OH, 44691

*ACP East*  
2587 Back Orrville Road  
Wooster OH, 44691

*ACP Millersburg*  
7368 Co Highway 623  
Millersburg OH, 44654

### Contact Information

Phone: 330-264-9597  
Fax: 330-264-0946

### Office Hours

Monday-Friday  
8:00 A.M. to 5:00 P.M.

*Hours vary by provider and consumer need. Please speak with your provider about their available hours.*

## Your Service Details

### Current Level of Care:

Low      Moderate      High      Severe

Provider	Service	Length/ Frequency of Care	Location	Provider phone #

### My fees based on family size and income are:

Fee \_\_\_\_\_ % of

#### Therapy/Counseling Services Fees:

Comprehensive Assessment \$125.28 (\$106.49)

53+Minute Therapy Session \$115.35 (\$98.05)

38-52 Minute Therapy Session \$78.63 (\$66.84)

16-37 Minute Therapy Session \$60.49 (\$51.41)

50 Minute Family Therapy Session \$96.53 (\$83.32)

53+Minute Crisis Therapy Session \$164.55 (\$139.87)

#### Community Care Services Fees:

\*Community Care Services are only covered by Medicaid

Consumers with commercial insurance have the option to pay out of pocket for the fee% or enroll in SmartCare.

Community Psychiatric Supportive Treatment \$22.03/15 Minutes

Therapeutic Behavioral Services \$25.33 - \$41.91/15 Minutes

Psychosocial Rehabilitation \$17.86 - \$29.79/15 Minutes

Group \$10.14/15 Minutes

#### Calculated Fees:

Assessment Fee:

Therapy/Counseling Fee:

Community Care Fee:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medicaid Enrollment: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

SmartCare Enrollment: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

\*If experiencing financial hardship, please contact our Business Operations team to discuss payment plan options

\*If no payment continues to be received without any indication of financial hardship, our ability to deliver services to you will need to be reviewed.

#### Remember:

1. Bring in proof of income or you will be charged full fee 2. Bring a current insurance card to every appointment 3. Notify us of any changes in your income, family size, or insurance coverage.

## OVERVIEW OF SERVICES - FAQ

ACP provides non-intensive outpatient services for individuals with mental health, substance use, and other addictive behavior concerns. Services include Access and Engagement (prevention and assessment), Therapy/Counseling, Community Care and Service Coordination. ACP's **Access and Engagement** team established consumers in care by assessing needs and determining the most effective treatment method for presenting concerns. Prevention interventions are facilitated within local schools, community groups and organizations to prevent pervasive behavioral health concerns. **Community Care** services are available for individuals of all ages and their families and include Therapeutic Behavioral Services (TBS), Psychosocial Rehabilitation Services (PSR), Community Psychiatric Supportive Treatment (CPST) and Substance Use Disorder Case Management. **Therapy/Counseling** services involve evidence-based interventions to address mental health symptoms of all ages, which may involve office-based, school-based, or community-based work. ACP also offers **Service Coordination** for individuals recently incarcerated, consumers needing vocational support, and multisystem involved youth. ACP has outpatient offices in both Wayne and Holmes Counties. We also partner with several local school districts to provide services and support to students within school buildings and during the school day. Providers include licensed counselors (CT, LPC, LPCC), marriage and family therapists (MFTT,MFT,IMFT), licensed social workers (SWT,LSW,LISW), qualified mental health specialists (QMHS) and Case Management Specialists (CMS). Anazao Community Partners is certified by the State of Ohio as both a mental health facility and substance abuse treatment center.

**The following descriptions are offered to help you better understand how we can support you.**

### **How do I start services at ACP?**

Services begin with contact from our Access and Engagement team. You may request services by either calling our office at 330-264-9597 or going to [www.anazaocommunitypartners.com/consumers](http://www.anazaocommunitypartners.com/consumers) and using the "Request Services" icon.

If you are a partnering agency or program, you may use these same channels to make a referral.

With a call to our office, you'll immediately be scheduled for an assessment appointment. If you request care through our website, a member of our Access and Engagement team will contact you within three business days to schedule your initial appointment.

You'll then be asked to complete intake forms; including a consent for services, insurance and financial agreement, and information verification. You can complete these on your own through our website or with our Access and Engagement staff. You may also be requested to complete an intake questionnaire which includes questions around what brings you into services, symptoms, and history.

Once forms are completed you'll meet with a provider to complete an assessment.

### **What's an assessment and why does it need to be completed?**

Anyone seeking services or being referred to ACP needs to participate in a comprehensive assessment prior to starting ongoing services. ACP's comprehensive assessments involve a clinical interview focused on gathering historical and current information relating to biological, psychological and social factors impacting an individual's level of distress and functioning. An assessor will ask questions related to medical history, family history, current symptoms and concerns, natural supports, substance use history, academic/employment involvement and history, trauma history, safety concerns and other relevant topics that impact an individual's

mental health.

Following the clinical interview, the assessor will use gathered information to determine the presence of any mental health diagnoses and identify the most appropriate and effective care for the concerns presented. Assessments help us to identify your needs and strengths and support us in making appropriate care recommendations.

We may request you complete a questionnaire and screening tools prior to meeting with a member of our Access and Engagement team to improve communication during this process.

### **What happens after completing an assessment?**

At the end of your assessment, the assessor will discuss recommendations for care and next steps based on your presenting symptoms, level of distress and functioning. They'll identify if ACP is an appropriate level of care for the concerns presented or recommend and support an external referral. An external referral is warranted when ACP does not provide the appropriate services or level of care that best serves your needs. Whatever the outcome, the assessor will talk to you about next steps and help you get established with care.

If ACP is the right fit, we'll discuss the services available to support you in reaching your goals and what to expect with the process of care. The assessor completing your assessment or another member of our Consumer Engagement team will have a conversation with you about your services, frequency of care and cost of services.

If choosing to continue with ongoing services at ACP, you'll be assigned an ongoing provider who will create a service plan with you that consists of treatment goals and objectives, interventions and plan for discharge.

### **Once services have started, your ongoing provider will collaborate with you to create a service plan.**

Within the first session with your ongoing provider, you and your provider will work together to create a service plan (sometimes referred to as a treatment plan). Service plans outline goals and objectives for treatment, intended interventions, measures for success, plans for when this should be accomplished, and personal strengths used to help reach the identified goals. The service plan will serve as a guide to you and your provider as treatment progresses. If new challenges arise while you're in care, the service plan will be updated. Assessments and services plans are not concrete documents and can be adjusted as you move through care.

Services at ACP conclude when you and your provider(s) agree goals have been met and you are able to implement skills independently. Concluding services doesn't mean that you cannot return if experiencing an increase in symptoms or stressors. If concerns return, you can easily become reestablished by calling into our office or visiting our website and requesting care.

### **Ongoing Services**

#### **What is Therapy/Counseling?**

Therapy and counseling are broad terms that involve assessment, evaluation, diagnosis, management and treatment of behavioral mental health disorders with application of theory, counseling and social work principles, methods, psychosocial interventions, psychotherapy and specialized knowledge of human development and behavior in directly assisting individuals, families, and groups in a clinical, community or home setting to improve or restore their capacity for personal, social, educational and vocational functioning

(Ohio Revised Code of Counselor, social worker, and marriage and family therapist definitions (2023) Ohio Rev. Code 4757.01).

In therapy/counseling, a provider will collaboratively work with a consumer to determine treatment goals and objectives and will determine the best evidence-based interventions to support consumers in learning coping strategies, processing trauma and challenging life events, improving relationships and communication, and how to maintain overall mental wellness.

Therapy/counseling requires a consumer's active participation. A provider will empathetically challenge distorted thinking and encourage behavioral changes that support the improvement of symptoms. Sometimes counseling can include homework that relates to better understanding yourself and tracking behaviors and emotions. Honest input in identifying problems is important, as is willingness to participate. Without active participation, benefits from therapy will be limited.

### **What is Community Care?**

Community Care involves Therapeutic Behavioral Services (TBS), Psychosocial Rehabilitation Services (PSR), Community Psychiatric Supportive Treatment (CPST) and Substance Use Disorder (SUD) Case Management are services typically delivered within the community to support building independence and improving the ability to manage various aspects of life. Using activities of daily living, which include everything from housing to hygiene to healthy habits, your case manager is there to help you in getting the resources you need and practicing skills to meet your needs. Case managers support people in identifying symptoms of behavioral health, advocating and outreach to support needs, practicing coping skills, coordination with other agencies and programming, crisis support, and other activities that support independent and healthy living.

### **What is Service Coordination?**

Service coordination is a process of service planning and system collaboration that provides individualized services and supports to children who have needs across multiple systems, individuals recently incarcerated and youth and adults with vocational needs. A system of care is a coordinated network of community-based services and supports that are organized to address the challenges of children and youth with multiple needs, individuals reassimilated within a community after incarceration and individuals facing vocational challenges.

### **What are group services?**

At ACP we offer several therapeutic and skill building groups. Group sessions can be beneficial for many reasons, including added support from peers facing similar challenges and discussion on successful tools learned in therapy. There may also be discussion and collaboration about experienced failures and how to problem solve. Groups encourage participants to share openly and help others find solutions, with the support of ACP providers. In a group you are expected to respect one another's right to confidentiality and to not discuss what happens in group discussion and activities.

## **FEES/PAYMENTS**

**Anazao Community Partners provides care to anyone in Wayne and Holmes Counties regardless of their ability to pay for services.**

Through the support of the Wayne and Holmes Mental Health and Recovery Board (WHMHRB), we offer a sliding scale for fees to make certain you receive services at rates that you can afford. We also accept payment from insurance companies and Medicaid and have financial support from both the Wayne County Department of Job and Family Services through Temporary Assistance for Needy Families (TANF). If there are challenges in paying your fees, payment plan options are available.

**We are required to have proof of income in the form of pay stubs or other financial records or we must bill at the full fee for our services.** We will gladly adjust your fees and recompute your bill once we have the necessary information. Regardless of referral source, you are encouraged to work with our Business Operations team to determine your fees and to develop a payment plan appropriate for your situation.

Because we utilize a sliding fee scale based on family size and total family income it is important that you notify us of any changes in your or your family's income or size. There are a number of events that could change your fees including unemployment, working fewer or more hours, returning to work or changing jobs, getting divorced or remarried, or other income assistance from the Department of Job and Family Services or Social Security Administration. The birth of a child, death of a family member, or any other change in the number of family members should also be reported.

**To receive reduced rates you must enroll in SmartCare. If you decline enrollment you will be responsible for the full cost of any treatment you receive.** SmartCare is a statewide health maintenance system that manages payment for services to agencies that have contracts with county mental health or alcohol/drug abuse boards.

### **Therapy/Counseling Services Fees:**

Comprehensive Assessment \$125.28 (106.49)

53+Minute Therapy Session \$115.35 (\$98.05)

38-52 Minute Therapy Session \$78.63 (\$66.84)

16-37 Minute Therapy Session \$60.49 (\$51.41)

50 Minute Family Therapy Session \$96.53 (\$83.32)

53+Minute Crisis Therapy Session \$164.55 (\$139.87)

### **Community Care Services Fees:**

**\*Community Care Services are only covered by Medicaid**

Consumers with commercial insurance have the option to pay out of pocket for the fee% they are responsible to cover.

Community Psychiatric Supportive Treatment \$22.03/15 Minutes

Therapeutic Behavioral Services \$25.33 - \$41.91/15 Minutes

Psychosocial Rehabilitation \$17.86 - \$29.79/15 Minutes

Group \$10.14/15 Minutes

Please visit or call our Business Operations staff at the Wooster office (330-264-9597) if you have any questions or concerns about your fees.

### **Payment Policy**

Payment for prior services is due at the time of current services. If you have an outstanding fee, you'll be asked to pay before beginning your current session. Cash, check, and Credit Card are accepted.

Please be aware that with any insurance plans, there may be deductibles or copayments for which you could be responsible.

## ATTENDANCE POLICY

It is important for your treatment to be consistent with appointments as scheduled. When needing to cancel or reschedule we appreciate having 24 hours notice. If consumers do not show for their scheduled appointments and have not made contact with a provider, ACP will attempt to make contact with you. If they do not hear back from you after four attempts, they may discharge you from services. If discharged, you would need to begin the intake process again, including completing new paperwork, providing verification of income and insurance, an assessment update, and completing another service plan.

It is important that you make an effort to prioritize and attend your appointments:

**For services to be effective it requires continuity between you and your provider(s).** Each time you see your provider they assess the appropriate length of time until your next session based on symptoms and how well you are managing independently at this time. When an appointment is missed, it may negatively impact how you feel and prolong treatment services.

**Effectiveness of services is dependent on the strength of the relationship between you and your provider.** It takes time and regular contact to develop the trust, respect and comfort that is necessary for services to be effective. If appointments are missed, there's an increase in the amount of time it will take to establish a therapeutic relationship.

When communicating the need to miss an appointment, it allows another person who is seeking services and needs support/help to utilize the appointment slot. Providing us with 24 hours notice allows us to connect with someone else, ensuring that we are effectively using our time and supporting the community.

It is recognized that some unexpected barriers may occur such as transportation problems, health problems, family crises or other challenges that prevent keeping appointments. If something unexpected occurs, please give us a call or text your provider as soon as you know you'll be unable to attend. If your challenge is transportation related, we may be able to adjust services or provide support in maintaining your appointment time. We encourage you to discuss with your provider any challenges you face that may interfere with your attendance.

## **Rights and Program Orientation**

We want to ensure you know your rights and are required to provide you with access to information regarding consumer rights, grievance procedure, orientation to services, communicable disease information, and confidentiality.

The following section includes those documents. Please read each of the documents to better understand your relationship with our agency. You may reach out to our office at 330-264-9597 or talk to your provider if you have questions about any of this information.

Below is a brief description of the information to follow.

**Consumer Rights** – lists your rights as a consumer and what to do if you believe your rights are being denied or infringed upon.

**Program Guidelines** - Describes ACP's expectations of consumers and/or guardians, what behaviors and actions are and are not permitted, and what is needed for delivery of care.

**HIPAA Privacy Notice** - An overview of ACP's responsibility to maintain the privacy and security of protected health information (PHI) and how/when PHI may be used or disclosed.

**Confidentiality of Substance Use Disorder Consumer Records** – summarizes the Federal standards that govern the release of counseling records. The agency has adopted the same standards for consumers who are being seen for mental health problems. The Federal rules prohibit us from making any further disclosures of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R., Part 2. A general authorization for release of medical information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse consumer. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure).

**Consumer Grievance Procedure** – outlines the steps you should take if you believe a problem has developed with your treatment provider which you have been unable to resolve. A copy of the Consumer Grievance Form is also included.

**Communicable Disease Information** – because some of our consumers are at high risk for communicable diseases we have provided information about tuberculosis, human immunodeficiency virus, and hepatitis.

## **CONSUMER RIGHTS**

It is Anazao Community Partners policy that consumers have access to the following consumer rights as ruled by the Ohio Administrative Code: 5122-26-18, (E) (1)-(21):

- (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, neglect, 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 to 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 vision mirrors, tape recorders, video recorders, television, movies, 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 to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of consumer information under state and federal laws and regulations;
- (11) The right to have access to one's own consumer 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 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 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 services;

(16) The right to be verbally informed of all consumer 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; and,

(21) The right to consult with an independent treatment specialist or legal counsel at one's own expense.

It is agency policy that a copy of the consumer Rights Policy be accessible to consumers in writing at the time of intake. An explanation of all aspects of the Consumer Rights Policy will be made to consumers at the time of intake. Consumer rights are accessible in both hard copy and electronic copy forms. Our electronic copy can be accessed on our agency's website: [www.anazaocommunitypartners.org](http://www.anazaocommunitypartners.org)

In an emergency situation, consumers will be verbally advised of at least the immediately pertinent rights, such as the right to consent to or to refuse treatment and the consequences of that agreement or refusal. consumer rights will be distributed by at least the next subsequent session in writing and orally.

In all cases, recipients of "Community Service" shall have a copy and explanation of the consumer Rights Policy upon request.

For purposes of this policy, consumers shall include persons who are participants in the programs for which a fee is charged.

All consumer's significant others, family members or other individuals, community agencies, or systems may receive a copy of the Consumer Rights Policy & Procedure upon request.

## PROGRAM GUIDELINES

1. The consumer is expected to abstain from the use of alcohol and illegal drugs while participating in care. If attending care intoxicated or under the influence of drugs, your provider will not be able to continue with the scheduled time due to the disruption to effective treatment. ACP will ensure that the consumer is safe and is connected to the appropriate resources if needing assistance abstaining from substances.
2. The consumer is expected to attend and actively participate in all scheduled treatment appointments. When needing to cancel an appointment, it is expected that consumers will make contact with their provider or ACP's Consumer Engagement team. Canceling appointments at least 24 hours in advance is appreciated. When consumers demonstrate a pattern of not showing for scheduled appointments (gives no notice of intentions to miss a scheduled appointment), missing 3 or more scheduled appointments will result in more limited appointment availability.
3. The consumer is expected to take an active role in treatment and treatment planning.
4. The consumer is expected to complete treatment assignments as requested.
5. Guns, knives or other weapons are not permitted in the agency or on its grounds. The discovery of any weapons may lead to legal investigation and review of the consumer's services. If the consumer is unwilling to follow policy, ACP will no longer be able to provide ongoing service due to the lack of safety.
6. Any consumer physically assaulting another consumer, agency staff, agency visitor or board member will result in a review of the consumer's ability to engage in treatment at ACP and may result in legal investigation.
7. Illicit drugs or alcohol are not permitted in the agency, on agency grounds or at agency activities (out of agency). The discovery of illicit drugs or alcohol may lead to legal investigation and review of the consumers services.
8. Smoking or the use of tobacco products (including vaping devices) is not permitted around or within the agency premises as ruled by Ohio Revised Code 3794.05. Individuals under the legal age may not consume tobacco products, nor smoke on the agency grounds or on any agency outings.
9. Guardians of minors receiving care on school campuses/within the community must be accessible in order for an ongoing provider to facilitate productive care. Guardians must be actively involved with treatment goal development and provide updated information when needed. Without this cooperation, care will no longer be able to continue.
10. When a minor has separated parents or has a caregiver that is not their biological parent, proof of custody must be provided at or before the initial assessment. The documents provided must be the most current court decisions. Proof of custody must be given in hard copy or electronic copy form in order to have a copy within the child's electronic health record.
11. Minors under 16 years-old must be accompanied by a guardian to outpatient care sessions (this does not include school-based or community care). If a guardian is unavailable, the guardian must discuss alternative options with their child's ongoing provider and obtain approval prior to having an alternative

person attend sessions with a child.

12. ACP providers will collaborate with any caregiver holding legal parental rights, as we believe shared involvement is in the best interest of the child's treatment. However, to ensure clinical focus and administrative efficiency, providers are only required to share routine treatment information and updates with **one** primary guardian.

In cases involving specific custody arrangements, the provider's primary point of contact will be the parent designated as the **Residential Parent or Legal Custodian**. It is the responsibility of the residential parent to keep the non-residential parent informed of treatment progress, session dates, and clinical updates. If there are barriers preventing the residential parent from communicating with the non-residential parent, the residential parent should discuss these concerns with the provider to establish a structured communication plan.

**Access to Records (PHI):** Under Ohio law, any individual with parental rights is entitled to access their child's protected health information. ACP will fulfill these requests as promptly as possible, and no later than 30 days after a written request is received.

**Notification of Requests:** Should a non-residential parent request a copy of the child's clinical records, it is ACP's standard practice to notify the residential parent of the request. This notification is intended to ensure transparency and coordinate care; however, ACP reserves the right to withhold this notification if the provider identifies significant safety concerns or if doing so would be detrimental to the child's well-being.

## HIPAA Privacy Notice

### ACP'S Responsibility

We are required by the **Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule** to appropriately balance maintaining the privacy and security of all your identifiable health information while also lending to the safe transmission of health information for the purpose of promoting collaborative, integrative and productive quality behavioral mental health care.

It is our responsibility to make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request. However, this responsibility is not imposed in any of the following circumstances: (a) disclosure to or a request by a health care provider for treatment; (b) disclosure to an individual who is the subject of the information, or the individual's personal representative; (c) use or disclosure made pursuant to an authorization; (d) disclosure to HHS for complaint investigation, compliance review or enforcement; (e) use or disclosure that is required by law; or (f) use or disclosure required for compliance with the HIPAA Transactions Rule or other HIPAA Administrative Simplification Rules.

Individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral is labeled by the Privacy Rule as "**protected health information (PHI)**".

#### **PHI is information, including demographic data, that relates to:**

- the individual's past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual
- Information that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.
- Any individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

Records may be used or disclosed with consumer written consent to any person or category of persons identified in the consent. When the consent provided is a single consent for all future uses and disclosures for treatment, payment, and health care operations, ACP may use or disclose those records for treatment, payment, and health care operations as permitted by the HIPAA regulation, until such time as the patient revokes such consent in writing.

**A Consumer's Consent for the use and Disclosure of PHI may be Paper or Electronic and Must:**

- (1) Consumer's name.
- (2) Be written in clear and plain language.
- (3) Contain the specific information desiring to be used or disclosed.
- (4) The individual disclosing and receiving the information.
- (5) Expiration date or circumstances of the consent.
- (6) The right to revoke.
- (7) Consumer signature, and when required for a minor, the signature of a person authorized to give consent.
- (8) Date on which the consent was signed.

**Consumer Rights**

- (1) To request restrictions of disclosure made with prior consent for purposes of treatment, payment, and health care operations.
- (2) To request and obtain restrictions of disclosures of records to the person's health plan for those services for which the consumer has paid in full.
- (3) An accounting of disclosures of electronic records for the past 3 years.
- (4) To a list of disclosures by an intermediary for the past 3 years.
- (5) To obtain a paper or electronic copy of the Privacy Notice.
- (6) To discuss the notice with a designated person.

**The Use and Disclosure of Records Requires Consumer Written Consent Except for:**

- (1) Medical emergencies
- (2) Scientific research
- (3) Management audits, financial audits, and program evaluations.

- (4) Medicare, Medicaid, Children's Health Insurance Program, or related audit or evaluation.
- (5) Public health
- (6) Court orders

**ACP is Permitted to Use or Disclose PHI:**

(1) To the Individual. A covered entity may disclose protected health information to the individual who is the subject of the information.

(2) For the Purposes of Treatment, Payment, Health Care Operations.

*Treatment* is the provision, coordination, or management of behavioral mental health concerns with appropriate services for an individual by one or more providers, including consultation between providers regarding a consumer and referral of a consumer by one provider to another.

*Payment* includes efforts made by ACP providers and staff to obtain information from relevant insurers and other funding sources in order to determine coverage and provision of benefits, and provide or obtain reimbursement for behavioral mental health care delivered to an individual.

*Health care operations* are any of the following activities: (a) quality assessment and improvement activities, including Community Care and Service Coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for behavioral mental health reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities of the entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the covered entity.

(3) Uses and Disclosures with Opportunity to Agree or Object.

Informal permission may be obtained by asking the individual outright, or by circumstances that clearly give the individual the opportunity to agree, acquiesce, or object. Where the individual is incapacitated, in an emergency situation, or not available, covered entities generally may make such uses and disclosures, if in the exercise of their professional judgment, the use or disclosure is determined to be in the best interests of the individual.

(4) **Incidental Use and Disclosure.**

The Privacy Rule does not require that every risk of an incidental use or disclosure of protected health information be eliminated. A use or disclosure of this information that occurs as a result of, or as "incident to," an otherwise permitted use or disclosure is permitted as long as the covered entity has adopted reasonable safeguards as required by the Privacy Rule, and the information being shared was limited to the "minimum necessary," as required by the Privacy Rule.

(5) **Public Interest and Benefit Activities.**

**ACP is Permitted to Use or Disclose PHI Without Consent:**

(1) *Public Health Activities.*

- (a) To public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect.
- (b) To entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and post-marketing surveillance.
- (c) To individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law.
- (d) To employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with the Occupational Safety and Health Administration (OHSA), the Mine Safety and Health Administration (MHSA), or similar state law.

(2) *Victims of Abuse, Neglect or Domestic Violence.* In certain circumstances, covered entities may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.

(3) *Health Oversight Activities.* Covered entities may disclose protected health information to health oversight agencies (as defined in the Rule) for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.

(4) *Judicial and Administrative Proceedings.* Covered entities may disclose protected health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.

(5) *Law Enforcement Purposes.*

- (a) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests.
- (b) to identify or locate a suspect, fugitive, material witness, or missing person.
- (c) in response to a law enforcement official's request for information about a victim or suspected victim of a crime
- (d) to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death.
- (e) when a covered entity believes that protected health information is evidence of a crime that occurred on its premises.
- (f) by a covered health care provider in a medical emergency not occurring on its premises.
- (g) when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

(6) *Research.* a covered entity is permitted to use and disclose protected health information for research purposes, provided the covered entity obtains either: (1) documentation that an alteration or waiver of individuals' authorization for the use or disclosure of protected health information about them for research purposes has been approved by an Institutional Review Board or Privacy Board; (2) representations from the researcher that the use or disclosure of the protected health information is solely to prepare a research protocol or for similar purpose preparatory to research, that the researcher will not remove any protected health information from the covered entity, and that protected health information for which access is sought is necessary for the research; or (3) representations from the researcher that the use or disclosure sought is solely for research on the protected health information of decedents, that the protected health information sought is necessary for the research, and, at the request of the covered entity, documentation of the death of the individuals about whom information is sought.<sup>38</sup> A covered entity also may use or disclose, without an individuals' authorization, a limited data set of protected health information for research purposes (see discussion below).<sup>39</sup>

(7) *Serious Threat to Health or Safety.* Covered entities may disclose protected health information that they believe is necessary to prevent or lessen a serious and imminent threat to a person or the public.

(8) *Limited Data Set.* A limited data set is protected health information from which certain specified direct identifiers of individuals and their relatives, household members, and employers have been removed.<sup>43</sup> A limited data set may be used and disclosed for research, health care operations, and public health purposes, provided the recipient enters into a data use agreement promising specified safeguards for the protected health information within the limited data set.

### **What can I do if I have questions or concerns about the use and disclosure of my Protected Health Information?**

All questions and concerns about the use and disclosure of your Protected Health Information may be sent to:  
Sarah Doohan, LPCC-S  
Clinical Director, Privacy Officer  
2587 Back Orrville Road  
Wooster, Ohio 44691-9523

Note:

We will not retaliate against you for disclosing questions or concerns about the use and disclosure of your Protected Health Information. In addition you will be provided information on Mental Health Advance Directives. If you choose to develop a Mental Health Advance Directives the consumer Rights Officer, Steve Thomas, LISW-S, or the alternate consumer Rights Officer, Sarah Doohan, LPCC-S will be available to assist you in filling out the Directives.

## **CONFIDENTIALITY OF SUBSTANCE USE DISORDER CONSUMER RECORDS**

The confidentiality of substance use disorder consumer records maintained by Anazao Community Partners is protected by Federal law and regulations 42 CFR Part 2, § 2.1-2.67 (2017).

Restrictions on use and disclosure pertain to records which identify consumers having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person; and contain substance use disorder information obtained by a federally assisted substance use disorder program after March 20, 1972 (part 2 program), or contain alcohol use disorder information obtained by a federally assisted alcohol use disorder or substance use disorder program after May 13, 1974 (part 2 program); or if obtained before the pertinent date, is maintained by a part 2 program after that date as part of an ongoing treatment episode which extends past that date; for the purpose of treating a substance use disorder, making a diagnosis for that treatment, or making a referral for that treatment.

There is restriction on use or disclosure of information to initiate or substantiate any criminal charges against a consumer or to conduct any criminal investigation of a consumer ([42 U.S.C. 290dd-2\(c\)](#)) applies to any information, whether or not recorded, which is substance use disorder information obtained by a federally assisted substance use disorder program after March 20, 1972 (part 2 program), or is alcohol use disorder information obtained by a federally assisted alcohol use disorder or substance use disorder program after May 13, 1974 (part 2 program); or if obtained before the pertinent date, is maintained by a part 2 program after that date as part of an ongoing treatment episode which extends past that date; for the purpose of treating a substance use disorder, making a diagnosis for the treatment, or making a referral for the treatment.

The restrictions on use and disclosure do not apply to the reporting under state law of incidents of suspected child abuse and neglect to the appropriate state or local authorities. However, the restrictions continue to apply to the original substance use disorder patient records maintained by the part 2 program including their use and disclosure for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.

## **FOR MINOR SUBSTANCE USE DISORDER CONSUMER RECORDS**

**State law not requiring parental consent to treatment.** If a minor patient acting alone has the legal capacity under the applicable state law to apply for and obtain substance use disorder treatment, any written consent for use or disclosure authorized under subpart C of this part may be given only by the minor patient. This restriction includes, but is not limited to, any disclosure of patient identifying information to the parent or guardian of a minor patient for the purpose of obtaining financial reimbursement. The regulations in this paragraph (a) do not prohibit a part 2 program from refusing to provide treatment until the minor patient consents to a use or disclosure that is necessary to obtain reimbursement, but refusal to provide treatment may be prohibited under a state or local law requiring the program to furnish the service irrespective of ability to pay.

**State law requiring parental consent to treatment.**

- (1) Where state law requires consent of a parent, guardian, or other person for a minor to obtain treatment

for a substance use disorder, any written consent for use or disclosure authorized under subpart C of this part must be given by both the minor and their parent, guardian, or other person authorized under state law to act on the minor's behalf.

(2) Where state law requires parental consent to treatment, the fact of a minor's application for treatment may be communicated to the minor's parent, guardian, or other person authorized under state law to act on the minor's behalf only if:

- (i) The minor has given written consent to the disclosure in accordance with subpart C of this part; or
- (ii) The minor lacks the capacity to make a rational choice regarding such consent as determined by the part 2 program director under paragraph (c) of this section.

***Minor applicant for services lacks capacity for rational choice.*** Facts relevant to reducing a substantial threat to the life or physical well-being of the minor applicant or any other person may be disclosed to the parent, guardian, or other person authorized under state law to act on the minor's behalf if the part 2 program director determines that:

(1) A minor applicant for services lacks capacity because of extreme youth or mental or physical condition to make a rational decision on whether to consent to a disclosure under subpart C of this part to their parent, guardian, or other person authorized under state law to act on the minor's behalf; and

(2) The minor applicant's situation poses a substantial threat to the life or physical well-being of the minor applicant or any other person which may be reduced by communicating relevant facts to the minor's parent, guardian, or other person authorized under state law to act on the minor's behalf.

## **CONSUMER GRIEVANCE PROCEDURE**

Steve Thomas, LISW-S serves as ACP's Consumer Rights Officer with Sarah Doohan, LPCC-S as an alternate Consumer Rights Officer, having responsibility to oversee the process of any grievance filed and be available according to the following schedule.

The Consumer Rights Officer and/or alternate have the responsibility of investigating the consumer grievance on behalf of the aggrieved and to represent the aggrieved at the agency hearing, if so requested by aggrieved.

The Consumer Rights Officer and alternate are granted the support and approval of the Board of Directors and Executive Officers in taking all necessary steps to assure compliance with the grievance procedure.

Clear and open channels of communication between consumers, provider and management are necessary whenever program-related problems occur.

Whenever a consumer believes they have not been treated fairly or understood completely, the consumer may take the following measures to resolve the problem. Any consumer has the right to initiate these measures for an indefinite period of time after the date of the occurrence.

The consumer should discuss their problem with the treating provider or any other staff member they choose.

If the consumer is not satisfied with their discussion with their treatment practitioner or other staff member, or if the provider is perceived as part of the problem, the provider or other staff member will arrange for them to meet with the Consumer Rights Officer within three (3) working days. The Consumer Rights Officer and alternate shall be available according to the following schedule:

Consumer Rights Officer: Steve Thomas, LISW-S

Consumer Rights Officer Alternative: Sarah Doohan, LPCC-S.

Location: Anazao Community Partners

2587 Back Orrville Road

Wooster, Ohio 44691-9523

Telephone: (330) 264-9597

Hours: 8:00 AM – 5:00 PM

Monday – Friday

The Consumer Rights Officer has the support and approval of the Board of Directors and the Executive Officers in taking all the necessary steps to assure compliance with the grievance procedures.

Anazao Community Partners ensures every consumer that all statements, records, and opinions resulting from the review process will be held in the strictest confidence.

In cases where the Consumer Rights Officer is perceived as the subject of the complaint/grievance, the alternate Consumer Rights Officer shall carry out the process.

Should the complaint/grievance be in a discriminatory nature, the Consumer Rights Officer will immediately refer it in writing to the agency EEO Coordinator, who will implement the agency EEO procedures.

Pursuant to the Ohio Administrative Code (OAC) requirements Chapter 5122-26-18:

All grievances must be put into writing; the grievance may be made verbally and the consumer advocate shall be responsible for preparing a written text of the grievance per Chapter 5122-26-18 (J) (3) OAC dated and signed by the consumer, the individual filing the grievance on behalf of the consumer, or have an attestation by the consumer advocate that the written grievance is a true and accurate representation of the consumer's grievance Chapter 5122-26-18 (J) (4) OAC and should include, if available, the date, approximate time, description of the incident and names of individuals involved in the incident or situation being grieved Chapter 5122-26-18 (J) (5).

Grievances should be given to Steve Thomas, LISW-S, Consumer Rights Officer, or in the event the Consumer Rights Officer is not on the premises, then Sarah Doohan, LPCC-S, Chapter 5122-26-18 (J) (1). Any program director will assist you in filing a grievance upon your request Chapter 5122-26-18 (J) (2).

Written acknowledgment of receipt of the grievance is to be provided to the grievant. Such acknowledgment shall be provided within three business days from receipt of the grievance. The written acknowledgement shall include: a) Date grievance was received; b) Summary of grievance; c) Overview of grievance investigation process; d) Timetable for completion of and notification of resolution; and, (e) Treatment provider contact name, address and telephone number Chapter 5122-26-18 (J) (8) (a)-(e).

The provider will make a resolution decision on the grievance within 20 business days of receipt of the grievance. Any extenuating circumstances indicating that this time period will need to be extended must be documented in the grievance file and written notification given to the consumer Chapter 5122-26-18 (J) (6).

Grievance documents will be maintained for at least two years from resolution, records of consumer grievances that include, at a minimum, the following: a) Copy of the grievance; b) Documentation reflecting process used and resolution/remedy of the grievance; and, c) Documentation, if applicable, of extenuating circumstances for extending the time period for resolving the grievance beyond twenty business days Chapter 5122-26-18 (C) (3) (a)-(c).

A consumer has the option to file a grievance with outside organizations, that include, but are not limited to, the following:

Ohio Mental Health & Addiction Services (OMHAS)  
James A. Rhodes State Office Tower  
30 E. Broad Street, 8<sup>th</sup> Floor  
Columbus, Ohio 43215-3430  
(614) 466-2596 or 877-275-6364

Mental Health & Recovery Board of Wayne and Holmes Counties  
1985 Eagle Pass  
Wooster, Ohio 44691  
(330) 264-2527 or 1-800-400-6518  
TDD 330-263-1533

Disability Rights Ohio Office of Criminal Justice Services  
1970 W. Broad St.  
Columbus, Ohio 43223-1102  
(888) 448-4842

U.S. Department Health/Human Services Office of Inspector General  
330 Independence Avenue, SW  
Washington, DC 20201

Ohio Chemical Dependency Professionals Board  
Vern Riffe Center  
77 S. High St., 16th Floor  
Columbus, Ohio 43215  
1-614-387-1110

Counselor, Social Worker, and Marriage and Family Therapist Board  
77 S High St. 24th Floor, Room 2468  
Columbus, Ohio 43215  
(614) 466-0912

Upon request and with a signed disclosure of information this agency shall provide all relevant information about the complaint/grievance to any of the aforementioned entities to which the consumer has initiated a complaint/grievance.

A copy of this grievance procedure shall be posted within the agency. During employee orientation and through yearly training, every staff person will be advised of this policy and procedures and of his/her responsibility to notify any consumer voicing a concern, complaint or grievance of the right to file a grievance and to provide the name of the Civil Rights Officer and alternate. consumer grievances will be monitored by the Quality Assurance Committee. Each consumer will receive a written copy of the consumer Grievance Procedures at intake, and copies of these Policies shall be given to significant others, family members, other individuals, community agencies or systems if requested.

Each consumer will also receive a verbal explanation of the grievance procedure by the intake worker. The consumer shall acknowledge the receipt and understanding of the consumer Grievance Procedure by his/her signature on the intake face sheet.

## CONSUMER GRIEVANCE

**Consumer's and/or Grievant's Name:**

Date:

**Date of incident:**

### **Location of incident:**

**Names of all persons involved in incident:**

### **Subject of grievance:**

**Describe completely the details of the incident, including contacts with other staff to resolve problem:**

### Signature Date

#### Other Relevant Information:

**1. Consumer Rights Officer notified**      Yes      No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2. Executive Director notified  Yes  No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 3 Other Details:

## **Tuberculosis Facts**

### **What is Tuberculosis?**

Tuberculosis (TB) is a disease that is spread from person to person through the air. TB usually affects the lungs. The germs are put into the air when a person with TB coughs, sneezes, laughs, or sings. TB can also affect other parts of the body, such as the brain, the kidneys, or the spine.

### **What are the symptoms of TB?**

General symptoms may include feeling weak or sick, weight loss, fever, and/or night sweats. Symptoms of TB of the lungs may include cough, chest pain, and/or coughing up blood. Other symptoms depend on the particular part of the body that is affected.

### **Who gets TB?**

Anyone can get TB, but some people are at higher risk. Those at higher risk include: \* People who share the same breathing space (such as family members, friends, coworkers) with someone who has TB disease;

- \* Poor people;
- \* Homeless people;
- \* Foreign-born people from other countries where a lot of people have TB;
- \* Nursing home residents;
- \* Prisoners;
- \* Alcoholics and intravenous drug users (IVDUs);

### **How can I tell if I have TB?**

First, get a TB skin test. If it is positive, you probably will be given other tests to see if you have TB infection or TB disease.

### **What is the difference between TB infection and TB disease?**

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

### **Where can I get a TB skin test?**

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

### **How is the skin test given?**

A small needle is used to put some testing material, called tuberculin, just under the skin. This is usually done on the inside of the arm. The person getting the test must return in 48 to 72 hours to see if there is a reaction to the test. If there is a reaction, the size of the reaction is measured.

### **What if the test is negative?**

A negative test usually means the person is not infected. However, the test may be falsely negative in a person who has been recently infected. It usually takes 2 to 10 weeks after exposure to a person with TB disease for the skin test to react positive. The test may also be falsely negative if the person's immune system is not working properly.

### **What if the test is positive?**

A positive reaction usually means that the person has been infected with the TB germ. It *does not* necessarily mean that the person has TB disease. Other tests, such as an x-ray or sputum sample, are needed to see if the person has TB disease.

### **What should I do if I have TB infection or disease?**

Get required follow up tests. Follow your doctor's advice and take the medicine as prescribed. Today, TB is easily prevented and cured with medication.

This information provided by the Centers for Disease Control and Prevention  
US GPO: 1995-635-396

## **Human Immunodeficiency Virus (HIV) Facts**

### **What is HIV? What is AIDS?**

HIV stands for *Human Immunodeficiency Virus*. It is the virus that causes AIDS – *Acquired Immunodeficiency Syndrome*. HIV is spread from one person to another through sex and blood-to-blood contact. When someone becomes infected with HIV, the virus attacks that person's immune system. A person develops AIDS when his or her immune system becomes so damaged that it can no longer fight off diseases and infections. These diseases and infections can be fatal.

People infected with HIV usually look and feel healthy for years. They may not know that they are infected. Even if they don't look or feel sick they can infect others with the virus. When symptoms do appear they can be like those of many common illnesses-swollen glands, coughing, fever, diarrhea. Only a blood test can tell if someone is infected with HIV. Only a doctor can diagnose AIDS.

### **What is risky behavior?**

The following behaviors put you at risk of HIV infection:

- \* Having sex (vaginal, anal or oral) with someone who is infected.
- \* Sharing needles or syringes with someone who is infected.

Infected blood, semen, or vaginal fluid (including menstrual blood) can enter the body through the vagina, rectum or mouth and the surrounding tissues, especially if there are cuts, sores, or bleeding in these areas. The risk of becoming infected may increase if there are sores on the genitals (vagina, labia, penis) such as those caused by herpes, syphilis, and chancroid. Sharing sex toys can be risky if their use involves contact with another person's blood, semen or vaginal blood.

**It is possible to become infected from just one sexual experience or one shared needle or syringe with an infected person.** If you have a sex partner who is infected, or, if a person with whom you share needles for injecting drugs is infected, you can become infected also. Keep in mind that it is not always possible to know if someone is infected. You can't tell by looking. The person who is infected may not even know.

### **If I have sex, how can I lower my risk of infection?**

- \* Have sex only with one partner who is not infected, who has sex only with you, and who does not *shoot* drugs or share needles or syringes. (Keep in mind that it is difficult to know these things about another person).
- \* When having sex, use a latex condom. Condoms are not just for men.
- \* For anal sex, use a water-based lubricant with the condom to reduce the risk of breakage.
- \* For vaginal sex, use a spermicide with the condom for added protection. If the spermicide irritates the vagina, try a different brand. (Spermicide is found in birth control creams, foams, and jellies).
- \* For oral sex, use a condom without spermicide or lubricants. For oral contact with the vagina or anus, some HIV educators suggest cutting a condom so that it lies flat and putting spermicide on the side of the condom touching the vagina or anus. Some also suggest using a dental dam or plastic wrap in the same way. However, there is no research on whether or not these methods work.
- \* Learn how to talk about condom use with your sex partner, and learn how to use condoms. \* Avoid contact with your partner's blood, semen, or vaginal fluid.

## **Who should be tested for HIV?**

If you think you have been exposed to the virus, you may decide to take a blood test to see if you are infected. If you have shared needles or *works*, if you have had sex with anyone, man or woman, who has used drugs or had other sex partners, you should be tested.

This Information provided by the American Red Cross  
ISBN 0-86536-139-8

## **Hepatitis A Facts**

### **What is Hepatitis A?**

Hepatitis A is one of five human hepatitis viruses that primarily infect the human liver and cause human illness (the other hepatitis viruses are Hepatitis B, C, D, and E). Hepatitis A is relatively uncommon in nations with developed sanitation systems such as the United States, yet it continues to occur in the U.S. With modern, 21<sup>st</sup> century medicine, Hepatitis A is totally preventable.

### **How is Hepatitis A transmitted?**

Hepatitis A is a communicable (contagious) disease that spreads from person-to-person through the “fecal-oral” route. It is almost always true that the virus infects a susceptible individual when he/she ingests it, but it gets to the mouth by an indirect route most commonly through contaminated food, and can also be spread among family members, roommates, sexual contact, contaminated water, undercooked shellfish, and direct inoculation by persons sharing illicit drugs.

### **What are the symptoms?**

Children often have asymptomatic or unrecognized infections and can contract the virus through ordinary play, unknown to their parents who may later become infected through parent-child contact. An adult is most infectious two weeks before symptoms and illness begins. Many children and most adults will experience the sudden onset of an influenza-like illness, starting about 30 days after contracting the virus. After a day or two of muscle aches, headache, anorexia (loss of appetite) abdominal discomfort and fever, jaundice (yellowing of the skin, eyes, and mucous membranes) appears as normal bile flow through the liver is restricted and backs up in the blood. When jaundice sets in, the initial manifestations begin to subside. Full recovery takes up to 28

months, but 10-15% of persons experience a prolonged or relapsing course up to 6 months. The vast majority of persons contracting Hepatitis A fully recover, and it does not lead to chronic Hepatitis as persons do not carry Hepatitis A long-term (as is possible with Hepatitis B and C). Even so, about 2 persons in 1000 with symptomatic acute Hepatitis A will die.

### **Who is most at risk?**

Persons most at risk of death from Hepatitis A are those with pre-existing chronic liver disease, those with chronic Hepatitis B, those with chronic Hepatitis C (3.9 million in the U.S.), alcohol-induced chronic hepatitis or cirrhosis, and older individuals over the age of 50.

### **How is Hepatitis A prevented?**

Hepatitis A vaccine is the best protection from Hepatitis A; after the second dose, nearly 100% of recipients are protected, and there is good evidence the vaccine is safe and effective even at 1 year of age. First available in 1995, it is recommended for: travelers to areas with increased rates of Hepatitis A, men who have sex with men, injecting and non-injecting drug users, persons with blood clotting factor disorders (hemophilia), persons with chronic liver disease, and children living in regions of the U.S. with increased rates of Hepatitis A.

## **Hepatitis B Facts**

### **What is Hepatitis B?**

Hepatitis B is a virus (HBV) which causes the liver to become inflamed, and persons infected may have acute (short duration) or chronic (life-long) problems, depending on their age and condition at the time of onset. There are a million carriers of Hepatitis B in the United States. The disease is more infectious than AIDS, and can be transmitted through blood bodily fluids such as seminal and vaginal fluid, breast milk, tears, saliva, and open sores.

### **What are the symptoms?**

Hepatitis B is contracted by 140,000-320,000 persons annually in the U.S. primarily manifested as (short duration) liver infection. However, only about 50% of persons with the acute infection have symptoms; sometimes these mimic the flu such as loss of appetite, nausea, and fever, or one experiences weakness and tiredness lasting weeks or even months. The urine may be dark, or the skin and eyes may turn yellow (jaundice). However, many persons with acute conditions have no symptoms. The only sure way to find out if you have Hepatitis B is to get a blood test, and this is especially important for pregnant women early in their pregnancy.

### **Who gets acute and chronic forms of Hepatitis B, and why?**

While most adults with acute Hepatitis B (90%) will recover completely and become immune to future HBV infection, 140-320 adults in the U.S. die each year from acute HBV infection. Most infants and children exposed to acute HBV will become chronically infected with the virus and will not completely recover; accordingly, 5000-6000 people in the U.S. die annually from chronic HBV liver disease and its complications (including cancer).

### **Who is most at risk?**

Those at risk are: those who live with an infected person, those working in jobs with exposure to blood (funeral directors, dentists, medical workers and EMTs, those having sex with a chronically infected person or are a carrier, intravenous drug user, those having more than one sexual partner, certain racial or ethnic groups.

### **How can I lower my risk of exposure and infection?**

Research shows that the best protection against HBV for unexposed children and adults is to get vaccinated; it is safe and effective for five years and possibly longer. Hepatitis B vaccinations are recommended for all infants and teenagers. Other ways for adults and children to reduce the chance of Hepatitis B infection is to reduce exposure to other people's blood or bodily fluids: do not share needles, instruments, or any objects that have blood on them, wear latex gloves if handling blood, and to practice safer sex practices (use condoms). Avoid sharing chewing gum. Do not pre-chew foods for infants.

## **Hepatitis C Facts**

### **What is Hepatitis C and HCV?**

Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV). This virus is a bloodborne virus, carried in the blood of persons who have the disease, and infection spreads by contact with the blood of an infected person. It is estimated that 4 million Americans are infected with Hepatitis C.

### **What are the symptoms of Hepatitis C?**

Most persons (85%) who get Hepatitis C become chronic carriers; that is, they carry the virus for the rest of their life. While many persons infected do not feel sick from the disease or have symptoms until much later, many nevertheless develop some liver damage. Once established, chronic HCV infection causes an inflammation of the liver called chronic hepatitis. This chronic condition can progress to scarring of the liver (fibrosis), advanced scarring (cirrhosis), or liver failure. The only certain way to find out if you have Hepatitis C is to get a blood test.

### **What is high risk behavior?**

Early diagnosis through testing is important so treatment can prevent further liver damage. A test is especially important for those at high risk: if you have ever injected street drugs (even many years ago), were treated with a blood clotting product before 1987, received a blood transfusion or solid organ transplant before July 1992, or have undergone long-term kidney dialysis.

### **Is it possible to prevent?**

While HCV is not often spread by sexual contact, exposure is likely reduced by proper use of latex condoms, especially if you have multiple partners. Avoid using another person's intravenous needles, or sharing needles you use with others. Avoid using any personal article of another which may have their blood on it. Consider the infection risks of tattoos or body piercings if the artist/piercer has not followed good health practices by sterilizing tools, hand-washing, and using disposable gloves.

Many persons at risk of contracting Hepatitis C are also at risk for contracting Hepatitis A and Hepatitis B. Vaccines are available to prevent contracting Hepatitis A and Hepatitis B; check with your doctor to determine your need for these vaccines. There is no vaccine to prevent contracting Hepatitis C.

### **For more information about Tuberculosis, AIDS, or Hepatitis, contact –**

The National AIDS Information Hotline (toll free): 1-800-342-AIDS. For Spanish speakers, Linea Nacional de SIDA: 1-800-344-SIDA. For hearing-impaired persons, TTY/TDD Hotline 1-800-AIDS TTY,

Your doctor, school nurse, or other health care provider.

American Red Cross Wayne County Chapter

244 W. South St.  
Wooster, Ohio 44691  
Phone: 330-264-9383

American Red Cross Holmes County Chapter  
10 S Clay St.  
Millersburg, Ohio 44654  
330-674-5861

Public Health Department

Holmes County General Health District  
2600 Glen Drive  
Millersburg, Ohio 44654  
Phone: 330-674-5035

Wayne County Health Department  
428 W. Liberty Street  
Wooster, Ohio 44691  
Phone: 330-262-8433

#### **NOTES**