**AVO Behavioral Health**

**MAT**

**Client Contract**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to comply with all rules, regulations and treatment of AVO’s program. I am aware that chronic relapse, a pattern of positive drug screens and/or not complying with physician recommendations, can be grounds for termination from the program. I understand that the following are requirements of the program and agree to adhere to them.

**Participant Initials the following:**

\_\_\_\_\_ Lost prescriptions will not be refilled.

\_\_\_\_\_ Refills only provided at recommendation of physician or clinical staff.

\_\_\_\_\_ Prescriptions only provided at time of visit.

\_\_\_\_\_ Compliance with treatment is mandatory: treatment includes physicians’ visits, group/individual counseling and 12 Step Meetings. All services are weekly unless otherwise specified by the prescribing physician.

\_\_\_\_\_ Participants are subject to random drug screens & pill counts.

\_\_\_\_\_ Treatment services will be covered for participants that have Medicaid or other community healthcare plans equivalent to Medicaid.

\_\_\_\_\_ Self-Pay, Private Insurance and Medicare participants will be required to pay $150.00 cash monthly for doctor visit and $10.00 per group therapy session.

\_\_\_\_\_ Should patient be terminated from the program, the patient will be given a 1 week

supply of Buprenorphine/Naloxone to taper if deemed appropriate.

\_\_\_\_\_ Patient agrees to provide release of information to all primary care and psychiatric care providers.

\_\_\_\_\_ Titration goal is at physician’s discretion.

\***Benzodiazepine** **Use**: Clients that are currently taking any Benzodiazepines such as

clonazepam, diazepam, lorazepam, oxazepam, temazepam ect.

\_\_\_\_ New patients will *not* be provided any prescriptions until a negative drug screen is

rendered.

\_\_\_\_\_Existing patients, a positive drug screen for Benzodiazepine can be grounds for

termination.

\***Termination:** 1 week taper of Buprenorphine/Naloxone will be provided at discharge if deemed appropriate.

**AVO has the right to manage each patient on a case by case basis**.

Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AVO BEHAVIORAL HEALTH

Policy and Procedure Manual

AVO BEHAVIORAL HEALTH, INC.

CLIENT HANDBOOK

AVO BEHAVIORAL HEALTH

Policy and Procedure Manual

Policy: Mission Statement Effective Date: June 23, 2020

Approved By: Governing Board of Directors

AVO Behavioral Health, LLC.

MISSION STATEMENT

AVO Behavioral Health and Recovery believes that love conquers all. Our mission is to practice with a patient centered approach to help individuals, families and communities for people struggling with chemically dependency, emotional, or behavioral health by providing individualized outpatient treatment.

We believe that addiction is a chronic disease and that in order to support best recovery outcomes, addiction must be treated in a long-term continuum of care that addresses not just the symptoms of substance use disorder but the underlying causes, conditions, behaviors, attitudes, values, and family dynamics to ultimately aid an individual to a meaningful, fulfilling life.

We believe that it is our mission to practice evidence based care in our organization that offers the highest quality in direct clinical services but also aids those suffering from addiction and dual diagnosis issues nationwide by providing clinically-appropriate resources and referrals, community support, educational and preventative platforms to further the understanding that addiction is a public health issue, that the stigma of addiction and mental health must be broken, and that recovery is possible.

**AVO BEHAVIORAL HEALTH**

Policy and Procedure Manual

**Policy:**

It is the policy of AVO to ensure that all clients know and understand their rights.

**Purpose:**

To establish a policy to ensure the rights of all clients at AVO.

**Procedure:**

Clients will be given a handbook which outlines their rights as a client.  During orientation, the counselor will review the client’s rights to ensure the client understands their rights, as indicated by the client signature at the bottom of this document.  For persons served in a program longer than one year, staff will review client’s rights annually and document this with the client signature.  Mental health client’s rights are as follows:

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 consent or refuse involvement in research projects.

12. The right to informed consent or refusal or expression of choice regarding the composition of the service delivery team.

13. The right to be free from humiliation, neglect, and abuse.

14. Freedom from financial or other exploitation.

15. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies or photographs.

16. The right to access or referral to legal entities for appropriate legal representation at one’s own expense.

17. The right to access self-help and advocacy support services.

18. The opportunity to consult with independent treatment specialists at one’s own expense.

19. 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 the person of an adult client in accordance with rule 5122:2-3-11 of the Administrative Code.

20. 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 eminent 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.  Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records.

22. 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.

23. The right to receive an explanation of the reasons for denial of service.

24. 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.

25. The right to know the cost of service.

26. The right to be fully informed of all rights.

27. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service.

28. The right to file a grievance.

29. The right to have oral and written instructions for filing a grievance.

It is the responsibility of the Clinical Director:

a. To serve as a Client’s Rights Advisor.

b. To ensure that all clinical staff are knowledgeable of the existing client’s rights.

c.   To ensure that all support staff are knowledgeable of the existing client’s rights.

d.   To adopt procedures to ensure the client’s rights are protected.

e.   To review and investigate any client grievance.

It is the responsibility of the counselor:

a.   At the time of intake the therapist shall give the client a copy of the Client Handbook, which lists the client’s rights and grievances procedures.

b.   The counselor will then ask the client to sign an Agreement for Services Form, which includes a statement that the client has received and understands his/her rights and grievance procedures.

**It is the responsibility of all staff:**

 a.  To be aware of and abide by the principles of this policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature/Date

**Alcohol and Other Drug**

Persons who receive alcohol and other drug treatment services at this program have the following rights: 2-7-01 (E) (1) through (E) (20) The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.

1. The right to receive services in the least restrictive, feasible environment;
2. The right to be informed of one’s own condition;
3. The right to be informed of available program services;
4. The right to give consent or to refuse any services, treatment, or therapy;
5. The right to participate in the development, review and revision of one’s own individualized treatment plan and receive a copy of it;
6. The right to freedom from unnecessary or excessive medication, unnecessary physical restraint or seclusion;
7. The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
8. The right to be free from humiliation, neglect, and abuse;
9. Freedom from financial or other exploitation;
10. 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, televisions, movies or photographs;
11. The right to have the opportunity to consult with independent treatment specialists or legal counsel, at one’s own expense;
12. The right to confidentiality of communication and personal identifying information within the limitations and requirements for disclosure of client information under state and Federal laws and regulations;
13. The right to have access to one’s own client records in accordance with program procedures;
14. The right to be informed of the reason(s) for termination participation in a program;
15. The right to be informed of the reason(s) for denial of a service;
16. 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;
17. The right to know the cost of services;
18. The right to be informed of all client rights;
19. The right to exercise one’s own rights without reprisal;
20. The right to file a grievance in accordance with program procedures;
21. 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 records, 2-1-07 (F) (2) and the policy will be posted at each program site in a place 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).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature/Date

**Code of Ethics**

CODE OF ETHICS

AVO employees are mandated to comply with the code of ethics under which they are licensed. This includes the Counselor and Social Worker code of ethics, Chemical Dependency code of ethics and the American Psychiatric Association code of ethics.

PROGRESS REPORTING

AVO requires clients to sign a release of information for the court system or probation / parole officer, as the counselor must report progress to these entities regardless of the outcome.

EMERGENCY PROCEDURE

AVO maintains emergency equipment including first aid kits, fire extinguishers, and transportation aide to non-ambulatory clients. Fire exits are clearly marked. Counselors will assist in exiting if there is an emergency situation.

AVO does not utilize seclusion or restraint in treatment.

Smoking is restricted to the designated area outside the building.

AVO will report any illegal illicit or licit drugs or weapons of any kind to the police.

Services will begin with your counselor providing a comprehensive assessment to determine the best course of treatment. You will participate in the development of your treatment plan, including identifying your discharge criteria.

Non compliance with treatment or illegal behaviors will lead to an unsatisfactory discharge.

**AVO BEHAVIORAL HEALTH**

**PRIVACY NOTICE**

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

*GENERAL INFORMATION*

Information regarding your health care, including payment for healthcare, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.C.S.-1320d et seq., 45 C.F.R. parts 160 & 164, and the Confidentiality law, 42 U.S.C.- 290dd-2, 42 C.F.R. Part 2. Under these laws, AVO Behavioral Health, Inc. (AVO) may not say to a person outside AVO that you attend the program, nor may AVO disclose any other protected information except as permitted by federal law.

AVO must obtain your written consent before it can disclose information about you for payment purposes. For example AVO must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before AVO can share information for treatment purposes or for health care operations. However, federal law permits AVO to disclose information with out your written permission:

1. Pursuant to an agreement with a qualified service organization business associate;
2. For research, audit or evaluation
3. To report a crime committed on AVO premises or against AVO personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

For example, AVO can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization / business associate agreement in place.

Before AVO can use or disclose any information about your health in a manner, which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. You may revoke any such written consent in writing.

*YOUR RIGHTS*

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. AVO is not required to agree to any restriction you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. AVO Behavioral Health, Inc. will accommodate such request that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by AVO Behavioral Health, Inc., except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in AVO Behavioral Health, Inc. records, and to request and receive an accounting of disclosures of your health related information made by AVO Behavioral Health, Inc. during the six years prior to your request. You also have the right to receive a paper copy of this notice.

## AVO BEHAVIORAL HEALTH, LLC’s DUTIES

AVO Behavioral Health is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. AVO Behavioral Health reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information in maintains. AVO Behavioral Health will provide individuals of any revised notices by mail with the address provided by you.

**COMPLAINTS AND REPORTING VIOLATIONS**

You may complain to AVO Behavioral Health and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPPA. AVO Behavioral Health patients are given a handout with detailed information on our grievance procedure at their initial visit. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

**CONTACT**

For further information, contact the Clinical Director, at (330) 331-7506.

**AVO BEHAVIORAL HEALTH**

**Client Records Request**

POLICY**:** AVO Behavioral Health, Inc will reproduce a copy of a client record, upon request by a client or other entity, provided an authorization for release of information is furnished in writing. Fees for this service will be in accordance with Ohio Revised Code 3701.74.1.

# GENERAL:

According to ORC 3701.74.1 allowable fees for providing copies of medical records are as follows:

1. Three dollars and seven cents ($3.07) per page for the first ten pages;
2. Sixty-four cents ($0.64) per page for pages eleven through fifty;
3. Twenty six cents ($0.26) per page for pages fifty-one and higher;
4. The actual cost of any related postage incurred by the health care provider;
5. Medical Records will provide one copy without charge to the following:
   * Bureau of Worker’s Compensation, in accordance with Chapters 4121. and 4123. of the Revised Code.
   * Industrial Commission, in accordance with Chapters 4121. and 4123. of the Revised Code.
   * Department of Job and Family Services, in accordance with Chapter 5101. and 5111. of the Revised Code.
   * Attorney General, in accordance with sections 2743.51 to 2743.72 of the Revised Code.
   * Client Social Security claim under Title II or Title XVI of the “Social Security Act,” when accompanied by documentation that a claim has been filed.

## PROCEDURES:

1. If the client requests review of the record prior to the release, he or she may review the chart with his or her worker or a clinical representative of AVO. If the client refuses, he or she must sign a waiver declining an informational review with the worker.
2. All requests for information will be routed to the Medical Records.
3. The requesting party must provide a written, signed HIPAA compliant authorization for a release of information. The original release of information and request for medical records must be included in the client chart.
4. If a clinician copies a record per client request, the employee must document the number of pages copied and submit the information to the billing department.
5. Clients with an income at or below established poverty guidelines will be charged *five* *cents per page*.
6. For any copy requested by the client, payment must be made when the information is released. Requests received from other treatment providers or professional entities will be billed.

Client signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness & Reviewer :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AVO Behavioral Health Release Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have requested a copy of my records and was provided the opportunity to review records with the Clinical Director, to ask questions regarding said documents and was provided information regarding my past diagnosis and treatment. I am aware that my clinical record is a confidential document and that AVO can not release any of my information without my consent and authorization.

**Participant Initials the following:**

\_\_\_\_\_ Client provided identification.

\_\_\_\_\_ Client reviewed and signed agency’s policy regarding the release of medical records.

\_\_\_\_\_ Client reviewed HIPPA and Confidentiality

Prohibitions against re-disclosure: This information has been disclosed to you from records protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 C.F.R., Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any us of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient’s records are also protected under the Health Insurance Portability and Accountability Act of 1996 ( “HIPPA”), 45 C.F.R. parts 160 and 164. (These conditions apply to every page disclosed, and a copy of this authorization will accompany every disclosure.)

\_\_\_\_\_ Client was provided the opportunity to review documents with professional clinical staff.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Witness Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

**AVO BEHAVIORAL HEALTH**

**Client Rules and Procedures**

The following are specific program rules and standards of conduct, which you are expected to meet:

1. You must be appropriately dressed
2. What is talked about in group, stays in group
3. You must actively participate in groups
4. No physical or verbal threats of violence
5. You must complete homework assignments given to you
6. No drug, alcohol or tobacco use in our facility
7. No profanity or cussing
8. No lying
9. You must listen respectfully to whomever is speaking
10. No stealing
11. No private communications, verbal or otherwise, that distract from group
12. You must be on time for group
13. No eating or drinking in group
14. Be respectful of yourself and other group members and staff
15. No defacing the property
16. No sleeping

You are expected to cooperate with these rules and procedures.

**AVO Adolescent IOP/Non-Intensive OP Group Rules:**

1. No tobacco products, drugs, alcohol, or weapons are allowed on grounds.
2. No cell phones, or other electronics allowed in the building (includes IPods, cameras, game systems, etc.)
3. Enter the building and go directly to the AVO office to sign in with the receptionist.
4. You may not leave the AVO area for any reason unless a staff person is with you.
5. You may not go into any other part of the building. Attempts to do so may result in being suspended from group or having trespassing charges filed.
6. “Breaks will be held in the waiting area in the AVO offices.
7. You may only use the restroom in the hallway right outside of the offices, and only with a staff person’s permission.
8. At the end of group, AVO staff will walk you out to the main lobby to wait for your ride, or so that you can leave to catch your bus.

**General Group Rules:**

1. Respect yourself and others in group.
2. Refrain from interrupting or talking while others are talking.
3. Avoid self-“put downs” and name-calling.
4. Be willing to give positive and negative feedback to others in respectful ways.
5. Be willing to accept feedback from others without becoming verbally or physically aggressive or defensive.
6. Maintain the confidentiality of group.

**I have read the above rules and agree to abide by them.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature/Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature/Date