



**Hanover County
Community
Services Board**

Client Handbook

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Welcome,

Thank you for choosing Hanover County Community Services Board. Whether you are an adult, child or parent we wish to make your time with us a positive and productive experience. We believe the person served always comes first and we want you to be an active participant in your treatment planning and service delivery.

Hanover County Community Services Board partners with those we serve to provide high quality mental health, intellectual disabilities and substance abuse disorders services and supports. We strive to provide well-coordinated, person centered services that assist Hanover citizens in their efforts to lead satisfying and productive lives.

We want to know about your satisfaction with the services you receive both while they are being provided and after they have ended. We hope you provide us permission to contact you after services to see how you are doing.

The person coordinating your care, _____ will be providing you the orientation to services and familiarize you with the premises.

WHO WE ARE

Hanover County Community Services Board (HCCSB) is a department of Hanover County and licensed by the Virginia Department of Behavioral Health and Developmental Services. The Hanover County Board of Supervisors appoints members to the HCCSB Board of Directors. HCCSB provides mental health, intellectual disabilities and substance abuse disorder services and supports to the residents of Hanover County. These services and supports include prevention services, day support, employment services, counseling, case management and in home supports.

HCCSB employs a sliding scale fee structure. We accept Medicaid, Medicare and reimbursement from most major health insurance providers. We also accept VISA and MasterCard for your convenience.

Should a situation make it necessary HCCSB service providers are trained in the provision of appropriate behavioral interventions. HCCSB staff do not use any form of seclusion or restraint. However, in an emergency situation they can use brief “hands on” interventions to protect an individual’s safety.

YOUR RIGHTS AND RESPONSIBILITIES

As a client of Hanover County Community Services Board, you have the right:

- To be treated with dignity as a human being.
- To the best treatment/services available to meet your individual need.
- To receive treatment/services based on sound therapeutic practice.
- To receive prompt evaluation and treatment /services about which you are informed and in a manner that you can understand.
- To be told about the treatment/services you receive and to make suggestions and state preferences about it.
- To be treated with the least restrictive conditions consistent with your condition and not be subject to restraint, seclusion or time out.
- To be given opportunities to participate in the development and implementation of your individualized services plan.
- To express your preferences and choices regarding service delivery, release of information, concurrent services and your service delivery team.
- To not be the subject of experimental or investigational research without your prior written and informed consent or that of your legally authorized representative.
- To be protected from harm and free from any form of abuse, retaliation, humiliation, neglect or financial exploitation.
- To maintain the privacy of your information.
- To privacy when you see, talk or write to others.
- To see your records and correct any mistakes in a timely fashion.
- To not have your legal rights, privileges and benefits denied solely based on being voluntarily or involuntarily admitted, certified or committed to services .
- To receive information regarding legal representation, advocacy and self-help resources.
- To ask questions and to be told about your rights.
- To receive help in exercising your rights.
- To an impartial review of suspected violation of these rights assured and the right to access legal counsel.

Exercising your rights

If you think you are not being allowed to exercise any right:

- Tell your family or friends
- Tell any HCCSB staff or the Director
- Tell the HCCSB Human Rights Representative or the Regional Human Rights Advocate

Your service provider, HCCSB Human Rights Representative or the Regional Human Rights Advocate can explain your rights if you have questions.

- HCCSB Human Rights Representative - Susan Cunningham (804) 365-4212
- Regional Human Rights Advocate - Walter Small (804) 524-7548

No individual will experience retribution or barriers to service for filing a complaint. All concerns regarding any infringement of rights will be investigated and a plan for resolution developed within fifteen (15) working days.

Responsibilities of the Person Served

- To treat HCCSB staff and other clients with dignity and respect.
- To keep confidential the identities of other individuals receiving services at HCCSB.
- To take an active role in your treatment or program, including defining problems and setting goals.
- To share information honestly with your service provider. Only in this way can your treatment or program progress.
- To talk directly with your service provider if you have a complaint about your treatment or program.
- To make a commitment to your treatment or program, realizing that this may result in some inconvenience to you.
- To accept that at times personal development may be painful or difficult.
- To pay fees promptly.
- To attend all scheduled program or treatment sessions and to be on time or to cancel and reschedule at least a day in advance, unless it is an emergency. **There is a \$15.00 charge if you fail to keep an appointment and do not cancel at least 24 hours in advance.**

Behavioral Expectations of the Person Served

- To not use tobacco products in a HCCSB facility.
- To keep all personal prescription or over the counter medications that are brought into a HCCSB program secured on your person and to not share them with others.
- To not bring into or use alcohol or illegal drugs into any HCCSB facility or Program. Anyone bringing alcohol or illegal drugs into our facilities will be required to leave immediately and may be suspended from the program until a staffing of the occurrence can be completed. Any illegal drugs that are discovered on our premises will be turned over to local law enforcement.
- To not bring weapons of any kind into our facilities. Anyone that is not a law enforcement officer that brings weapons into our facilities will be asked to leave immediately. HCCSB staff will not provide services to anyone entering a HCCSB facility with any type of weapon. An investigation of the occurrence by local law enforcement may ensue and a suspension from services can occur until a staffing of the occurrence and/or the completion to the investigation can be completed.

- To not make direct or indirect threats to HCCSB staff or property. Threats against staff or property are taken very seriously and can result in a suspension from a program and the immediate response of local law enforcement.
- To treat all HCCSB staff and consumers in a respectful manner and to refrain from verbal or physical confrontation and assault. Failure to abide by this expectation can result in immediate law enforcement response, suspension from a program and charges being pressed against the individual involved.

In the event that you fail to meet one or more of the above listed responsibilities, consequences will be consistent with the specific infraction. If the behavior engaged in constitutes an immediate health and safety risk to others, you may be asked to leave the program at that time to ensure the safety of all participants. Any additional consequences, including a suspension from the service, will be decided upon as soon as possible within the day or two following the incident.

Any restriction of program privileges, including a suspension from a program, will be done in accordance with DBHDS' Human Rights Regulations. You will be told of the specific behavior that has created the need for the restriction and what you need to do to have the restriction lifted when it is imposed. Reinstatement to a program after a suspension can occur after a staffing has taken place, any needed evaluations have been done and an appropriate behavioral contract has been developed and you have agreed to it.

In addition to the responsibilities listed above, the following programs have guidelines that are specific to them and may contain additional expectations. These guidelines will be provided to you and reviewed with you by your service provider at the time you enter the program.

- RAFT House
- Supported Employment Services
- Hanover Industries
- Hanover Recycling
- Day Support Services
- Transportation Services

Reporting Responsibilities of HCCSB Staff

- HCCSB staff are required to call 911 if it is necessary to assure the safety of staff and/or program participants in the event of a serious medical or behavioral emergency.
- HCCSB staff are mandated to report to Child Protective Services and Adult Protective Services anytime they suspect that abuse and/or neglect is occurring to a child or an adult with a disability at the hands of a caretaker.
- HCCSB staff are required by law to provide immediate intervention in the case of a psychiatric emergency. This includes evaluation to determine if there is imminent risk to the person being evaluated or other community members. Should the results of the evaluation require that an emergency hospitalization needs to occur, HCCSB staff can release any pertinent information necessary to secure inpatient treatment without client authorization.
- HCCSB staff are required by law to report intent to harm other individuals to those persons and to law enforcement agencies.
- HCCSB staff are required by law to provide follow up with the court system for mandated clients that are court ordered for services. This would include anytime HCCSB services are a requirement of parole or probation.
- HCCSB staff will make outreach efforts by phone and/or by mail to any person served that has stopped coming in for services without completing their treatment goals.
- HCCSB, in accordance with recent changes in Virginia law, participates in the Prescription Monitoring Program and may request information from that program on Schedule II-IV prescriptions previously dispensed to you prior to prescribing medication.

- HCCSB staff may require any client prescribed medications to complete a drug screen as a part of their medical services.
- HCCSB staff may be able to provide assistance in accessing medications for some clients. To participate in that assistance, those individuals must complete all necessary paperwork within the specified time frame; failure to do so will result in the termination of medication assistance.

CONFIDENTIALITY

Clients receiving services at HCCSB have the right to expect that what they tell their service provider will be kept confidential. This means that your service provider will not discuss what you tell him or her with others in the community. In fact, HCCSB staff cannot acknowledge that you are receiving services here without your consent. Your service provider can talk to other HCCSB staff when it is necessary for providing you with quality services and supports. For instance, your clinician may need to discuss your case with our doctor to make sure the doctor is aware of your needs and concerns. However, HCCSB staff cannot discuss your treatment with people outside HCCSB without your written permission. HCCSB does leave telephone messages in the case of cancelling or rescheduling appointments. However, only the first name of the person with whom you had an appointment will be identified in the message, not the name of the agency. Please let your provider know if you do not want even that information left in a message. Our Privacy Notice gives you more information about the confidentiality of your information.

PRIVACY NOTICE

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

Your Privacy is Important

We at Hanover County Community Services Board (HCCSB) respect the privacy of all individuals receiving services in our facilities. This is part of our code of ethics. We are required by law to maintain the privacy of “protected health information” about those individuals, to notify them of our legal duties and their legal rights, and to follow the privacy policies described in this notice.

“Protected health information” or PHI, means any information that we create or receive that identifies you and relates to your health or payment for services to you.

All employees, volunteers, students and visitors must protect the identity of the individuals served by the HCCSB, and the confidentiality of their identifying information. This includes information learned by listening, observing or reading about the physical and/or behavioral health care services individuals receive and all written electronic and/or photographic documentation pertaining to these services.

It is important that as a visitor in our facilities you understand that this need for confidentiality extends not only to you but to others receiving our services as well. It is very important that you also hold any information specific to another individual served by the HCCSB that you might come into contact with in the strictest confidence and not disclose it to another individual.

Use and Disclosure of Your Information by Authorization Only

- It is our policy to obtain your specific written permission for every disclosure of protected health information to third parties. You will be asked to sign a Consent to Disclosure Form for each person or organization that receives the information. You may revoke a Consent to Disclosure at any time by submitting a written request.

- It is also our policy that we will not ask your specific written permission to use or disclose your protected health information for treatment purposes, payment or health care operations purposes.
- Upon signing the agency's Informed Consent to Treatment/Service form, you allow us to use and disclose necessary information about you within the agency and with business associates in order to provide treatment/service, receive payment for provided treatment/service, and conduct our day-to-day business practices.

We are required to obtain your authorization to use or disclose your protected health information for any reason except for the following circumstances:

1. **Treatment Related Communication within the HCCSB.** We will use your protected health information and disclose it to others as necessary to provide treatment to you. Various members of our staff may see your clinical record in the course of our care for you. This includes supervisors, nurses, physicians and other staff members.
2. **Payment for Services.** We will use or disclose your protected health information as needed to arrange for payment for service to you. For example, information about your diagnosis and the service we render is included in the bills that we submit to your health insurance plan. Your health plan may require health information in order to confirm that the service rendered is covered by your benefit program and medically necessary. A health care provider that delivers service to you, such as a clinical laboratory, may need information about you in order to arrange for payment for its services.
3. **Health Care Operations.** It may also be necessary to use or disclose protected health information for our health care operations or those of another organization that has a relationship with you. For example, our quality assurance staff reviews records to be sure that we deliver appropriate treatment of high quality. Your health plan may wish to review your records to be sure that we meet national standards for quality of care.
4. **Emergencies.** If there is an emergency, we will disclose your protected health information as needed to enable people to care for you.
5. **Disclosure to health oversight agencies.** We are legally obligated to disclose protected health information to certain government agencies, including the Virginia Department of Behavioral Health and Developmental Services, the Department of Medical Assistance Services and the federal Department of Health and Human Services.
6. **Disclosures to child and adult protection agencies.** We will disclose protected health information as needed to comply with state law requiring reports of suspected incidents of abuse or neglect.
7. **Other disclosures without written permission.** There are other circumstances in which we may be required by law to disclose protected health information without your permission. They include disclosures made:
 - Pursuant to court order;
 - To public health authorities;
 - To law enforcement officials in some circumstances;
 - To correctional institutions regarding inmates;
 - To federal officials for lawful military or intelligence activities;
 - To coroners, medical examiners and funeral directors;
 - To researchers involved in approved research projects; and
 - As otherwise required by law.

Changes to Privacy Practices

- The HCCSB reserves the right to change any of its privacy policies and related practices at any time, as allowed by federal and state law.
- You will receive notice of changes either by mailing or discussion with an agency representative or electronically or a combination of the three.

Retention of your Medical Record

- The laws of Virginia require that client medical records of public agencies be kept for six years after discharge or date of last contact with the public agency, unless the client is under the age of 18.
- Medical records must be kept until a minor reaches the age of 18 or becomes emancipated, with a minimum retention of 6 years from the last client encounter regardless of the age of the minor.
- After the retention periods described above have expired, your medical records can be destroyed.

Your Legal Rights

1. Right to request confidential communications. You may request that communications to you, such as appointment reminders, bills, or explanations of health benefits be made in a confidential manner. We will accommodate any such request, as long as you provide a means for us to process payment transactions.
2. Right to request restrictions on use and disclosure of your information. You have the right to request restrictions on our use of your protected health information for particular purposes, or our disclosure of that information to certain third parties. We are not obligated to agree to a requested restriction, but we will consider your request.
3. Right to revoke a Consent or Authorization. You may revoke a written Consent or Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information.
4. Right to review and copy record. You have the right to see records used to make decisions about you. We will allow you to review your record unless a clinical professional determines that would create a substantial risk of physical harm to you or someone else. If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also delete any protected health information about other people. At your request, we will make a copy of your record for you. We will charge a reasonable fee for this service.
5. Right to “amend” record. If you believe your records contains an error, you may ask us to amend it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. This information will be included as part of the total record and shared with others if it might affect decisions they make about you.
6. Right to an accounting. You have the right to an accounting of some disclosures of your protected health information to third parties. This does not include disclosures that you authorize, or disclosures that occur in the context of treatment, payment or health care operations. We will provide an accounting of other disclosures made in the preceding six

years. If requested by law enforcement authorities that are conducting a criminal investigation, we will suspend accounting of disclosures made to them.

7. Right to a paper copy of this Notice. You have the right to a paper copy of any Notice of Privacy Practices. Should you wish to obtain a copy your service provider can make it available to you.
8. Personal representatives. A “personal representative” of a patient may act on their behalf in exercising their privacy rights. This includes the parent or legal guardian of a minor. In some cases, adolescents who are 14 or older may make their own decisions about receiving treatment and disclosure of protected health information about them. If an adult is incapable of acting on his or her own behalf, the personal representative would ordinarily be his or her spouse or another member of the immediate family. An individual can also grant another person the right to act as his or her personal representative in an advance directive or living will.

Disclosure of protected health information to personal representatives may be limited in cases of domestic or child abuse.

How to Exercise Your Rights

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our Privacy Officer. HCCSB will not retaliate against any individual making a complaint. HCCSB’s Privacy Officer is Susan Cunningham, who can be reached at (804) 365-4212.

You can also submit a complaint to the United States Department of Health and Human Services. Send your complaint to:

- Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
OCR Hotlines-Voice: 1-800-368-1019

FEES

You will meet annually with Reimbursement staff to update your financial information. All individuals are responsible for paying fees in a timely manner. Fees for self-pay clients are based on a sliding scale. Payment for services is expected at each visit. **There is a \$15.00 charge if you fail to cancel at least 24 hours in advance of an appointment that you do not keep.** HCCSB reserves the right to refuse services based on the a person’s refusal to pay his bill.

ACCESSING SERVICES, PROVIDING INPUT AND ASSISTING IN PLANNING YOUR TREATMENT

A request for services can be made over the phone or in person. During the request, information is gathered regarding the type of services needed. If we are not able to provide the service requested, a referral will be given. If we are able to provide the service requested, we will gather preliminary financial information and schedule an Intake appointment with a staff member.

You will then meet with the assigned service provider. This service provider becomes your Case Manager. This person is responsible for assessing your needs, developing a plan for treatment or services (Individualized Service Plan or ISP) and providing the services as outlined by that plan.

During the intake period, your primary service provider meets with you to better understand your strengths, needs, abilities and preferences. A general assessment will be completed that gives an overview of your history and expectations of services, as well as physical, social, and emotional functioning. This assessment is generally completed within the first thirty days of services. In addition, each program will conduct specific assessments to determine what services need to be provided to that client. At the end of the assessment period, the results of the assessment(s) are shared with the client.

Your case manager works with you using the information gathered in the assessment(s) to plan a course of treatment or services. The worker will work along side you in determining your goals and objectives for service. The goals will be reviewed with you at least quarterly to determine if any changes need to be made. Your caregiver and family members can be involved in this annual review if you desire their participation.

Please note that many HCCSB documents require the signature of the person receiving services. If that person is a minor or an adult with a court appointed legal guardian, the signature of the parent or legal guardian is also required.

Staff at HCCSB will assist clients in developing strategies to sustain and build upon the progress made while participating in services. This process will begin at the onset of services with the development of an Individualized Service Plan (ISP). The ISP goals and objectives describe what you want to accomplish during your services with HCCSB. ISP interventions describe what HCCSB staff will do to assist you in attaining your goals. You will be asked to sign your ISP once it is fully developed; you will need to resign it if changes are made to it during your services. The plan is developed with you, and the ISP is reviewed with you at least quarterly to see if you wish to make any changes to it. Should it be appropriate to the service in which you are involved a Transition Plan will be identified as a part of the ISP when it is developed.

During your services at HCCSB your provider may think that other programs available within the agency or some other change would benefit you in reaching your goals. Should that be the case, your provider will discuss the services with you and if you agree with the change, a Transition Plan will be developed. You will review this document with your provider and receive a copy of it before the change is made in your service.

Another way of giving input into your services is to create a Crisis Plan with your provider. A Crisis Plan allows you to determine your preferences for how and where you would like to receive treatment in the event of an emergency, and who you would like to be involved in assisting you.

Your Assessment, ISP and Transition Plan will be unique to your particular strengths, needs, abilities and preferences.

We are committed to meeting your needs and providing every opportunity for you to be a real partner in service by providing suggestions regarding the quality of care you receive and your satisfaction with services. You will be asked throughout treatment, if the services are meeting your needs and how we could better serve you. Also during the treatment planning process previously discussed you will be the "chief architect" of your service plan by identifying the goal you hope to achieve and the steps you will take toward accomplishing your goal.

In addition to the above ways of being a part of the services we provide, HCCSB sends a Client Satisfaction Survey to all our clients each year. We also mail a survey to clients who have been discharged from our agency asking for their feedback about what they have achieved through our services. HCCSB then uses this information when making changes and improvements in our programs.

Throughout your experience at HCCSB, we would like your ongoing input regarding program operations and the provision of services. At any time you can speak to your service provider,

meet with their supervisor or any member of the staff. Please speak to your case manager regarding the various consumer groups and program committees which are always looking for new participants.

IN CASE OF AN EMERGENCY

HCCSB provides emergency mental health assistance to persons and families experiencing a mental health or substance abuse disorder related crisis. Help is available 24 hours a day, 7 days a week. You can access emergency services by calling (804) 365-4200.

Depending on the location of your services, a full overview of evacuation routes and emergency procedures will be provided as part of your orientation. To ensure staff and consumer safety, HCCSB conducts periodic emergency drills that include both internal and external evacuations. Should you be in the facility when these occur, you will be included in them.

COMPLAINT RESOLUTION PROCESS

It is important to us at HCCSB that we hear from you and our visitors regarding any problems you encounter as you work with our staff and visit our facilities. It is our goal to address problems immediately and to make whatever corrections are necessary to ensure a positive and beneficial experience with our agency.

It is always our goal to resolve any difficulties at the level where they occur. But if you believe the problem is not being addressed to your satisfaction, you can talk directly to the staff person's Supervisor, the Program Coordinator, or the Division Director.

Ensuring that the rights of our clients are respected as they receive services is also one of our highest priorities. If you believe your rights have been violated and your concerns are not resolved through discussions with your service provider, contact our Human Rights Representative Susan Cunningham at 365-4212. If you are still not satisfied or if you wish to speak to someone outside the agency, you can contact Walter Small at the Department of Behavioral Health and Developmental Services at 804-524-7548.

STANDARDS OF PROFESSIONAL CONDUCT

All employees comply with HCCSB Standards of Professional Conduct. Below are just a few of the Standards that HCCSB staff follow. If you would like a complete copy of the Standards of Professional Conduct, they are available from any staff member.

Conflicts of Interest

1. Employees will not exploit relationships for personal or professional gain. Agents will not solicit personal business transactions with clients, their family members or guardians as customers for any goods or services the agent may offer for sale on a private basis. In addition, agents will not encourage the transfer or referral of HCCSB clients to a private practice in which the employee has a financial interest.
2. Employees will not accept gifts or gratuity from any firm, contractor, consultant, individual or others who may be associated with County business. Agents may accept cards or written expressions of appreciation. The agent is expected to dissuade any giving of gifts/favors by clients/caregivers and family members. If an agent is offered a gift, the agent is expected to consult with his/her supervisor regarding the gift. If the supervisor determines that non-acceptance of a gift may affect the therapeutic relationship, the agent is expected to tell the client/caregiver/family member that the gift will be accepted only as a donation to the agency. The client/caregiver/family member will receive a letter thanking them for their donation.

3. Employees will use sound judgment and consult with his/her supervisor prior to giving gifts to clients, their family members, or guardians so as not to unduly influence their professional or clinical relationship. Any gifts to clients or family members from agents will be made through the Board as a donation.
4. Employees will avoid personal and professional circumstances that may cause a conflict of interest and hinder their ability to make judgments in the best interest of clients, their family members or guardians. Examples include but are not limited to socializing with clients, family members or guardians and entering into dual relationships with clients, family members or guardians.
5. Employees will not engage in romantic or sexual relationships with clients, their family members or guardians.

LOCATIONS & HOURS OF OPERATION

- ✓ *Request Line for Mental Health or Substance Abuse Services:* 365-4222
- ✓ *Request Line for Intellectual Disabilities Services:* 365-6600

Main Office – Administration

12300 Washington Highway Ashland, VA 23005 365-4222 (General Information) 365-4282 (Fax)	Hours:	Monday – Friday 8:30 – 5:00
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Ashland Office – Mental Health & Substance Abuse Services

12300 Washington Highway Ashland, VA 23005 365-4222 (Information & Requests) 365-4200 (Crisis Services) 365-4252 (Fax) 365-4184 (TTY/TDD)	Hours:	Monday 8:30 – 5:00 Tuesday 8:30 – 5:00 Wednesday 8:30 – 9:00 Thursday 8:30 – 9:00 Friday 8:30 – 5:00
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Mechanicsville Office– Mental Health & Substance Abuse Services

8475 Bell Creek Road Mechanicsville, VA 23116 365-6760 (Office) 365-4222 (Information & Requests) 365-4200 (Crisis Services) 365-6779 (Fax)	Hours:	Monday 8:30 – 5:00 Tuesday 8:30 – 5:00 Wednesday 8:30 – 9:00 Thursday 8:30 – 5:00 Friday 8:30 – 1:00
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RAFT House -- Mental Health & Substance Abuse Psychosocial Rehabilitation Program

14433 N. Washington Highway Ashland, VA 23005 798-4587 798-4752 (Fax)	Hours:	Monday – Friday 8:00 – 4:30
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