

Johnson County Mental Health Center

**ADULT
DETOXIFICATION
UNIT**

ADMISSION HANDBOOK

Revised 10/02/2017

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SCOPE OF SERVICES

The Adult Detoxification Unit (ADU) is a program of Johnson County Mental Health Center. ADU offers brief, **non-medical** care for individuals experiencing withdrawal or at risk of withdrawal from alcohol and other drugs. The program operates 24 hours a day, 365 days a year and admits individual 24 hours a day. Individuals must be ambulatory and not in need of major medical care. Services are designed to assist individuals safely through the difficulties and dangers of detoxification from chemical substances in a non-medical setting. Every client is assessed to determine the severity of withdrawal and to determine the appropriate level of ongoing care. All clients are oriented to the facility and program at time of admission.

CLIENT RIGHTS

As a client you have certain rights.

1. **Dignity and respect.** You have the right to always be treated with dignity and respect, and not to be subjected to any physical abuse or exploitation.
2. **Freedom from mistreatment.** You have a right to be free from abuse, neglect, exploitation, and restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation.
3. **Treatment environment.** You have a right to a safe, sanitary, and humane treatment environment that provides privacy and promotes dignity.
4. **Freedom from discrimination.** You have a right to receive treatment services free of discrimination based upon the client's race, religion, ethnic origin, age, sex, sexual orientation, gender identification and disability or medical condition.
5. **Privacy.** You have a right to privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent, except for photographs used strictly for identification and administrative purposes, or video recordings used for security purposes and maintained only on a temporary basis.
6. **Outside representation and support.** You have a right to receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising your client rights.
7. **Personal communication.** You have a right to confidential, uncensored, private communications that includes letters, telephone calls, and personal visits with an attorney, personal physician, clergy, Kansas Department of Aging and Disability Services (KDADS) / Behavioral Health staff, or other individuals unless restriction of such communications is clinically indicated and is documented in your client record.
8. **Religious freedom.**
 - You have a right to practice individual religious beliefs including the opportunity for religious worship and fellowship as outlined in the program policy.
 - You have the right be free from coercion to engage in or refrain from religious worship or a spiritual activity, practice, or belief.
9. **Participation in treatment planning.** You have a right to actively participate in the development of an individualized treatment plan that is reviewed periodically and revised as needed.
10. **Refusal of treatment.** You have a right to refuse treatment or withdraw consent for treatment unless such treatment is ordered by the court or is necessary to save your life or physical health.
11. **Referral.** You have the right to be referred to another program if the licensee is unable to provide a treatment service that you request or that is indicated in your assessment or treatment plan.
12. **Confidentiality.** You have the right to have your confidential client information protected and released only in accordance with federal confidentiality regulations (42 CFR Part 2 and HIPPA).
13. **Least restrictive treatment.** You have the right to be treated in the least restrictive environment, consistent with your clinical condition and legal status.
14. **Consent to Experimental Treatment.** You have the right to consent in writing, refuse to consent, or withdraw consent to participate in any experimental treatment, clinical trial, or research project without such

decision affecting the services available to you.

15. **Grievances.**

- You have the right to submit a grievance to this treatment program, the Kansas Department for Aging and Disability Services (KDADS) / Behavioral Health, or another entity in accordance with established policies and procedures.
- You have a right to receive a response in a timely and impartial manner.
- You have a right to be free from retaliation for submitting a grievance to this treatment program, Kansas Department for Aging and Disability Services (KDADS) / Behavioral Health, or another entity.

16. **Benefits and side effects of medication.** You have the right to receive information about any personal medical or psychiatric condition; what medications have been prescribed for you, including the risks, benefits, and side effects; whether medication is a condition of treatment; and discharge plans for medications.

17. **Medical record.** You have the right to see and review your own clinical record and have a copy made at your expense, unless the executive director of the Mental Health Center issues a written determination that specific portions should not be disclosed because they would be injurious to you or a close associate.

18. **Fees.** You have a right to be informed at time of admission and before receiving treatment services (unless it is a crisis situation) about all charges associated with treatment services, as well as payment and refund policies and procedures. You have a right receive services regardless of your ability to pay for the services.

19. **Discharge Planning.** You have a right to receive treatment recommendations and referrals, if applicable, at time of discharge.

In addition, residential clients have the right to:

20. **Personal communication.** You have a right to receive visitors and make telephone calls as established by program policy and posted conspicuously in the treatment facility unless a) the program director or designee determines and documents in your record a specific treatment purpose that justifies waiving this right, and b) you are informed of the reason the right is to be waived and your right to submit a grievance regarding the decision.

21. **Personal privacy.** You have a right to privacy in correspondence, communication, visitation, financial affairs, and personal hygiene unless a) the program director or designee determines and documents in your record a specific treatment purpose that justifies waiving this right, and b) you are informed of the reason the right is to be waived and your right to submit a grievance regarding the decision.

22. **Personal belongings.** You have a right to maintain, display, and use your personal belongings, including clothing, in accordance with program policy.

23. **Nutrition.** You have a right to be provided with meals that meet personal nutritional needs.

24. **Medical care.** You have a right to be referred to medical services, if necessary, to maintain personal health, safety, and welfare.

25. **Treatment activities.** You have a right to have daily opportunities for social, recreation, or rehabilitative activities.

CLIENT RESPONSIBILITIES

As a client you have certain responsibilities:

- **Provide treatment information.** You have a responsibility to be honest and open and to provide ADU staff with all information necessary to provide adequate treatment.
- **Respect confidentiality.** You are expected keep confidential any information (including identity) of other clients who might be seeking treatment at ADU.
- **Respect the rights and property of others.** You are expected to take care of your own personal property and stay away from others' possessions. You are expected treat ADU property respectfully.
- **Let staff know if you are dissatisfied with services.** Your comments may be helpful to us in looking at ways to improve services.

- **Abstain from the use of alcohol or other drugs.** You have a responsibility to help maintain a safe and drug-free environment.
- **Treat staff and other clients with courtesy and respect.**
- **Obey the laws of the State of Kansas and the rules of the program.**

CONFIDENTIALITY

The confidentiality of client records is protected by Federal law and regulations. The Health Information Portability and Accountability Act (HIPAA) of 1996 ensures the confidentiality of personal health information. Alcohol and drug treatment records are specifically protected by *42 CFR Part 2*.

Johnson County Mental Health Center will NOT disclose the identity of any client or disclose identifying information about any client UNLESS:

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

Staff members may share client information with other staff members for the purpose of ensuring continuity of care. A staff member may also discuss your case with a supervisor to obtain guidance.

The treatment program may provide limited client identifying information to organizations that perform services related to client treatment and care such as medical care, drug testing, etc. when an agreement protecting client confidentiality has been executed with such organizations.

Federal law and regulations do not protect client information disclosed in the course of reporting any crime committed on treatment premises. Nor do confidentiality laws protect client information if a client threatens to harm another individual. Client threats of suicide or acts of self-harm are taken very seriously and staff will notify authorities if client's safety is at risk.

The treatment program will report information to the court about a client's progress in treatment, including attendance and substance use if the client signs a diversion or probation agreement or other release that permits/requires such disclosures.

Federal laws 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.

Violation of the Federal law and regulations by any program is a crime. Suspected violations may be reported to the United States Attorney in your district or to Kansas Department for Aging and Disability Services (KDADS) / Behavioral Health at 503 S Kansas Ave., Topeka, Kansas 66603, (Phone 785-296-6807).

SECURITY

Recovery Place Adult Detoxification Unit is NOT A LOCKED FACILITY. Although windows and doors are alarmed to alert staff if anyone enters or leaves the building without permission, clients are not prevented from leaving the premises. However, if the client who leaves poses a risk to self or others due to intoxication, law enforcement officials will be notified.

GRIEVANCE POLICY

Clients have a right to voice complaints without fear of negative consequences. It is recommended that a client attempt to resolve problems by discussing them with his/her treatment provider. If the client feels uncomfortable doing so or the problem remains unresolved following such discussion, the client has the right to request a meeting with the Program Supervisor to present the complaint. As a final option, the client can directly contact the Executive Director of the Mental Health Center with any concerns. If the client feels that the Center has not adequately addressed his/her concerns, the client may contact the Kansas Department for Aging and Disability

Services (KDADS) / Behavioral Health offices at:

KDADS / Behavioral Health
503 S Kansas Ave.
Topeka, Kansas 66603
785-296-6807

DRUG TESTING POLICY

ADU does not provide urine drug testing. Breathalyzer testing is used to measure blood alcohol concentration (BAC) and is administered to clients at time of admission to assist in evaluating, monitoring, and managing alcohol withdrawal symptoms. Testing is continued until a client's BAC falls below the legal limit for intoxication (.08).

CLIENT FEES

Clients are not assessed a fee for social detox services. Ambulance and/or hospital expenses incurred as the result of the need for emergency medical treatment are the responsibility of the client.

AFTER HOURS EMERGENCIES

Calls are answered 24 hours a day at ADU (913-826-4100). In addition, Johnson County Mental Health Center operates an after hours crisis line (913-268-0156). In the event of a life-threatening emergency, call 911.

BARRIERS TO TREATMENT

Please call us in advance at 913-826-4100 to make arrangements for any special accommodations that may be required.

Language

The Adult Detoxification Unit (ADU) staff members speak English only. With sufficient advance notice, interpreter services can be arranged to assist non-English speaking or hearing impaired individuals during the admission process. If the identified client needs counseling in a language other than English, a referral will be made, whenever possible, to an individual or agency that can provide services in that language and/or for the hearing impaired.

Handicapped Accessibility

The Adult Detoxification Unit (ADU) is a handicapped accessible facility.

Transportation

The Adult Detoxification Unit (ADU) does not provide transportation for clients being admitted to or discharged from detox.

CLIENT GUIDELINES

- Visitors are not allowed at detox.
- All alcohol, drugs, and paraphernalia found in the possession of a client will be confiscated and destroyed. **Use of alcohol or other drugs at detox may result in legal charges and termination of services.**
- Staff reserves the right to conduct room searches at any time there may be a concern for the safety of client and staff.
- All products containing alcohol (e.g., mouthwash, hair spray, cologne, after shave, etc.) will be confiscated at time of admission and returned at time of discharge.
- All items considered to be a threat to client safety (e.g., razors, knives, and scissor's) will be confiscated at time of admission and returned at time of discharge. Clients may use safety razors and other hygiene-related "sharps" only with permission.
- Security wands are utilized to detect any unusual metal objects on a person or their belongings. If the wand sounds or signals, the consumer will be asked to further reveal the area of clothing or belonging, and/or will be asked permission for staff to inspect the item/belonging further, or asked to change clothing; the clothing, belonging and consumer will be scanned with the security wand again.
- All prescription medications, over-the-counter medications (Including topical ointments and vitamins) will be confiscated and inventoried at time of admission and stored in a locked cabinet in the staff office. Clients will be provided with their medications in accordance with prescription labels.
- Clients are allowed to keep Rescue Inhalers in their possession only if they are prescribed to them. Clients **may not** share their inhaler with other clients or use them other than the way they are prescribed which is outlined on the container or box. Abuse of this policy could result in the inhaler being considered as contraband and possible immediate discharge from ADU.
- Pagers, cell phones, and other communication devices are not allowed to remain in a client's possession while at ADU. These items will be stored with other client valuables and returned at time of discharge.
- Smoking on the unit is strictly prohibited and may result in termination of services and/or discharge from ADU.
- Clients taking medications that are incompatible with nicotine will not be allowed to smoke while in detox. All tobacco products and lighters will be returned to clients at time of discharge.
- Clients must inform unit staff of special dietary needs or food allergies so that arrangements can be made with the food service contractor.
- Any personal audio/visual electronic equipment, CD's or DVD's are not allowed to remain in a client's possession while at ADU. These items will be stored with other client valuables and returned at time of discharge.
- Clothing items that advertise or glorify alcohol or drugs cannot be worn at ADU.
- Television will be turned off at midnight.
- Client phone calls are not permitted between midnight and 7:00 am.
- Any physical contact between clients, including consensual sex, is prohibited.
- Physical fighting, threats, harassment, damage to or theft of property are prohibited and may result in legal charges and removal from the unit.

COMMUNITY GUIDELINES

SMOKING

- SMOKING inside the facility is PROHIBITED and is grounds for discharge.
- As of September 1, 2017 Johnson County Mental Health Center including Adult Detox Unit is a Tobacco Free Campus.

TELEVISION - The TV is a community privilege.

- Staff reserves the right to lower the volume, please keep volume no higher than 50.
- Staff may turn TV off if there is conflict with clients over what to watch.
- Staff will determine what programs/movies are not acceptable for client viewing.
- Each afternoon, the TV will be turned off for at least one hour so clients can rest and/or meet with staff.
- The TV will be turned off during 12-step meetings or educational presentations.
- The TV will be turned off at midnight.

DAYROOM ETIQUETTE

- Clean up after yourself.
- No lying down on the sofa.
- No feet on the furniture.
- Do not open or close window blinds in the dayroom area. Ask staff for assistance.
- Dress appropriately – no bare chests, bare feet, skimpy clothing.
- No drug/alcohol glorification – “war stories,” clothing, etc.
- No physical contact – keep your hands to yourself (no massages, rubs, hand-holding, etc.).
- “Quiet time” is enforced after midnight. Any client activity or interaction in the dayroom area must be respectful of clients who are sleeping.

BEDROOMS

- Clients are not allowed in any bedroom other than their assigned room.
- Do not keep valuables in your room. Ask staff to store them until discharge. ADU is not responsible for lost or stolen property.
- Be respectful of your roommate’s privacy and property.
- Make your bed after using it.
- Pick up after yourself. This is not a motel and there is no maid service.

HYGIENE

- Shower daily (place used towels in hampers stationed on unit).
- Razors and other sharp objects cannot be kept in your room. They must be returned to a staff member immediately after use.
- Wash hands before meals and before handling any food, including snacks.
- Wear clean clothing.
- Clients will be allowed to use washer and dryer only with permission and when accompanied by staff.
- Bare feet not allowed!
- Bandage all open wounds.

- Do not cut or dye hair while at ADU. Do not style or braid other clients' hair. Do not share combs, brushes, or hair products.

FOOD & BEVERAGES

- Clients will be expected to help with clean up after meals: One client in kitchen, one wiping and cleaning tables, one vacuuming.
- No food or beverages in client rooms.
- Clean up after snacking and pick up crumbs.

PHONE CALLS

- There are only TWO phones for all clients to use. Do not monopolize the phones.
- Limit calls to a maximum of 10 minutes.
- No outgoing or incoming calls after midnight.

VISITATION POLICY

Visitors are not allowed at ADU. Clients are generally at ADU very briefly while they are detoxifying and typically do not feel well during withdrawal. Client privacy during this difficult time is considered vital.

Family and friends may drop off clothing, medications, or other personal items at the request of a client.

CLIENT TELEPHONE PRIVILEGES

Location: Two client telephones are located in the community dayroom area at ADU.

Days/Times: Clients make calls daily anytime between 7:00 a.m. and midnight.

- Clients are asked to limit their conversations to 10 minutes per call.
- Incoming calls for clients are not accepted.
- A personal phone card is required to make long distance calls.

PROTECTIVE PROCEDURES

In order to maintain a safe, healthy, and drug-free environment, the ADU requires compliance with the following protective procedures.

- Inspection of personal possessions. The personal belongings of every client are inspected prior to admission and may be re-inspected, as deemed necessary.
- Search of person. Every client is searched at time of admission.
- Personal hygiene/disease control. Every client is asked to shower at time of admission if possible.

MEDICAL EMERGENCIES

The Adult Detox Unit is not licensed or staffed to provide acute medical care. Any client requiring emergency medical care is sent, at the client's expense, by ambulance to the nearest medical facility for treatment. The client must sign an emergency medical release at time of admission and accept financial responsibility for such emergencies.

TRANSPORTATION

Clients are responsible for arranging transportation at time of discharge. ADU does not own or operate vans to transport client and staff members are not allowed to transport clients in their personal vehicles.

DISCIPLINE /TERMINATION POLICIES

The use of corporal punishment, verbal abuse, threats, withholding of nourishment, and physical isolation or restraint to control or discipline clients is strictly prohibited.

Violations of the law including, but not limited to, physical violence, threats, sexual misconduct, damage to property, and possession, sale, or suspected use of alcohol or other drugs, will result in a request for police intervention. Serious misconduct and/or disruptive behavior will result in immediate discharge from ADU. Any behavior that creates a potential health hazard may result in immediate discharge for medical attention.

GOVERNANCE AND FUNDING

The Adult Detox Unit is a program of the Johnson County Mental Health Center. The Mental Health Center operates as a part of Johnson County Government, under the direction of a nine-member governing board appointed by the County Commission. ADU is licensed by the State of Kansas.

Partial funding for services is provided by the Kansas Department for Aging and Disability Services (KDADS) / Behavioral Health and managed by ValueOptions. County mental health funds and local alcohol taxes also provide partial funding for services.

SMOKING CESSATION INFORMATION

A Smoker's Expectations for Quitting

Within 20 minutes:	Blood pressure, pulse rate, & temperature of hands & feet drop to normal
8 hours:	Carbon monoxide level in blood drops to normal & blood oxygen increases to normal
24 hours:	Chance of heart attack decreases
48 hours:	Nerve ends begin to re-grow & ability to smell & taste improves
2 weeks to 3 months:	Circulation improves, walking becomes easier & lung function increases up to 30%
1 to 9 months:	Coughing, sinus congestion, fatigue & shortness of breath decrease
1 year:	Smoking-related excess risk of heart disease drops by half
5 years:	Lung cancer death rate of the average former smoker decreases by half
10 years:	Lung cancer death rate is now similar to that of a non-smoker
15 years:	Risk of heart disease is that of a non-smoker

There is help for
QUITTERS!

**Contact the American Lung Association of Kansas
at 1-800-586-4872
to information about**

Freedom From Smoking[®]

The American Lung Association's highly
successful stop smoking program is available
three ways:

- As a seven-session clinic through hospitals, health departments and others
- In a self-help manual
- In a free, on-line version at www.ffsonline.org

HIV INFORMATION

Acquired Immune Deficiency Syndrome (AIDS) is a deadly, incurable disease which weakens the natural human defense systems. There are stages to the AIDS disease process:

- Carrier State** - A person has been infected with the human immunodeficiency virus (HIV) and can pass it on to others but has no physical symptoms of the disease.
- AIDS** - Severe infections, primarily pneumocystis carinii pneumonia and Kaposi's sarcoma, overcome the patient's weakened defense mechanisms. The AIDS virus itself is not fatal - it is the infections that cause deaths.

AIDS is passed from one person to another:

- Through sexual intercourse (including oral sex)
- Through blood (including shared needles)
- From an infected mother to her unborn child

AIDS is NOT passed in any of the following ways:

- Hugging, shaking hands, or kissing
- Use of toilets, sinks, bathtubs, or swimming pools
- Sneezing, coughing, or spitting
- Sharing bed linen
- Using dishes, utensils, or food handled by a person with AIDS
- Pets or insects
- Donating blood

Persons who participate in the following activities are at high-risk of contracting AIDS:

- Injected drug use
- Sex with prostitutes, homosexual or bisexual men, IV drug users, or sex with many different partners
- Infants of high-risk or infected mothers

To help control the spread of AIDS everyone should practice the following:

- Do not have sex with a known AIDS patient, someone who has a positive HIV test, or someone who is in the high-risk category. **Remember that your partner might not tell you about such risks.**
- If you do have sex with any of these persons, use a condom (latex) and nonoxynol-9 (spermicide).
- Do not use IV drugs. If you do, do not share your "works." If you share, rinse twice with bleach, then twice with water.
- Do not have sex when you are high or drunk to avoid risky sexual behavior.
- Make sure you know your sexual partner well - do not have sex with prostitutes or many different partners.
- Have an HIV screening test before becoming pregnant.
- If you are in a high-risk group, do not donate blood, sperm, or organs.

A simple screening blood test will tell you if you carry the HIV virus. If this test is positive there is a second, confirming test to determine if you are infected.

Johnson County Health Department provides walk-in HIV and sexually transmitted infection (STI) screening at two area locations:

Mission – 6000 Lamar Ave, Suite 140 (913-826-1200)
 Olathe – 11875 South Sunset Drive, Suite 300 (913-894-2525)

Walk-in hours:

Monday thru Wednesday (both locations)	8:00 a.m. to 3:30 p.m.*
Thursday (Mission location only)	8:00 a.m. to 3:30 p.m.*
Friday (Olathe location only)	8:00 a.m. to 3:30 p.m.*

* hours subject to change (particularly Thursday/Friday) – call to check

Cost: \$30 for the initial HIV and STI screening test. A sliding fee scale is available.

Confidentiality is respected. Results are called or mailed to a patient based on the patient's instructions.

For more information contact the Kansas AIDS Information Line (1-800-232-0040) or the Red Cross Hotline (1-800-342-AIDS).

TB INFORMATION

Definition

Tuberculosis (TB) is a chronic bacterial infection that can spread through the lymph nodes and blood stream to any organ in the body but is most often found in the lungs. Active TB disease can be fatal if left untreated. Once a widespread disease, TB became relatively rare with the use of antibiotics developed in the 1950's. Recently, the disease has resurfaced in a new form called multi-resistant TB.

Transmission

Although TB can be quite contagious since the bacteria that cause TB are transmitted through the air, it is nearly impossible to catch TB through a single, social contact with an infected person. Touching someone who has the disease does not spread it. To be at high risk of infection, you must be exposed to the TB bacteria constantly by living or working in close quarters with someone who has an active case of TB.

Most people who are exposed to TB never develop symptoms. In 90% to 95% of cases, the bacteria lie dormant within the exposed individual and never cause any further problem.

Risk and Symptom Assessment

During your intake assessment, you will be asked a series of questions about your exposure to TB and possible symptoms to determine whether you should be referred for TB testing or other interventions.

Your risk for having TB is higher if you have had contact with someone who is infected, if you are homeless, if you were born or had an extended visit in an area of the world where TB is common, if you have lived or worked in a residential facility (correctional facility, nursing home, treatment program), if you have HIV/AIDS or have had sexual contact or shared needles with someone who is HIV/AIDS infected.

Symptoms of active TB include a persistent cough; sputum production or blood with the cough; unexplained loss of appetite or sudden weight loss; fever, chills, or night sweats for no reason; persistent shortness of breath; increased fatigue, or chest pain. Any suspected or confirmed case of active TB must, by law, be reported to the local public health department

Testing and Diagnosis

A simple skin test is available to detect individuals who have been or are infected with the TB germ. Those who have been infected have a reaction (test site becomes swollen). A positive reaction does not mean the person is ill or contagious to others. It means that the germs causing TB have been or are present in the body. If a person has a positive test, additional laboratory testing and x-ray examinations are necessary to determine if the individual has active TB.

Johnson County Health Department provides walk-in tuberculin skin testing **at no cost** at two area locations:

Mission – 6000 Lamar Ave, Suite 140 (913-826-1200)

Olathe – 11875 South Sunset Drive, Suite 300 (913-894-2525)

TB testing hours:

Monday and Tuesday, 8:30 a.m. to 4:00 p.m.

1st and 3rd Tuesday, 8:30 a.m. to 6:30 p.m.

1st and 3rd Friday, 8:30 a.m. to 4:00 p.m.

No TB testing on Thursdays (reading of results only)

2nd and 4th Friday, 8:30 a.m. to noon

Wednesday, 8:30 a.m. to noon

Treatment

With treatment, the chances of full recovery are good. Although treatment protocols vary, they generally share three principles:

- The regimen must include several drugs to which the organisms are susceptible.
- The patient must take the medication on a regular basis.
- Medication therapy must continue for a sufficient time.

For more information contact the Kansas Department of Health and Environment – TB Control Program (1-785-291-3732) or the National Center for Disease Control (1-800-311-3435).

REDUCING INJECTION DRUG USE RISKS

The Centers for Disease Control and Prevention recommends that people who inject drugs should be regularly counseled to take the following actions:

- Stop using an injection drugs.
- Enter and complete substance use disorder treatment, including relapse prevention.

For injection drug users who cannot or will not stop injecting drugs, the following steps may be taken to reduce personal and public health risks (HIV and hepatitis infection):

- Never reuse or “share” syringes, water, or drug preparation equipment.
- Only use syringes obtained from a reliable source (such as pharmacies or needle exchange programs).
- Use a new, sterile syringe each time to prepare and inject drugs.
- If possible, use sterile water to prepare drugs; otherwise, use clean water from a reliable source (such as fresh tap water).
- Use a new or disinfected container (“cooker”) and a new filter (“cotton”) to prepare drugs.
- Clean the injection site with a new alcohol swab prior to injection.
- Safely dispose of syringes after one use.

If new, sterile syringes and other drug preparation and injection equipment are not available, then previously used equipment should be boiled in water or disinfected with bleach before reuse. More information on reducing risks associated with drug infection is contained in the “*HIV Prevention Bulletin: Medical Advice for Persons who Inject Illicit Drugs*” (May 9, 1997).

Persons who continue to inject drugs should periodically be tested for HIV and hepatitis. For information on locating an HIV testing site, visit the National HIV Testing Resources web site at www.hivtest.org/.

ALCOHOL USE and PREGNANCY INFORMATION

Is it okay to drink during pregnancy?

- No. There is no time during pregnancy when it is safe to drink.
- When a woman drinks alcohol, her baby does too.
- There is no safe level of alcohol you can drink during pregnancy.
- All alcohol is bad for your baby. A 12-oz. can of beer has the same amount of alcohol as a glass of wine or a shot of straight liquor.

I drank before I knew I was pregnant. What should I do now?

- Stop now! The sooner you stop drinking, the better it will be for both you and your baby.
- Make sure you get regular prenatal checks and tell your doctor or nurse you have been drinking.

What are the effects of drinking alcohol during pregnancy?

- If you drink alcohol while you are pregnant, you can hurt your baby's brain, heart, kidneys, and other major organs.
- Your baby could be born with a problem called fetal alcohol spectrum disorders (FASD).

What are the symptoms of fetal alcohol spectrum disorders (FASD)?

- Some babies born with FASD have faces that do not look "normal."
- Some babies with FASD may be small and not weigh as much as other babies.
- Some babies with FASD will have mental retardation.
- Other babies with FASD will have a hard time learning and controlling how they act.

If I drank when I was pregnant, does that mean my baby will have FASD?

- It is not always easy to tell if a newborn baby has FASD. It typically takes time to determine whether the baby has FASD.
- Even if a baby does not have all the problems of FASD, the baby may be born with related problems if the mother drinks while she is pregnant.

Is there a cure for FASD?

- There is no cure for FASD.
- If children with FASD get help early, they may do better. If you think your child has FASD, or if you drank alcohol while you were pregnant, talk with your child's doctor as soon as possible.

Where can I get prenatal counseling and care?

If you do not already have an obstetrician, contact your local health department. The Johnson County Health Department (JCHD) offers prenatal services to Johnson County residents at its Olathe location at 11875 South Sunset Drive, Suite 300. Appointments are necessary. For information or an appointment, call (913) 826-1200. Fees are assessed on a sliding fee scale. Partial payment can be made. No one is denied service due to inability to pay.

Advanced Registered Nurse Practitioners, Registered Nurses, social workers, and dietitians work closely with OB/GYN physicians from the University of Kansas Medical Center. Delivery and hospital services are provided by the University of Kansas Medical Center.

Pregnancy test and counseling services include:

- Physical examinations on admission, through pregnancy, and postpartum
- Laboratory testing
- Assessment and counseling with social workers and dietitians
- Adoption services referral
- Individual/group prenatal education
- Postpartum home visits
- Birth control education and natural family planning

HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT (HIPAA)

Notice of Privacy Practices for Protected Health Information (Effective 4/14/03)

This notice describes how much medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

You have a right, as a client of Johnson County Mental Health Center (JCMHC), to expect that all information about you will be held in the strictest confidence. Not only is your privacy protected by law, it is the foundation of a successful treatment experience. This notice is provided in accordance with Federal law requiring that we inform all clients of how their confidential information may be used, under what circumstances we may disclose it, and how you may have access to your records at the Mental Health Center. Please review it carefully.

DEFINITIONS

- Agency: Johnson County Mental Health Center (JCMHC)
- Health Information: Information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- PHI: Protected Health Information

USE AND DISCLOSURE OF HEALTH INFORMATION

Johnson County Mental Health Center may use your health information for purposes of providing your treatment, obtaining payment for your care and conducting health care operations. JCMHC has established policies to guard against unnecessary disclosure of your health information.

The following is a summary of the circumstances and purposes for which your health information may be used and disclosed:

To Provide Treatment: We may use information about you to provide you with comprehensive mental health services. We may disclose health information about you to our staff who are involved in your treatment. For example, if you are referred to services provided by another program or office of JCMHC, health information that is necessary to facilitate the transfer will be shared between these programs. In an emergency, we may also disclose health information about you to people outside of JCMHC who may be involved in your care. For example, if a medical emergency were to occur on the premises of JCMHC, necessary health information will be shared with emergency medical staff to assure you receive appropriate treatment (e.g. drug allergies, current medications, known medical history). In medical or psychiatric emergencies, health information will be shared with outside providers to the extent that is necessary to access additional services or to facilitate admission to services.

To Obtain Payment: JCMHC may include your health information in invoices to collect payment from third parties for the care you receive from JCMHC.

For example, JCMHC may be required by your health insurer to provide health information so that the insurer will reimburse you or JCMHC. JCMHC may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for services that will be provided to you.

To Conduct Health Care Operations: JCMHC may use and disclose health information for its own operations in order to facilitate the function of JCMHC and as necessary to provide quality care to all of JCMHC's clients. Health care operations include, but are not limited to, such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management, and care coordination.
- Contacting health care providers and clients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, scholarly research, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services, and compliance programs.
- Business planning and development, including cost management and planning.
- Business management and general administrative activities of JCMHC.

For example, JCMHC may use your health information to evaluate its staff performance, combine your health information with other JCMHC clients in evaluating how to more effectively serve all JCMHC clients, or disclose your health information to JCMHC staff and contracted personnel for training purposes.

For Appointment Reminders: JCMHC may use and disclose your health information to contact you as a reminder that you have an upcoming appointment.

Other Uses and Disclosures:

Emergencies: Using our best judgment, we may disclose to another health care agency health information relevant to treating the emergent situation.

Reporting Agencies: We may disclose your health information to public authorities to report abuse or neglect, specific threats toward others, and other situations as allowed by law.

Law Enforcement: We may disclose your health information in the course of a judicial proceeding with your consent, a review by a coroner, or as directed by a valid court order.

Other uses and disclosures not described in this notice will be made only as authorized by law or with your written authorization. You may revoke any authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that JCMHC maintains:

- Right to request restrictions: You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on JCMHC's disclosure of your health information to someone who is involved in your care or the payment of your care. However, JCMHC is not required to agree to your request. JCMHC may not be able to honor this request if you require emergency crisis treatment.
- Right to receive confidential communications: You have the right to request that JCMHC communicate with you in a certain way. For example, you may ask that we contact you only at work or by mail. JCMHC will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- Right to inspect and copy your health information: You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to Medical Records staff. If you request a copy of your health information, JCMHC may charge a reasonable fee for copying and assembling costs associated with your request. This right is not absolute. In certain situations, such as when access would cause harm to an individual, we have the right to deny access. Upon request, we will provide you with a review of our decision to any access.
- Right to amend health care information: You have the right to request that JCMHC amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by JCMHC. A request for an amendment of records must be made in writing to the Privacy Officer. JCMHC may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if your health information was not created by JCMHC, if the records you are requesting to amend are not part of JCMHC's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of JCMHC, the records containing your health information are accurate and complete.
- Right to a paper copy of the Notice of Privacy Practices for Protected Health Information: You may ask us to give you a copy of the notice at any time. Even if you have received the notice electronically, you are still entitled to a paper copy. You may request a paper copy from our office or obtain a copy at our website, www.jocogov.org/mentalhealth.
- Right to an accounting: An "Accounting on Non-Routine Disclosures" is a list of disclosures we made of health information about you other than for treatment, payment, or healthcare operations, with certain exceptions specifically defined by law. This accounting includes a list of when, to whom, for what purpose, and what content of your PHI has been released. We do not need to provide an accounting of disclosures: provided to you; provided under your specific authorization; provided to others involved in your care; provided for national security or intelligence purposes (as specified by law); or law enforcement officials (as specified by law); or that occurred before April 14, 2003. The first accounting that you request within a 12-month period will be at no cost to you. We reserve the right to charge a reasonable cost-based fee for additional accountings.

Our Responsibilities

Johnson County Mental Health Center is required to:

- Maintain the privacy of your health information as required by law.

- Provide you with a notice as to our legal duties and privacy practices regarding the information we gather and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to accommodate a requested restriction.
- Accommodate reasonable requests by you to communicate health information using alternative means or alternative locations.

We reserve the right to amend or change our practices and to make the new provisions effective for all protected information we maintain. If our practices change, we will provide you with a revised notice. We will not use or disclose your protected health information without valid authorization, except as described in this notice.

For Additional Information or to Report a Problem

If you have questions or would like additional information, you may contact JCMHC's Privacy Officer at (913) 831-2550 or at 6000 Lamar, Suite 130, Mission, Kansas 66202.

You have the right to file a complaint with respect to the implementation of this notice or if you believe your rights as a client have been violated by JCMHC. You will not be retaliated against in any way for filing a complaint with us or to the government. A verbal or written complaint may be filed directly with Johnson County Mental Health Center, attn: Administrative Assistant to the Executive Director, 6000 Lamar, Suite 130, Mission, Kansas 660202, telephone (913) 831-2550, or a written complaint may be filed with the Secretary of the Department of Health and Human Services.

**JOHNSON COUNTY MENTAL HEALTH CENTER
NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION
EFFECTIVE APRIL 14, 2003
REVISED SEPTEMBER 23, 2013**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

YOU HAVE THE RIGHT TO A PAPER COPY OF THIS NOTICE. YOU MAY REQUEST A COPY AT ANY TIME.

Johnson County Mental Health Center (JCMHC) is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

JCMHC is required to abide by the terms of this notice.

JCMHC provides behavioral health care and substance use disorder treatment to our clients/patients. The information in this Notice of Privacy Practices will be followed by all JCMHC employees, all health care professionals who treat you at any JCMHC facility, JCMHC volunteers, and students present at JCMHC for the purpose of fulfilling the requirements of an internship or other educational program in which they are enrolled.

NOTICE REGARDING CONFIDENTIALITY OF SUBSTANCE USE DISORDER TREATMENT RECORDS

Protected health information contained in client records maintained in connection with JCMHC's substance use disorder treatment programs may only be disclosed in compliance with the special regulatory requirements contained in 42 C.F.R. Part 2.

I. HOW JCMHC MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

JCMHC may use and disclose your health information for the following purposes without your express consent or authorization:

1. Treatment

We may use and disclose information to behavioral health care professionals and others associated with JCMHC who are involved in your care to provide you with treatment.

We may use your health information to discuss with you treatment options or health-related benefits. We may use your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may leave messages on your telephone voice mail identifying JCMHC and asking for you to return our call. We will not disclose any health information in voice mail except to leave a message for you to return the call.

JCMHC may use and disclose your health information to coordinate care with other persons not associated with JCMHC who are involved in your care, such as your attending physician and other health care providers who have agreed to participate in the coordination of your care.

2. Payment

We may use and disclose your health information as necessary to collect payment for services we provide to you. For example, JCMHC may be required by your health insurer to provide health information so that the insurer will reimburse you or JCMHC. JCMHC may also need to provide health information to your health insurer in order to obtain prior approval from your insurer for any services that it provides to you.

We may provide information to other health care providers to assist them in obtaining payment for services they provide to you.

3. Health care operations

We may use and disclose your health information for our internal operations. These uses and disclosures are necessary for our day-to-day operations and to make sure patients receive quality care.

Such health care operations may include:

- Quality assessment and improvement activities
- Activities designed to improve health or reduce health care costs
- Professional review and performance evaluation
- Training programs
- Accreditation, certification, licensing, or credentialing activities
- Review and auditing, including compliance reviews, medical reviews, and legal services
- Business planning and management

We may provide information to other health care providers or health plans with which you also have had a relationship for purposes of that provider's or plan's health care operations.

Business Associates. JCMHC provides some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.

II. Other Uses and Disclosures

We may also use and disclose your health information without your written authorization for the following purposes:

1. Uses and disclosures required by law: We will use and/or disclose your information when required by law to do so.

Disclosures required by law include:

- **Disclosures about adult victims of abuse, neglect, or domestic violence.** JCMCH may disclose your health information to a government authority if we reasonably believe you are unable to protect your own interests and you are a victim of abuse, neglect, or domestic violence.
 - **Disclosures for judicial and administrative proceedings.** Your protected health information may be disclosed in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.
 - **Disclosures for law enforcement purposes.** We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.
- 2. Disclosure for public health activities.** We may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or controlling disease, injury, or disability; or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.
 - 3. Disclosures for health oversight activities.** We may disclose health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, or other activities necessary for appropriate oversight of the health care system or government benefits programs.
 - 4. Disclosures regarding victims of a crime.** In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency situation or if you are incapacitated, if it appears you were the victim of a crime.
 - 5. Research.** We may disclose your health information for health research in certain situations.
 - 6. Disclosures to avert a serious threat to health or safety.** We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.
 - 7. Disclosures regarding decedents.** We may disclose health information to a coroner, medical examiner, or funeral director when an individual dies and to law enforcement officials if we suspect the death may have been the result of criminal conduct.
 - 8. Disclosures for specialized government functions.** We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.
 - 9. Disclosures for workers' compensation.** JCMHC may disclose your health information as authorized by and to the extent necessary to comply with State workers compensation laws.

III. DISCLOSURES NOT DESCRIBED ABOVE

We will obtain your express authorization before using or disclosing your information for any other purpose not described in Part II of this notice. In most instances, you will be required to provide written authorization.

In addition, authorizations are required for use and disclosure of psychotherapy notes, certain types of marketing arrangements, and certain instances involving the sale of your information. You may revoke such authorization, in writing, at any time to the extent that JCMHC has not relied on it.

JCMHC does not create or maintain psychotherapy notes.

Addition to Notice of Privacy Practices - MyRC. With your authorization, we may share information about you with specific Johnson County agencies/departments through My Resource Connection (MyRC) to provide caseworkers and other service providers information including health information, so that they can improve delivery of services to you. These agencies/departments will only use and disclose this information in accordance with federal and state confidentiality laws and this notice of privacy practices.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- 1. Right to request restrictions.** You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. You must complete a specific written form providing information we need to process your request. JCMHC's Privacy Officer is the only person who has the authority to approve such a request. JCMHC is not required to honor your request for restrictions, except if (a) the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law; and (b) the protected health information pertains solely to a health care item or services for which you or any person (other than a health plan on your behalf) has paid JCMHC in full.
- 2. Right to request alternative methods of communication.** You have the right to request that we communicate with you in a certain way or at a certain location. You must complete a specific form providing information needed to process your request. JCMHC's privacy officer is the only person who has the authority to act on such a request. We will not ask you the reason for your request, and we will accommodate all reasonable requests.
- 3. Right to inspect and copy.** You have the right to inspect and copy health information maintained by JCMHC. To do so, you must complete a specific form providing information needed to process your request. If you request copies, we may charge a reasonable fee. You may request copies in electronic format if the document is contained with JCMHC's electronic medical record. We may deny you access in certain limited circumstances. If we deny access, you may request review of that decision by a third party, and we will comply with the outcome of the review.
- 4. Right to request amendment.** If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request.
- 5. Right to an accounting of disclosures and access report.** You have the right to request a list of disclosures of your health information that we have made, with certain exceptions defined by law. To request an accounting or an access report, you must complete a specific written form providing information we need to process your request.
- 6. Right to be notified of a breach.** You have the right to be notified of a breach of confidentiality of your records and JCMHC is obligated to provide you notice of the breach.
- 7. Rights relating to electronic health information exchange.** JCMHC may participate in electronic health information exchange. New technology allows a provider or a health plan to make a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other exchange participants for purposes of treatment, payment, or health care operations.

Your health information will be disclosed to the HIO approved by the State of Kansas to facilitate our ability to provide you with health care.

The HIO maintains appropriate safeguards to protect the privacy and security of your health information.

Only authorized individuals may access your health information from the HIO. You have the right to request in writing that your health information not be disclosed by the HIO.

The HIO is required to honor a written request not to disclose your health information. However, disclosure is permitted in an emergency or when necessary to satisfy JCMHC's legal obligation to report to a government official.

The inability to access restricted information by JCMHC may result in JCMHC not having access to information that it needs to provide you with appropriate care.

You have two options with respect to HIE. First, you can permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything. Second, you can restrict access to all of your electronic health information (except access by properly authorized individuals as needed to report specific information as required by law). If you wish to restrict access, you must complete and submit a specific form available at <http://www.khie.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIE or HIOs, please visit <http://www.khie.org> for additional information. Your decision to restrict access through an HIO does not impact other disclosures of your health information. Providers and health plans may share your information directly or through other means (e.g. facsimile or secure e-mail) without your specific written authorization.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider about what action, if any, you need to restrict access.

V. Complaints

If you believe your rights with respect to health information have been violated, you may file a complaint with JCMHC or with the Secretary of the Department of Health and Human Services. To file a complaint with JCMHC, please contact Privacy Officer, Johnson County Mental Health Center, 6000 Lamar Avenue, Mission, Kansas 66202. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

VI. JCMHC's RIGHT TO CHANGE TERMS OF PRIVACY PRACTICES

JCMHC reserves the right to change the terms of this Notice and to make the revised notice effective with respect to all protected health information regardless of when the information was created.

VII. HOW TO CONTACT JCMHC REGARDING THIS NOTICE

For information on how to submit your written requests, or if you have any questions about this notice of JCMHC's privacy practices, you may call the Privacy Officer at 913-826-4200.