

## Anazao Community Partners

### Can Help You Discover

#### Successful Solutions to Family and Personal Problems

**We are here to ...**

**Offer** professional, solution-focused counseling services when you need them. Appointments can normally be scheduled within one week.

**Furnish** affordable counseling based on your financial situation.

**Help** you achieve quick, effective change in difficult circumstances. The average length of stay is six to eight one-hour sessions.

**Strengthen** families by aiding parents, women, adolescents, families and children.

**Protect** your confidentiality.

**Provide** the convenience of local outpatient care.

**Develop** a treatment plan tailored to your individual needs.

**Focus** on individual goals to find positive alternatives to your particular circumstances.

**Assist** you with assignment to a support group or referral to a self-help group where those with similar problems can often suggest a variety of answers and alternatives to your concerns.

# ANAZAO COMMUNITY PARTNERS CLIENT HANDBOOK

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## INTRODUCTION

This handbook has been developed to provide a convenient reference for our clients. It includes information about the services we provide as well as sections explaining what you can expect from us and what we expect from you. Also included are a number of handouts that we are required to provide for each client as they begin treatment. Our goal is to be as user friendly as possible and we welcome any suggestions you might have to improve our services.

Executive Director  
Ken Ward

Director of Services  
Mark Woods, MPPM, MSW, LISW-S

### Office Locations

2587 Back Orrville Road  
Wooster, Ohio 44691-9523  
330-264-9597  
1-800-721-9472  
FAX: 330-264-0946

ANAZAO WEST ADULT SERVICES  
330-264-1900  
FAX: 330-264-0443

212 N. Washington Street, Suite 303  
Millersburg, Ohio 44654-1123  
330-674-4608  
FAX: 330-674-0980

119 East Market Street  
Orrville, Ohio 44667-1844  
330-682-4800 M-Thurs  
330-264-9597 Friday  
FAX: 330-682-3798

### Office Hours

Wooster  
Monday-Tuesday-Wednesday  
8:00 A.M. to 8:00 P.M.  
Thursday – Friday  
8:00 A.M. to 5:00 P.M.

Millersburg  
Monday, Tuesday, Friday  
8:00 A.M. to 5:00 P.M.  
Wednesday-Thursday  
8:00 A.M. to 8:00 P.M.

Orrville  
Monday 8:00 A.M. to 8:00 P.M.  
Tuesday 8:00 A.M. to 5:00 P.M.  
Wednesday 8:00 A.M. to 8:00 P.M.  
Thursday 8:00 A.M. to 5:00 P.M.



## OVERVIEW OF SERVICES

Anazao Community Partners is a private, non-profit organization that provides treatment, intervention and prevention services to all residents of Wayne and Holmes Counties with **mental health or chemical dependency problems**. Our treatment services include assessment, individual, group, marital and family counseling. Our intervention services include a wide variety of outreach programs for individuals who are incarcerated due to criminal behavior, in other protective environments due to behavior problems, in unstable families or in need of assistance to find employment. Our prevention services work with the schools, community groups and organizations to prevent problems with chemical dependency or mental illness. Our staff includes psychologists, mental health counselors, chemical dependency counselors, social workers, prevention specialists, vocational specialists and case managers. Anazao Community Partners is certified by the State of Ohio as both a mental health facility and substance abuse treatment center.

**The following description is offered to help you better understand the counseling process.**

### **What is Counseling?**

Counseling is the broad term that describes the primary treatment service we provide. This “talk therapy” has been proven to be effective in helping people with many different types of problems. If we have accepted you as a client it is because we believe the problem you identified during your intake evaluation can be altered through counseling.

### **What Can You Expect From Counseling?**

Counseling requires your active participation. Your counselor is likely to challenge some of your beliefs and encourage you to consider other ways of behaving. You may be given homework because counseling is basically a process to help you understand yourself better and then take action to improve your life. Without your honest input in identifying your problem and your willingness to make changes in your life, it is unlikely that you will benefit much from counseling.

In counseling you can expect that your counselor will begin by taking your history. This provides an opportunity for the counselor to better understand you. A typed report of this intake interview will be generated. The report will identify current problems, other past and present problems, your experiences as a child and in school and information about your current life situation. As part of the report your counselor will state your problem in diagnostic terms and will identify the goals to be accomplished in treatment.

### **The Purpose of Assessment**

The purpose of the assessment is to assess your strengths and weaknesses and identify problems and your treatment needs.

## **What is a Treatment Plan?**

In one of your early counseling sessions a treatment plan will be developed. The treatment plan will identify your strengths and problem areas and will set specific goals and objectives for you and your counselor to work on. Each counseling session will focus on accomplishing these goals and objectives. If new problems occur or are discovered during counseling they may be added to your treatment plan. Counseling ends when you and your counselor agree that you have either achieved the goals you established in your treatment plan or that you have made as much progress toward achieving your goals as you can.

The process as described above is essentially the same regardless of whether you chose to seek counseling on your own or were sent here by the court, some other governmental agency, your employer, your parents or your spouse. If you are involved in couples or family counseling, the only change will be the presence of other family members during counseling sessions.

## **What is Group Counseling?**

Many clients are assigned to group counseling. Group counseling is believed to be beneficial because participants identify with other group members with similar problems and learn from the other group members' attempts to solve their problems. Your role as a participant in the group is to share your problems with the group and also to help the other group members. As a group member, you are expected to respect the right to confidentiality of all the group members and not discuss what goes on in group outside of the group sessions.

## **What is Psychological Testing?**

It is likely that at some point in your counseling you will be given psychological tests. The tests are often given during your first visit to the agency and at intervals during counseling. The tests we use are most often brief questionnaires that take a half-hour or less to complete. The tests help us better understand your personality and also help us measure your progress in therapy.

## FEES

### **Anazao Community Partners treats anyone regardless of their ability to pay for services.**

We offer a sliding scale of fees to make certain you receive counseling at rates that you can afford. We also accept payment from insurance companies and Medicaid as well as financial support from both the Wayne County Department of Job and Family Services through Title XX and the Mental Health and Recovery Services Board Levy.

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. Payment is due at the time of service.

Clients who have been referred by the courts or a parole or probation officer often assume that whoever referred them is paying for their treatment. **Although the courts have the authority to order you to seek treatment, they are not responsible for your fees.** Regardless of referral source, you are encouraged to work with our business office to determine your fees and to develop a payment plan appropriate for your situation.

Besides reflecting each face to face contact you have with a counselor, your bill will also include charges for report preparation and for the scoring and interpretation of psychological tests.

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 that you or your spouse is now: unemployed, working fewer or more hours, returned to work or changed jobs, divorced or remarried, or receiving Aid for Dependent Children, Medicaid 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 MACSIS. If you decline enrollment you will be responsible for the full cost of any treatment you receive.** MACSIS 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.

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

### **Payment Policy**

Payment is due at the time of service. Cash, check, money order, Discover, Master Card, and Visa accepted.

Please be aware that with any health plans, there may be deductibles or co-payments for which you could be responsible.

## ATTENDANCE POLICY

It is very important that you keep your appointments as scheduled or give us twenty-four (24) hours notice when you cancel an appointment (see Item 2 in the Program Rules). We have listed below some of the reasons we believe it is important that you always make a concerted effort to attend your counseling sessions.

1. **Counseling is, essentially, a pact between a client and counselor to work together. When you miss appointments you violate that pact and make it more difficult for both you and your counselor to make a commitment to counseling.** If you find that you are missing appointments because of negative feelings toward the counseling process or toward your counselor, we encourage you to discuss these issues with your counselor.
2. **For counseling to be effective it requires a continuity of contacts between you and your counselor.** Each time you see your counselor he/she assesses the appropriate length of time until your next session. When you miss an appointment you disrupt this continuity.
3. **Counseling is dependent on the strength of the relationship between you and your counselor.** It takes time and regular contact to develop the trust, respect and comfort level that is necessary for counseling to be effective. If you miss appointments you increase the amount of time it will take to establish this “therapeutic relationship.”
4. If your involvement in counseling is required by the court, parole or probation officer, Children Services Board, or some other entity, it is doubly important that you attend your appointments as scheduled because the consequences of missing appointments could be severe. Referral sources such as those mentioned above place great emphasis on attendance.
5. When you miss an appointment, that time to provide a service to another client is wasted. If you do not keep your appointment or cancel it at least twenty-four (24) hours in advance, it is unlikely that this hour can be used to help some other client.

We hope this discussion will help you better understand the importance we place on attendance. We realize clients have transportation problems, health problems, family crises or other problems that prevent them from keeping appointments. We encourage you to discuss with your counselor any problems you have that are interfering with your attendance. Our counselors will be understanding if you are unable to keep an appointment, but we want you to know that a pattern of missed appointments could result in denial of services for six months.



## APPENDIX

We are required to provide copies of certain documents to all our clients. The following section includes those documents. Please read each of the documents to better understand your relationship with our agency. Following is a brief description of the forms.

1. Client Rights – lists your rights as a client and what to do if you believe your rights are being denied or infringed upon.
2. Client 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 Client Grievance Form is also included.
3. Program Rules – presents nine basic rules outlining what we expect from you while you are involved in counseling.
4. Notice of Confidentiality of Alcohol and Drug Abuse Client Records – summarizes the Federal standards that govern the release of counseling records. The agency has adopted the same standards for clients 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 or 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 client. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure).
5. and 6.

Communicable Disease Information – because some of our clients are at high risk for communicable diseases we have provided information about tuberculosis and acquired immunodeficiency syndrome (AIDS).

## **ANAZAO COMMUNITY PARTNERS**

### **CLIENT RIGHTS**

It is the policy of Anazao Community Partners that each client shall have all of the following rights:

- 1) The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
- 2) The right to service in a humane setting, which is the least restrictive feasible as defined in the treatment plan;
- 3) The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
- 4) The right to consent to or refuse any service, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment, or therapy on behalf of a minor client;
- 5) The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
- 6) The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
- 7) The right to freedom from unnecessary or excessive medication;
- 8) The right to freedom from unnecessary restraint or seclusion;
- 9) The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan;
- 10) The right to be informed of and refuse any unusual or hazardous treatment procedures;
- 11) The right to be advised of and refuse observation by techniques such as one-way mirrors, tape recorders, televisions, movies, or photographs;

- 12) The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
- 13) The right to confidentiality of communication and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court-appointed guardian of the person, of an adult client, in accordance with Rule 5122:2-3-11 of the Administrative Code;
- 14) The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client and other persons authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Client shall be informed in writing of agency policies and procedures for viewing and obtaining copies of personal records;
- 15) The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for consequences of that event;
- 16) The right to receive an explanation of the reasons for denial of services;
- 17) The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability or inability to pay;
- 18) The right to know the cost of service;
- 19) The right to be fully informed of all rights;
- 20) The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
- 21) The right to file a grievance; and
- 22) The right to have oral and written instructions for filing a grievance.

In addition, it is the policy of this agency that **Mark Woods, MPPM, MSW, LISW-S, Director of Services** shall serve as the Client Rights Officer and Ralph Huhn, Ph.D. shall serve as Alternate Client Rights Officer, having responsibility to oversee the process of any grievance filed and be available according to the following schedule.

Location: Anazao Community Partners  
2587 Back Orrville Road  
Wooster, Ohio 44691-9523  
Telephone: (330) 264-9597  
Hours: 8am – 5pm  
Monday – Friday

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

The Client 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.

Further, it is the policy of this agency that a copy of the Client Rights Policy will be distributed to each client in writing at the time of intake or at the next subsequent appointment. In addition, an explanation of all aspects of the Client Rights Policy will be made to each client at the time of intake.

In an emergency situation, the client shall 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. Client 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 Client Rights Policy upon request.

A copy of the Client Rights Policy shall be posted in a conspicuous location within the agency and every staff person shall become familiar with all specific Client Rights and the grievance procedure at the time of orientation and through a yearly training program conducted by the Center.

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

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

**Notice to Individuals Receiving Substance Abuse Services  
Religious Discrimination Prohibited**

Per SAMHSA Participants Appendix to Part 54a

No provider of substance abuse services receiving federal funds from the U.S. Substance Abuse and Mental Health Services Administration, including this organization, may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice.

If you object to any religious reference made as part of the services of this organization, Federal law gives you the right to a referral to another provider of substance abuse services, either to another clinician with Anazao Community Partners or to another provider agency. A referral to another clinician or provider agency, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be acceptable to you and have the capacity to provide substance abuse services to you at the appropriate level of care. The services provided to you by an alternative agency provider must be of a value not less than the value of the services you would have received from this organization.

**ANAZAO COMMUNITY PARTNERS OF WAYNE AND HOLMES COUNTIES  
Prevention Consumer Rights**

Persons who receive alcohol and other drug prevention services at this agency have the following rights, pursuant to 3793: 5-1-07 (C) (2) (a-o) Ohio Administrative Code:

- a) The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
- b) The right to be informed of available prevention services.
- c) The right to give consent or to refuse any service.
- d) The right or freedom from unnecessary physical restraint or seclusion.
- e) 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 and photographs.
- f) The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
- g) The right to have access to one's own consumer record in accordance with agency procedures.
- h) The right to be informed of the reason(s) for terminating participation in agency services.
- i) The right to be informed of the reason's for denial of an agency service.
- j) The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, sex, national origin, disability, or HIV infection, whether asymptomatic or symptomatic or AIDS.
- k) The right to know the cost of services, if applicable.
- l) The right to be informed of all consumer rights.
- m) The right to exercise one's own rights without reprisal.
- n) The right to file a grievance in accordance with agency procedures.
- o) The right to have oral and written instructions concerning the procedure for filing a grievance.

## **ANAZAO COMMUNITY PARTNERS OF WAYNE AND HOLMES COUNTIES**

### **Client Rights Notification for Alcohol and Other Drug Treatment Clients**

Persons who receive alcohol and other drug treatment services at Anazao Community Partners have the following rights, pursuant to 3793: 2-1-07 (F) (1)-(20) Ohio Administrative Code:

- 1) The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
- 2) The right to receive services in the least restrictive, feasible environment.
- 3) The right to be informed of one's own condition.
- 4) The right to be informed of available program services.
- 5) The right to give consent or to refuse any service, treatment or therapy.
- 6) The right to participate in the development, review, and revision of one's own individual treatment plan and receive a copy of it.
- 7) The right to freedom from unnecessary or excessive medication, unnecessary physical restraint or seclusion.
- 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 or photographs.
- 10) The right to consult with an independent treatment specialist or legal counsel at one's own expense.
- 11) The right to confidentiality of communications and personal identifying information within the limits and requirements for disclosure of client information under state and Federal laws and regulations.
- 12) The right to have access to one's own client record in accordance with the procedures established by Anazao Community Partners.
- 13) The right to be informed of the reason(s) for terminating participation in a program.
- 14) The right to be informed of the reasons for denial of service.
- 15) The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, sex, national origin, disability or HIV infection, whether asymptomatic or symptomatic, or AIDS.
- 16) The right to know the cost of services.
- 17) The right to be informed of all client rights.
- 18) The right to exercise one's own rights without reprisal.
- 19) The right to file a grievance in accordance with procedures established by Anazao Community Partners.
- 20) The right to have oral and written instructions concerning the procedure for filing a grievance.

In addition to the rights listed above, no person will be denied admission to a program due to their use of prescribed psychotropic medications, 2-1-05 (I) (4). This client rights and grievance policy will be given to each client at admission, with documentation kept in the client's record, 2-1-07 (F) (2) and the policy will be posted at each program site in a place that is accessible to clients, 2-1-07 (F) (1). All staff will receive and review a copy of the client rights and grievance policy and documentation of staff's agreement to abide by the policy and procedure will be kept in their personnel files 2-1-07 (G).

## **ANAZAO COMMUNITY PARTNERS OF WAYNE & HOLMES COUNTIES**

### **Client Rights Notification for Mental Health Treatment Clients**

Persons who receive mental health services at Anazao Community Partners have the following rights, pursuant to 5122: 2-1-02 (D) (1)-(22) Ohio Administrative Code:

- 1) The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
- 2) The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan;
- 3) The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of the alternatives;
- 4) The right to consent or to refuse any service, treatment or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client;
- 5) The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
- 6) The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan;
- 7) The right to freedom from unnecessary or excessive medication;
- 8) The right to freedom from unnecessary restraint or seclusion;
- 9) The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments or therapies or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan;

- 10) The right to be informed of and refuse any unusual or hazardous treatment procedures;
- 11) The right to be advised of and refuse observations by techniques such as one-way vision mirrors, tape recorders, television, movies, or photographs;
- 12) The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one's own expense;
- 13) The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state, or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client, or court appointed guardian of an adult client;
- 14) The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client and other person authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of the agency policy and procedure for viewing or obtaining copies of personal records.
- 15) The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event;
- 16) The right to receive an explanation of the reasons for denial of services;
- 17) The right to not be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay;
- 18) The right to know the cost of services;
- 19) The right to be fully informed of all rights;
- 20) The right to exercise any and all rights without reprisal in any form including continued uncompromised access to service;
- 21) The right to file a grievance;
- 22) The right to have oral and written instructions for filing a grievance;
- 23) The right to be free from physical, psychological or fiduciary abuse.

In addition it is the policy of Anazao Community Partners that **Mark Woods, MPPM, MSW, LISW-S, Director of Services** shall serve as the Client Rights Officer, having responsibility to oversee the process of any grievance filed and be available according to the following schedule:

Location:	ANAZAO COMMUNITY PARTNERS 2587 Back Orrville Road Wooster, Ohio 44691-9523
Telephone:	(330) 264-9597
Hours:	8:00 AM to 5:00 PM Monday – Friday

#### Notice Regarding the Use and Disclosure of Protected Health Information HIPAA Policy Effective April 1, 2003

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.

This Notice has been prepared by Anazao Community Partners. It tells you how Protected Health Information about you can be created, shared, protected and maintained.

#### What is my Protected Health Information?

- \* Anything from the past, present or future;
- \* Anything about your mental or physical health or conditions;
- \* Anything that is spoken, written, or electronically recorded, and is;
- \* Anything created by or given to anyone providing care to you; a health plan; a public health authority; your employer; your insurance company; your school or university; or anyone who processes health information about you.

#### What Rights Do I Have About My Protected Health Information?

- \* You have the right to consent to the use and disclosure of your Protected Health Information for the limited purpose of diagnosing you and administering and paying for your treatment.
- \* You have the right to authorize the sharing of your Protected Health Information. Exceptions to this information are

- psychotherapy notes; information prepared for certain legal proceedings; and information maintained by clinical laboratories.
- \* You have the right to request that we amend your Protected Health Information.
  - \* You have the right to request that we amend your Protected Health Information in a confidential manner chosen by you. The manner you choose must be possible for the agency to do.
  - \* You have the right to restrict how we use and disclose your Protected Health Information. We do not have to agree to your restrictions. If we do agree, we must follow your restrictions.
  - \* You have the right to obtain a copy of a record of certain disclosures of your Protected Health Information that we make. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. Your request will be responded to within 14 days.
  - \* You have the right to have a copy of the Privacy Notice. We may change the terms of this Privacy Notice from time to time. You can always get a copy of the current Privacy Notice by requesting it from our Privacy Officer.

## Consent

What can be done with my information if I consent to disclose it for my diagnosis or to administer and pay for my treatment?

With your consent, we can share information about your health with another specialist so that you can receive the most appropriate treatment. For example, your counselor could share with your treating physician that you are depressed. The doctor could then prescribe medication to help you feel better.

With your consent, we can share information about when and for what purpose you were seen, so that we can be paid for treating you. For example, we could send a form to your insurance company stating when and for what condition you were at the office. They can then send us money to help cover your cost of being seen.

With your consent, we can share information with other healthcare entities to ensure that you obtain the correct diagnosis. For example, if you were seeking detoxification treatment, we could refer you and your information to a hospital that handles detox services. The information we send them can help the hospital provide immediate treatment.

Can I Revoke My Consent?

Yes. You can revoke your consent. You must do this in writing and bring it to us so that we can stop using and disclosing your Protected Health Information. We are permitted to use and disclose your Protected Health Information based on your consent until we receive your revocation in writing. However, if you revoke your consent, we reserve the right to refuse to provide further treatment to you, on the basis of your refusal to allow us to share your information for purposes of treatment, payment and healthcare operations.

## Authorization

What can be done with my information if I authorize its disclosure for other purposes?

With your permission, we can share your Protected Health Information for reasons other than to diagnose you and to administer and pay for your treatment. For example, you might agree to allow us to share your Protected Health Information with a drug company so that it can send you information about new medications to treat your condition.

Can I Revoke My Authorization?

Yes. You can revoke your authorization. You must do this in writing and bring it to us so that we can stop sharing your Protected Health Information. We are permitted to share your Protected Health Information based on your authorization until we receive your revocation in writing.

Are there any circumstances when my information can be shared without my consent or authorization?

Yes. Your Protected Health Information can be shared without your prior consent or authorization:

1. In an emergency so long as consent is obtained as soon as possible;
2. When required by law:
  - \* For public health activities according to specific requirements
  - \* To protect victims of abuse, neglect or domestic violence according to specific requirements
  - \* For health oversight activities according to specific requirements



- \* For judicial and administrative proceedings according to specific requirements
  - \* For law enforcement purposes according to specific requirements
  - \* To a coroner/medical examiner according to specific requirements
  - \* To a funeral director according to specific requirements
  - \* For organ/eye/tissue donation according to specific requirements
  - \* For research purposes according to specific requirements
  - \* To avert serious threats to health or safety according to specific requirements
  - \* To facilitate specialized government functions according to specific requirements
  - \* To correctional institutions for specific reasons according to specific requirements
  - \* To facilitate eligibility determination or enrollment into public benefit programs according to specific requirements
  - \* For Workers Compensation according to specific requirements
  - \* For Healthcare Operations Purposes
3. When there are substantial communication barriers and it is reasonable to believe that you are giving your consent or authorization.

What about any other uses of my medical information?

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at anytime. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are required to retain our records of the care that we provided to you.

What will you do to protect my health information?

We will maintain the privacy of your Protected Health Information as required by law. At your request, we will provide you with a Privacy Notice containing our legal responsibilities and privacy practices regarding Protected Health Information.

We will follow the terms of the Privacy Notice currently in effect.

We reserve the right to change the terms contained in the Privacy Notice. If we do this, it will affect all Protected Health Information maintained by us. We will notify you that we have changed the Privacy Notice by posting it at our offices, and by mailing it to you at the address you provide.

What can I do if I have questions or want to complain about the use and disclosure of my Protected Health Information?

All questions and complaints about the use and disclosure of your Protected Health Information may be sent to:

**Mark Woods, MPPM, MSW, LISW-S**  
**Director of Services, Privacy Officer**  
 2587 Back Orrville Road  
 Wooster, Ohio 44691-9523

Note:

We will not retaliate against you for complaining 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 Client Rights Officer, **Mark Woods, MPPM, MSW, LISW-S**, or the alternate Client Rights Officer, Ralph Huhn, Ph.D., will be available to assist you in filling out the Directives.

## **ANAZAO COMMUNITY PARTNERS**

### **PROGRAM RULES**

1. The client is expected to abstain from the use of alcohol and illegal drugs. Coming to meetings intoxicated or under the influence of drugs may be grounds for immediate discharge from the program.
2. The client is expected to attend all treatment activities as scheduled. Failure to show up for three appointments (and/or cancel 24 hours in advance of a scheduled appointment) may be grounds for suspension of service eligibility for up to 6 months. At the end of 6 months, the client again becomes eligible for service. The referral source shall be notified if the client is terminated for “no shows” or failure to cancel 24 hours in advance.
3. The client is expected to take an active role in treatment and treatment planning.
4. The client 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 be grounds for discharge from the program and/or criminal prosecution.
6. Any client physically assaulting another client, agency staff, agency visitor or board member will be immediately discharged from the program and may face criminal prosecution.
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 be grounds for discharge from the program and/or criminal prosecution.
8. Your counselor/caseworker must be informed of any prescription or over-the-counter drugs you may be bringing on the agency grounds or on agency outings/activities. Any person caught giving/selling prescription or over-the-counter drugs to staff or other clients may be discharged from the program and/or be criminally prosecuted.
9. Smoking or the use of tobacco products is not permitted on or within the agency premises. Individuals under the legal age may not consume tobacco products, nor smoke on the agency grounds or on any agency outings. Failure to comply with this rule may result in being discharged from the program or criminal prosecution.
10. Individual missing the six-week Substance Abuse Group, TARP Group, or any other mandated group who require a make-up session will be billed at the individual rate for services rather than the group rate.

## **NOTICE OF CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE CLIENT RECORDS**

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

- 1) The client consents in writing;
- 2) The disclosure is allowed by a court order; or
- 3) The disclosure is made to medical personnel in a medical emergency, or,
- 4) The disclosure is made to qualified personnel for research, audit or program evaluation, or
- 5) The disclosure is made to the non-custodial parent.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

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.

- 6) The disclosure is made about a crime committed by a client at the program or against any person who works for the program.
- 7) The disclosure is made regarding suspected child abuse or neglect to appropriate state or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 C.F.R. Part 2 Federal regulations).

## ANAZAO COMMUNITY PARTNERS CLIENT GRIEVANCE PROCEDURE

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

Whenever a client feels that he/she has not been treated fairly or understood completely, the client may take the following measures to resolve the problem. Any client has the right to initiate these measures for an indefinite period of time after the date of the occurrence.

The client should discuss his/her problem with the treating practitioner or any other staff member he/she chooses.

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

Client Rights Officer:	Mark Woods, MPPM, MSW, LISW-S, Director of Services
Alternate Client Rights Officer:	Ralph Huhn, Ph.D.
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 Client 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 assures every client that all statement, records, and opinions resulting from the review process will be held in the strictest confidence.

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

Should the complaint/grievance be of a discriminatory nature, the Client 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:

All grievances must be written per Chapter 3793:2-1-07 (H) (1) OAC dated and signed by the client or the person filing the grievance on behalf of the client 2-1-07 (H) (2) and should include the date, approximate time, description of the incident and names of the individuals involved in the incident/situation being grieved 2-1-07 (H) (3). Grievances should be given to Mark Woods, MPPM, MSW, LISW-S, the Anazao Client Rights Officer, or in the event the Client Rights Officer is not on the premises, then Ralph Huhn, Ph.D., 2-1-07 (H) (4). Any program supervisor will assist you in filing a grievance upon your request 2-1-07 (H) (6). All grievances and associated documentation will be kept on file for two years from resolution 2-1-07 (D) (03).

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

Within 21 calendar days of receiving the grievance the program will make a resolution decision on the grievance. Any exceptions that cause this time period to be extended will be documented in the grievance file and written notification will be given to the client or persons filing grievances on the client's behalf 2-1-07 (H) (5). The client rights officer or alternate will assist by investigating on behalf of the griever and represent the griever at the agency hearing, if desired by the griever.

At any time clients or persons filing grievances on the client's behalf have a right to file a grievance with any of the organizations listed below per 2-1-07 (H) (7).

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  
50 West Broad Street, Suite 1400  
Columbus, Ohio 43215-5923  
(614) 466-7264 or 800-282-9181  
TTY (614) 728-2553 or 800-858-3542

Office for Civil Rights  
U.S. Department Health/Human Services  
233 N. Michigan Ave., Suite 250  
Chicago, Illinois 60601  
Voice Phone (312) 886-2359  
TDD (312) 353-5693

Chemical Dependencies Professionals Board  
Vern Riffe Center  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215  
(614) 387-1110 Fax # (614) 387-1109

Counselor, Social Worker and Marriage &  
Family Therapist Board  
50 West Broad Street, Suite 1075  
Columbus, Ohio 43215-3344  
(614) 466-0912

Board of Nursing  
17 South High Street, Suite 400  
Columbus, Ohio 43215-7410  
(614) 466-3934

Office of Criminal Justice Services  
140 East Town Street, 14<sup>th</sup> Floor  
Columbus, Ohio 43215  
(614) 466-7782

Ohio Department of Job & Family Services  
Office of Fraud Control  
30 East Broad Street, 32<sup>nd</sup> Floor  
Columbus, Ohio 43215-3414  
(614) 466-6282  
TTY/TDD (614) 752-3951

Ohio Department of Health  
246 North High Street  
Columbus, Ohio 43215  
(614) 466-3643

State Medical Board  
77 South High Street, 17<sup>th</sup> Floor  
Columbus, Ohio 43215-6127  
(614) 466-3934

Ohio Civil Rights Commission  
30 East Broad Street, 4<sup>th</sup> Floor  
Columbus, Ohio 43205-1379  
(614) 466-5928 TTY (614) 753-2391

State Board of Psychology  
Vern Riffe Center for Government & the Arts  
77 South High Street, Suite 1830  
Columbus, Ohio 43215-6108  
(614) 466-8808

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 client 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 client 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. Client grievances will be monitored by the Quality Assurance Committee. Each client will receive a written copy of the Client 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 client will also receive a verbal explanation of the grievance procedure by the intake worker. The client shall acknowledge the receipt and understanding of the Client Grievance Procedure by his/her signature on the intake face sheet.

### CLIENT GRIEVANCE

Name of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Name of grievant: \_\_\_\_\_

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. CRO notified \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

(See Attached) Signature: \_\_\_\_\_

2. Executive Director: \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

(See Attached) Signature: \_\_\_\_\_

3. Other Details: (See Attachments)

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## **Tuberculosis:**

### **Get the Facts!**

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#### **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.

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## Human Immunodeficiency Virus

### HIV

### Get the Facts!

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#### **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**

### **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 2

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 C4 (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**

### **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 person'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.

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## **Hepatitis C**

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

Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV). This virus is 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  
Holmes County Chapter  
8478 State Route 39 West, PO Box 70  
Millersburg, Ohio 44654  
330-674-5861  
  
Wayne County Chapter  
244 W. South Street  
PO Box 105  
Wooster, Ohio 44691  
330-264-9383
  
- \* Public Health Department  
Holmes County Health Department  
931 Wooster Road  
Millersburg, Ohio 44654  
330-674-5035  
  
Wayne County Health Department  
203 South Walnut Street  
Wooster, Ohio 44691  
330-264-9590

**NOTES**