

A CLEAR DIRECTION, INC.

Drug & Alcohol Outpatient Treatment / Anger Management, Parent & Counseling Services

345 S. Hydraulic Wichita, KS 67211

Phone (316) 260-9101 / Fax (316) 260-9103

Confidentiality of Alcohol and Drug Abuse Patient Records

The confidentiality of alcohol and drug abuse patient records maintained by this program are protected by Federal Law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying the patient as an alcohol or drug abuser unless:

- The patient consents in writing,
- The disclosure is allowed by court order, or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal Law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in your district or SRS/Alcohol and Drug Abuse Services.

Federal Law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal Law and regulations do not protect any information about suspected child abuse or neglect from being reported under State Law to appropriate state or local authorities.

See 42 USC 290-odd-3 and 42 USC 290 ee-3 for Federal Laws and 42 CFR, part 2 for Federal Regulations.

Revised 11/05/18

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Client Rights

Each participant/client at A Clear Direction, Inc is entitled to the following rights and privileges without limitations:

- To be treated with dignity and respect.
- To be free from:
 - Abuse
 - Neglect
 - Exploitation
 - Restraint or seclusion, of any form used as means of coercion, discipline, convenience, or retaliation,
- To a safe, sanitary, and humane living environment that:
 - Provides privacy, and
 - Promotes dignity,
- To receive treatment services free of discrimination based on the client's race, religion, ethnic origin, age, disabling or medical condition, and ability to pay for the services.
- To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent for:
 - Photographing for identification and administrative purposes or
 - Video recordings used for security purposes that are maintained only on a temporary basis,
- To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client rights
- To confidential, uncensored, private communication that includes letters telephone calls, and personal visits with:
 - An attorney
 - Personal Physician
 - Clergy or legitimate spiritual leader
 - Kansas Department of Aging & Disability Services Staff, or
 - Other individuals unless restriction of such communication is clinically indicated and is documented in the client record.
- To practice individual religious beliefs including the opportunity for religious worship and fellowship as outlined in the program policy.
- To be free from coercion in engaging in or refraining from individual religious or spiritual activity, practice, or belief.
- To receive an individualized treatment plan that includes the following:
 - Client participation in the development of the plan
 - Periodic review and revision of the client's written treatment plan
- To refuse treatment or withdraw consent to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health
- To receive a referral to another program if A Clear Direction, Inc is unable to provide a treatment service that the client requests or that is indicated in the clients assessment or treatment plan
- To have the client's information and records kept confidential and released according to the State of Kansas standards
- To be treated in the least restrictive environment consistent with the client's clinical condition and legal status
- To consent in writing, refuse to consent, or withdraw written consent to participate in research, experimentation, or a clinical trial that is not a professionally recognized treatment without affecting the services available to the client.
- To exercise A Clear Direction, Inc.'s grievance procedure
- To receive a response to a grievance in a timely and impartial manner.
- To be free from retaliation for submitting a grievance to A Clear Direction, Inc, the Kansas Department of Aging & Disability Services, or another entity.
- To receive one's own information regarding:
 - Medical and psychiatric conditions,
 - Prescribed medications including the risks, benefits, and side effects,
 - Whether medication compliance is a condition of treatment, and
 - Discharge plans for medication.
- To obtain a copy of the client's clinical record at the client's own expense
- To be informed at the time of admission and before receiving treatment services, except for a treatment service provided to a client experiencing a crisis situation, of the:
 - Fees the client is required to pay, and
 - Refund policies and procedures, and
- To receive treatment recommendations and referrals, if applicable, when the client is to be discharged or transferred.

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Requirements for Successful Completion

- Completion of all treatment plan requirements.
- Complete all assignments
- Complete a discharge interview
- Remain alcohol and drug free
- **Payment must be paid in full.** Successful completion of treatment will not be confirmed in writing or otherwise, unless client is current on payment. Fee's must be paid within 10 days of completion of the program or client will be unsuccessfully discharge.

For any reason I should miss a group or scheduled therapy session I will notify the staff of A Clear Direction, Inc. twenty-four (24) hours in advance of my absence. The session that I missed must be made up at a later date.

Revised 11/05/18

What are HIV and AIDS?

HIV (Human Immunodeficiency Virus) is a virus that attacks the immune system (the body's defense against infection). HIV uses healthy white blood cells to replicate itself, breaking down the immune system and leaving the body more susceptible to illness. Without treatment, most people infected with HIV become less able to fight off germs that we are exposed to every day. Someone who has HIV is called "HIV positive" or "HIV+".

AIDS (Acquired Immune Deficiency Syndrome) is a late stage of HIV infection. An HIV positive person is diagnosed with AIDS when their immune system is so weakened that it is no longer able to fight off illness. People with immune deficiency are much more vulnerable to infections such as pneumonia and various forms of cancer. These diseases are called opportunistic infections because they take advantage of the weakened immune system. Ultimately, people do not die from AIDS itself, they die from one or more of these opportunistic infections. It is believed that all people who become HIV+ will eventually have AIDS.

There is no known cure or vaccine for AIDS. While anti-viral medications and healthy behavior can improve the quality and length of life for some people living with AIDS, these treatments do not work for everyone and may cause harmful side effects.

It can take several years before HIV breaks down a person's immune system and causes AIDS, and people may show few symptoms for several years after they are infected. People who appear perfectly healthy may not know they have the virus and can pass it on to others. 1 out of 4 Americans with HIV do not know they have the virus. The only way to know if you have HIV is to GET TESTED.

How is HIV Transmitted?

HIV is transmitted from person to person through the exchange of bodily fluids. While the HIV virus can be found in all bodily fluids of an infected person only these fluids contain a high enough concentration of HIV to transmit the virus:

- Blood
- Semen (including pre-cum)
- Vaginal secretions
- Breast milk

Modes of Transmission

- Sexual - unprotected anal, vaginal or oral sex
- Sharing needles - IV drug use, tattooing, piercing
- Maternal/Child - before, during & after birth, including breast-feeding
- Blood transfusion before 1985
- Donor Products
- Job Injury
- Sharing of Sex Toys

HIV has not been proven transmittable by saliva, urine, feces, sweat, tears, vomit or mucus.

*HIV is NOT transmitted through casual contact including: hugging, kissing, using public toilets, sharing eating utensils, pools or coughing.

Hepatitis C Risk Factors

Because hepatitis C is spread from person to person through exposure to HCV-infected blood, activities that increase your chance of exposure are considered risk factors.

The most common risk factors for hepatitis C are intravenous (IV) drug use and blood or blood product transfusions before 1992.

Those who inject drugs are at high-risk for getting hepatitis C because they may be sharing needles and other drug paraphernalia, which may be contaminated with HCV-infected blood. In fact, 60% to 80% of all IV drug users have hepatitis C infection.

Those who have had a blood transfusion before 1992 and hemophiliacs who have received clotting factor before that time are at risk because blood banks did not fully test the blood supply for hepatitis C before that year. Today, however, the risk of getting hepatitis C from a blood transfusion is almost zero.

Other risk factors include tattooing and body piercing. Tattooing dye or needles used in tattooing or body piercing can carry HCV-infected blood from one customer to another if the tattoo/body piercing parlors do not use sterile techniques or supplies.

Other risk factors include needlestick injuries, especially among health care workers, hemodialysis (equipment that filters blood may not be adequately sterilized between patients), and organ transplant before 1992.

Although hepatitis is not easily spread through sexual intercourse, high-risk sexual behavior, especially having multiple sexual partners, is associated with an increased risk of getting hepatitis C.

If you think you might be at risk for being infected with hepatitis C, take a few moments to answer our hepatitis C risk assessment questionnaire.

Sexually Transmitted Infections

Sexually transmitted infections (STIs) are infections that are spread primarily through person-to-person sexual contact. There are more than 30 different sexually transmissible bacteria, viruses and parasites. Several, in particular HIV and syphilis, can also be transmitted from mother to child during pregnancy and childbirth, and through blood products and tissue transfer.

Some of the commonest sexually transmitted pathogens can be divided into those caused by bacteria, viruses and parasites.

Common bacterial infections

- *Neisseria gonorrhoeae* (causes gonorrhoea or gonococcal infection)
- *Chlamydia trachomatis* (causes chlamydial infections)
- *Treponema pallidum* (causes syphilis)
- *Haemophilus ducreyi* (causes chancroid)
- *Klebsiella granulomatis* (previously known as *Calymmatobacterium granulomatis* causes granuloma inguinale or donovanosis).

Common viral infections

- Human immunodeficiency virus (causes AIDS)
- Herpes simplex virus type 2 (causes genital herpes)
- Human papillomavirus (causes genital warts and certain subtypes lead to cervical cancer in women)
- Hepatitis B virus (causes hepatitis and chronic cases may lead to cancer of the liver)
- Cytomegalovirus (causes inflammation in a number of organs including the brain, the eye, and the bowel).

SEXUALLY TRANSMITTED INFECTIONS (STIS) ARE A PUBLIC HEALTH ISSUE

According to 1999 WHO estimates, 340 million new cases of curable STIs (syphilis, gonorrhoea, chlamydia and trichomoniasis) occur annually throughout the world in adults aged 15-49 years. (These are the most recent available data. New estimates up to 2005 are under development for publication towards the end of 2007.)

In developing countries, STIs and their complications rank in the top five disease categories for which adults seek health care. Infection with STIs can lead to acute symptoms, chronic infection and serious delayed consequences such as infertility, ectopic pregnancy, cervical cancer and the untimely death of infants and adults.

STIS AND PREVENTION OF SERIOUS COMPLICATIONS IN WOMEN

STIs are the main preventable cause of infertility, particularly in women. Between 10% and 40% of women with untreated chlamydial infection develop symptomatic pelvic inflammatory disease. Post-infection tubal damage is responsible for 30% to 40% of

cases of female infertility. Furthermore, women who have had pelvic inflammatory disease are 6 to 10 times more likely to develop an ectopic (tubal) pregnancy than those who have not, and 40% to 50% of ectopic pregnancies can be attributed to previous pelvic inflammatory disease. Infection with certain types of the human papillomavirus can lead to the development of genital cancers, particularly cervical cancer in women.

STIS AND ADVERSE OUTCOMES OF PREGNANCY

Untreated sexually transmitted infections are associated with congenital and perinatal infections in neonates, particularly in the areas where rates of infection remain high.

In pregnant women with untreated early syphilis, 25% of pregnancies result in stillbirth and 14% in neonatal death – an overall perinatal mortality of about 40%. Syphilis prevalence in pregnant women in Africa, for example, ranges from 4% to 15%. Up to 35% of pregnancies among women with untreated gonococcal infection result in spontaneous abortions and premature deliveries, and up to 10% in perinatal deaths. In the absence of prophylaxis, 30% to 50% of infants born to mothers with untreated gonorrhoea and up to 30% of infants born to mothers with untreated chlamydial infection will develop a serious eye infection (ophthalmia neonatorum), which can lead to blindness if not treated early. It is estimated that, worldwide, between 1000 and 4000 newborn babies become blind every year because of this condition.

STIS AND HIV

The presence of an untreated ulcerative or non-ulcerative (those STIs which cause ulcers or those which do not) infection increases the risk of both acquisition and transmission of HIV by a factor of up to 10. Thus, prompt treatment for STIs is important to reduce the risk of HIV infection. Controlling STIs is important for preventing HIV in people at high risk, as well as in the general population.

PREVENTION OF STIS

The most effective means to avoid becoming infected with or transmitting a sexually transmitted infection is to abstain from sexual intercourse (i.e., oral, vaginal, or anal sex) or to have sexual intercourse only within a long-term, mutually monogamous relationship with an uninfected partner. Male latex condoms, when used consistently and correctly, are highly effective in reducing the transmission of HIV and other sexually transmitted infections, including gonorrhoea, chlamydial infection and trichomoniasis.

STIS WITHOUT SYMPTOMS

Some sexually transmitted infections often exist without symptoms. For example, up to 70% of women and a significant proportion of men with gonococcal and/or chlamydial infections may experience no symptoms at all. Both symptomatic and asymptomatic infections can lead to the development of serious complications, as outline above.

STI SYNDROMES AND THE SYNDROMIC APPROACH TO PATIENT MANAGEMENT

Although many different pathogens cause STIs, some of them give rise to similar or overlapping clinical appearances, known as signs (what the individual or the health-care provider sees on examination) and symptoms (what the patient feels, such as pain or irritation). Some of these signs and symptoms are easily recognizable and consistent, giving what is known as a syndrome that signals the presence of one or a number of pathogens. For example, a discharge from the urethra in men can be caused by gonorrhoea alone, chlamydia alone or both together.

THE MAIN SYNDROMES OF COMMON STIS ARE:

- Urethral discharge
- Genital ulcers
- Inguinal swellings (bubo, which is a swelling in the groin)
- Scrotal swelling
- Vaginal discharge
- Lower abdominal pain
- Neonatal eye infections (conjunctivitis of the newborn)

THE GLOBAL STRATEGY FOR THE PREVENTION AND CONTROL OF STIS

The control of STIs remains a priority for WHO. The World Health Assembly endorsed the global strategy for the prevention and control of STIs in May 2006. The strategy urges all countries to control the transmission of STIs by implementing a number of interventions, including the following:

1. Prevention by promoting safer sexual behaviours;
2. General access to quality condoms at affordable prices;
3. Promotion of early recourse to health services by people suffering from STIs and by their partners;
4. Inclusion of STI treatment in basic health services;
5. Specific services for populations with frequent or unplanned high-risk sexual behaviours - such as sex workers, adolescents, long-distance truck-drivers, military personnel, substance users and prisoners;
6. Proper treatment of STIs, i.e. use of correct and effective medicines, treatment of sexual partners, education and advice;
7. Screening of clinically asymptomatic patients, where feasible; (e.g. syphilis, chlamydia);
8. Provision for counselling and voluntary testing for HIV infection;
9. Prevention and care of congenital syphilis and neonatal conjunctivitis

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CLIENT UA POLICY

I have full knowledge and give voluntary consent to a random urinalysis specimen (UA) for the purpose of Alcohol and/or Drug detection. I understand that the fee for this test is \$25.00 unless previously arranged by an employee of A Clear Direction, Inc.

It is A Clear Direction's policy to encourage all chemically dependent/abusing clients to voluntarily consent to random UA specimen screenings.

Purpose: To ensure that the client/patient is receiving an appropriate level of care, to establish a drug/alcohol free lifestyle, and to monitor progress in treatment.

Positive and Negative results should be communicated to clients verbally. Results of In-house testing are not used to place a client at risk of discharge. Test results should be discussed with the client/patient prior to being released to other referral source or person including but not limited to: Court Service Officer, Employer, Employee Assistance Program, etc.

Any UA testing that will be scrutinized by any source/person other than client/counselor will be sent to an outside lab, after completing all chain of custody protocol. Positive confirmations will be confirmed with the Gas Chromatography/Mass Spectrometry (GC/MS) (or similar test which isolates the active metabolite responsible for the positive screen) prior to the use of positive results in any manner affecting the client.

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Grievance Policy for Substance Abuse Treatment Services

The following sequence of steps are to be taken in the event that the services being provided to you by this agency are deemed unsatisfactory:

- Set up an appointment with your primary counselor to discuss any/all issues you may have to find a resolution (316)260-9101.
- Set up an appointment with the President/CEO to discuss the issue at hand if no resolution could be reached with your primary counselor.
- Contact the treatment Coordinator from Kansas Department for Aging & Disability Services (785) 296-6807 to file a complaint with the State of Kansas regarding the services and practices of this Agency if a resolution could not be reached with the President/CEO.

If you find that there has been a breach of client rights due to unethical conduct on the part of the staff of A Clear Direction, Inc contact:

*KANSAS DEPARTMENT FOR AGING & DISABILITY SVCS
COMM SVCS & PROGRAMS / SUD
503 S. KANSAS AVE
TOPEKA, KS 66603
PHONE: 785-296-6807
FAX: 785-296-0256*

This agency is committed to timely responses and resolutions to your questions or concerns. All issues will be addressed within 30 days.

Revised 11/05/18

Tuberculosis (TB)

What is tuberculosis?

Tuberculosis is a bacterial disease usually affecting the lungs (pulmonary TB). Other parts of the body can also be affected, for example lymph nodes, kidneys, bones, joints, etc. (extrapulmonary TB). Approximately 1,300 cases are reported each year in New York State.

Who gets tuberculosis?

Tuberculosis can affect anyone of any age. People with weakened immune systems are at increased risk.

How is tuberculosis spread?

Tuberculosis is spread through the air when a person with untreated pulmonary TB coughs or sneezes. Prolonged exposure to a person with untreated TB usually is necessary for infection to occur.

What is the difference between latent tuberculosis infection and tuberculosis disease?

Latent tuberculosis infection (LTBI) means the person has the TB germ in their body (usually lungs), but has yet to develop obvious symptoms. In latent TB, the person has a significant reaction to the Mantoux skin test with no symptoms of tuberculosis, and no TB organisms found in the sputum. Tuberculosis disease indicates the person has symptoms, a significant reaction to a Mantoux skin test and organisms found in the sputum. In order to spread the TB germs, a person must have TB disease. Having latent TB infection is not enough to spread the germ. Tuberculosis may last for a lifetime as an infection, never developing into disease.

What are the symptoms of tuberculosis?

The symptoms of TB include a low-grade fever, night sweats, fatigue, weight loss and a persistent cough. Some people may not have obvious symptoms.

How soon do symptoms appear?

Most people infected with the germ that causes TB never develop active TB. If active TB does develop, it can occur two to three months after infection or years later. The risk of active disease lessens as time passes.

When and for how long is a person able to spread tuberculosis?

A person with TB disease may remain contagious until he/she has been on appropriate treatment for several weeks. However, a person with latent TB infection, but not disease, cannot spread the infection to others, since there are no TB germs in the sputum.

What is the treatment for tuberculosis?

People with latent TB infection should be evaluated for a course of preventive therapy, which usually includes taking antituberculosis medication for several months. People with active TB disease must complete a course of treatment for six months or more. Initial treatment includes at least four anti-TB drugs, and medications may be altered based on laboratory test results. The exact medication plan must be determined by a physician. Directly observed therapy (DOT) programs are recommended for all TB patients to help them complete their therapy.

What can be the effect of not being treated for tuberculosis?

In addition to spreading the disease to others, an untreated person may become severely ill or die.

What can be done to prevent the spread of tuberculosis?

The most important way to stop the spread of tuberculosis is for TB patients to cover the mouth and nose when coughing, and to take all the TB medicine exactly as prescribed by the physician.

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DRUG & ALCOHOL / DUI TREATMENT

ADULTS:

Monday & Wednesday 5:30 pm-7:30 pm

Tuesday & Thursday 10:00 am-Noon

ADOLECENTS:

Tuesday, Thursday 5:00 pm-7:00 pm

AFTERCARE/ RELAPSE PREVENTION:

Friday 10:00 am-11:00 am

If you miss more than 2 sessions, you will have to re-start the program. **NO EXCEPTIONS!!!** This group is **only** for clients in Aftercare. Anyone else who wants to attend must get permission for an ACD staff member in order to receive credit for attending the session.

ADSAP: Friday 8:30 am – 3:30 pm

(Excluding Federal Holidays)

BIP: 1x weekly (30 weeks)

If you miss more than 6 sessions, you will have to re-start the program. **NO EXCEPTIONS!!!**

Monday 10:00 am-11:30 am (men)

Thursday 5:00 pm-6:30 pm (men)

Saturday 10 am-11:30 am (women)

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Medicaid Provider / Blue Cross Blue Shield Provider

COST SHEET

EVALUATIONS:

Standard Substance Abuse Evaluation	\$100.00
DUI Evaluation	\$150.00
BIP Evaluation	\$100.00

DRUG & ALCOHOL / DUI TREATMENT:

1 Day ADSAP Class	\$100.00
Level 1 Treatment Accelerated: 6-8 weeks (2 x weekly)	\$800.00
Level 1 Treatment 12 weeks (2 x weekly)	\$1200.00
Level II Intensive Treatment: 12 weeks (3 x weekly)	\$1600.00
Individual Sessions Only	\$100.00 p/hour w/counselor \$150.00 p/ hour w/ Mario only
Failed UA or Admission of Use @ treatment or referral source *confirmed U.A.s @ lab ... \$50 (Extend treatment min 4 weeks and complete min 4-week A/C)	\$150.00 for extension & \$35.00 p/week for Aftercare
Aftercare/ Relapse Prevention (CASH ONLY)	\$35.00 p/week
Non-Client UA	\$35.00

Clients attending Level I are required to pay a minimum of \$100 when they attend their 1st session and make weekly payments of at least \$50 or \$100 bi-weekly

Clients attending Level II are required to pay a minimum of \$100 when they attend their 1st session and make weekly payments of \$100

BIP TREATMENT:

Weekly Session (CASH ONLY)	\$30.00 p/session
1 Day DV or 1 Day Anger Management Class (by appointment only)	\$100.00 (CASH ONLY)

Payment Types Accepted

- Cash
- Debit / Credit (card and cardholder must be present)
- Money Order
- Health Savings Account (HAS)

(any refunds will be at the discretion of Program Director Mario Williams)

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Receipt of Orientation & Program Admissions Forms

Name of Client: _____ DOB: _____

By signing below, I acknowledge that I am giving consent to treatment. I understand that I must actively participate in groups, treatment planning sessions, and discharge planning. I further acknowledge that I have received, understood, had an opportunity to review and/or discuss the forms listed below with a program staff member prior to the commencement of formal treatment services.

- Service, Billing & Client Financial Responsibility Client Initials: _____
- Confidentiality & HIPPA Notice Client Initials: _____
- Client Rights Client Initials: _____
- Successful Treatment Completion Requirements Client Initials: _____
- HIV/AIDS Transmission and High-Risk Behaviors Client Initials: _____
- Information of Tuberculosis Client Initials: _____
- Hepatitis C Risk Factors Client Initials: _____
- Sexual Transmitted Diseases and Infections Client Initials: _____
- Internal Grievance & Complaint Policy Client Initials: _____
- Emergency Numbers: Poison Control/Fire/Police Client Initials: _____
- Civil Rights Client Initials: _____
- Weapons Policy Client Initials: _____
- Client UA Policy Client Initials: _____

Signature of Client/Patient

Date

Signature of Parent or Guardian

Date

Signature of Witness

Date