

Calvert County Health Department Behavioral Health Handbook



CALVERT COUNTY
HEALTH
DEPARTMENT

Rev. 7/2017

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Welcome to Calvert County Behavioral Health

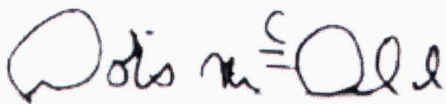
Thank you for trusting us with your care. We want you to know that your emotional health and well-being are our top priorities. We want your experience here to be as safe, comfortable and positive as possible. We believe the knowledge of our experienced staff will support and assist you to achieve your desired goals.

You are an important part of your behavioral health care team. We urge you and your family to take an active role in your care to ensure we are sensitive to your specific needs.

This handbook was developed by Calvert County Behavioral Health staff members, with valuable input from the persons we serve and their family members. It was created to help anticipate your concerns. Please use it to guide you through your treatment here. If you have any questions about our services, policies or other information in this guide, please do not hesitate to ask any staff person.

Thank you again for choosing Calvert County Behavioral Health for your behavioral health needs.

Sincerely,



Doris McDonald, MA, LCADC, LCPC
Director of Behavioral Health
Calvert County Health Department

Along with all the staff of Calvert County Behavioral Health
(and our pets)!



Samson

Our Program

Mission of Calvert County Behavioral Health

The mission of Calvert County Behavioral Health is to provide comprehensive, integrated behavioral health services that promote the health, resilience, and quality of life of our community members.

Welcome to Calvert County Behavioral Health (CCBH). We hope this handbook will give you a understanding of our program. Please feel free to approach our staff with any questions or concerns.

CCBH is a comprehensive outpatient service which includes group, individual and/or family sessions. Treatment is provided for primary mental health diagnosis, primary substance-related disorder and co-occurring disorders. Specialized groups include Early Intervention (EI), Anger Management Treatment, or Intensive Outpatient Treatment (IOP) and gender specific groups. CCBH also provide services in the Calvert County Public Schools (CCPS) and the Detention Center. We work closely with referral sources that are provided. CCBH collaborates with persons served to provide services most appropriate to meet their individual needs.

Purpose of Assessment

We provide comprehensive assessment in a “no wrong door approach” to meet your needs, symptoms, history, and concerns. This is done at your first appointment. An assessment gives your therapist an overall picture of how well you feel emotionally and how you are able to think, reason, and remember. Your therapist will ask questions about how you get along with other people, including your family and friends.

Person Centered Treatment Plan and Goals

“Person-centered planning” means a process for planning and supporting the individual receiving services that builds upon the individual’s capacity to engage in activities that promote community life and that honors the individual’s preferences, choices, and abilities. For persons served at Calvert Behavioral Health, Person Centered Planning includes having the person served involved in creating their own goals for treatment.

Course of Treatment

After your assessment is completed, your therapist will recommend a course of treatment that fits your current concerns and needs. These treatment options consist of group therapy, individual

therapy, family support, peer support and psychiatric services. Substance Related Disorder provide both traditional outpatient services (Level 1), intensive outpatient services (Level 2.1), and continuing care for ongoing recovery support. Mental Health Services provides treatment for a variety of conditions such as bereavement, partner and parenting problems, domestic violence, treatment of mental illnesses, trauma treatment, and anger management. We work closely with referral sources such as the psychiatric departments of local hospitals, Department of Social Services, Division of Parole and Probation, and Drug Court of Calvert County.

You and your counselor will discuss the frequency of sessions, number of sessions, goals, and type of counseling (individual and/or group). These will be identified on your treatment plan. You and your counselor will re-evaluate the frequency of your sessions as situations arise and as you move forward on your goals.

Counselor Qualifications

Our Counselors are either licensed or certified by the Maryland Board of Professional Counselors or the Maryland Board of Social Workers.

Professional Conduct

All staff at CCBH is obligated to conduct themselves in accordance with:

- Standards set forth in this Code of Conduct
- Applicable federal and state laws and regulations
- CCBH policies, including general policies and those applicable to specific job, position or function
- Mandatory standards of conduct for holding state licensure or registration
- Ethical standards binding on an individual as a practitioner of a particular profession.

Contact & Access to After Hours Services

You may reach your counselor at the designated office phone number to schedule an appointment or just to check in. If it is not an emergency, your counselor will attempt to follow-up with you within 48-72 hours. If you are experiencing an emergency, please contact 911 or call the Crisis Intervention Hotline at **(410) 535-1121 or (301) 855-1075**.

| | |
|------------------|--------------|
| Beach Chesapeake | 410-286-0547 |
| Prince Frederick | 410-535-5400 |
| Lusby | 410-394-0681 |
| Barstow | 410-535-3079 |



OREO

Email: Although email has become a common form of communication between individuals, it is not considered secure. CCBH places significant limitations on electronic communication due to confidentiality requirements.

Drug Testing/Breathalyzer Information

Counselors will use random drug testing as a tool in treatment. There is a fee per urinalysis test. Your insurance may cover the cost. There is an out of pocket fee for oral swab test. There is no fee for the breathalyzer test. Payment may be due upon testing. Please have cash or credit card for each test. Refusal to submit to drug testing and/or breathalyzer may be reported to your referral source if applicable.

Service Coordination

Service Coordination helps identify and connect you to resources to help you achieve your goals. Calvert County Behavioral Health provides service coordination for individuals enrolled in our Project Home Program, Senior Mental Health Program, Project Phoenix, and State Care Coordination.

These are some of the standard duties for service coordination:

- Assist individual in enrolling necessary programs and support services.
- Assist the individual in the coordination of his/her Individualized Service Plan.
- Support the individual and oversee the providing program.
- Ensure that the person's interests, preferences and capabilities, along with inclusion into the community, are maintained.

Please ask your clinician if you have questions about specific services or resources.

Transition and Discharge

Transition and discharge is a part of the process of behavioral health treatment. You may transition to other levels of care offered at the Health Department as appropriate. Our goal is to match level and intensity of treatment to individual needs.

When your goals have been completed, you and your counselor will be discussing discharge. If you feel that you are not making progress toward your goals, you may discuss modifying those goals or even discuss a change in who is providing services. Your counselor will provide you with a list of referrals for counselors in the community. Those individuals struggling to achieve stability or desired outcomes may transition to a higher level of care.

The following is a list of behaviors that could result in an unplanned discharge:

- *Violent threats against any staff members within the clinic*
- *Any form of harassment/bullying treatment of any staff*
- *Destruction of property*
- *Unwilling to continue treatment/not following treatment guidelines*
- *Not taking medication as prescribed and/or abusing medication*
- *Not participating in the clinic for 90 days or longer/excessively missed appointments*
- **Substance Related Disorders may be discharged if no participate for 30 days*

Any individual who has been discharged due to dangerous or risky behavior will have the opportunity to discuss his/her situation with a Supervisor and have the opportunity to request a readmission for services.

Steps that staff will take in an Emergency:

- Dial 911 and request police, fire, ambulance or a combination.
- Inform the 911 operator if there is an immediate threat of harm. Such calls are higher priority and receive a fast police response.
- Identify self, the office location and the room location where the incident is occurring.
- Get a report number from the 911 operator to follow-up if needed.
- Advise management staff at the first available opportunity.

Risk Response

In the event that staff learn of a potential risk to the person served, CCBH staff will work with that individual and our community partners to resolve the situation in a safe manner. The ***Personal Health Information Protection Act (PHIPA) 2004 and 42CFR, part 2*** stipulates that an individual's personal information may be released without consent for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or a group of persons.

Under most circumstances, all information about you, in written or verbal form, obtained in the counseling process (including your identity as a client) will be kept confidential. Information will not be disclosed to any outside person(s) or agency without your **written permission** except in certain situations which include:

- If it is determined that you are in imminent danger of harming yourself or someone else
- If you disclose abuse or neglect of children, the elderly, or a disabled person(s).
- The disclosure is made to medical personnel in a medical emergency or qualified personnel for research, audit or program evaluation.
- If in the event of or threat of crime to staff or property
- The disclosure is allowed by a court order.

Weapons

Weapons are banned from all Calvert County Behavioral Health clinic sites.

Fee Determination:

- Clients are informed during registration process both verbally and in writing as to the expectations that fees are charged and collected.
- Clients are charged their specific fee for each clinic visit.
- Fees are determined at the time of initial contact.
- The assigned support staff on duty at the time of the initial contact gathers all documentation including insurance information to determine the fee and co-pay.
- The centralized billing staff contacts the insurance provider to determine financial eligibility, seeks preauthorization for services to be rendered, and assures timely billing for reimbursement.
- While the billing staff will send a bill to third payers it is ultimately the responsibility of the client and or those financially responsible to ensure payment.

Patients Rights and Responsibilities:

We want to encourage you to speak openly with your counseling team, take part in your treatment choices, and promote your own safety by being well-informed and involved in you care. Because we want you to know you are a partner in your care, we want you to know your rights as well as your responsibilities during your treatment.

You have the right to:

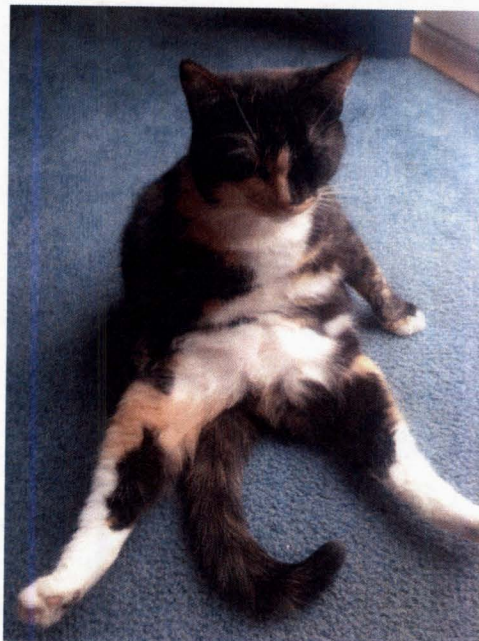
1. **Always** be treated with consideration, respect, and full recognition of your human dignity and individuality.
2. **Receive** services that meet your needs and are in compliance with the appropriate State, local, and federal laws and regulations.
3. **Not** be harmed (physically or mentally) by program staff.
4. **Be** free from physical restraint.
5. **Be** free from discrimination as to race, age, sex, emotional or physical handicap, creed, national origin, economic condition, sexual preference, marital status or religion.
6. **Have** your privacy and confidentiality protected under state and federal regulations according to Personal Health Information Protection Act (PHIPA) 2004 and 42CFR, part 2.
7. **Only** participate in research after giving your fully informed written consent.
8. **Have** the option to participate in alternative activities than religious activities (i.e. alternatives to AA and other 12-step programs).
9. **A** safe and secure environment that does not tolerate aggressive or threatening behaviors.

10. **Fill** out surveys, use the suggestions box, and give feedback to help us to better serve the community with our program.
11. **Participate** in treatment planning and decisions; including development of my goals, information of alternative modes of treatment and to request a change of provider.
12. **Initiate** a grievance without penalty from any personnel of the health department.
13. **Access** personal records
14. **Be** involved in your discharge planning.
15. **Make** your health care decisions through an Advance Directive according to the Maryland law if you are 18 years or older.

You have the responsibility to:

1. **Attend** counseling appointments in a consistent manner and on time. If you are unable to make an individual or group session it is expected that you inform your counselor promptly.
2. **Treat** all staff and other person served with courtesy and respect and abide by CCBH regulations.
3. **Provide** complete and accurate information about your insurance company and make payment at the time of service.
4. **Attend** treatment sessions free from impairment from drugs or alcohol.
5. **Wear** appropriate clothing. Please do not wear clothing advertising alcohol or other drugs.
6. **Not** to smoke in the facility or the grounds.
7. **Not** to bring alcohol or other drugs to the facility.
8. **Take** medication as prescribed and secure it safely.
9. **Take** responsibility to fully participate in the assessment, treatment planning and ongoing treatment.

Alice, rescue dumpster calico kitty



CALVERT COUNTY BEHAVIORAL HEALTH CLIENT GRIEVANCE PROCEDURE

The CCBH is committed to listening to persons served/client and community member complaints and responding in a fair, timely and respectful manner. All complaints will be given due consideration without reprisal or discrimination. Language support for non-English speaking persons served will be provided.

All clients have the right of grievance regarding treatment/services provided. A grievance is a complaint by a client about a service provision at one of the Behavioral Health programs.

A. Procedure

1. You may initiate a grievance at a meeting with the clinical supervisor. If you prefer, the grievance may be in writing. Please use complaint form attachment. The clinical supervisor shall respond within five business days.

2. You may request a meeting with the Division Director if you prefer, or if you are not satisfied with the clinical supervisor's response.

3. If satisfaction is not obtained, a meeting with the Health Officer/Deputy Health Officer can be requested.

B. Bypassing Steps

1. You may bypass one or more steps of the grievance procedure above.

C. Presentation

1. The client shall be able to present his or her case without any staff member being present if the client so chooses.

2. The staff of the Health Department involved will be given the opportunity to present his or her account.

D. Abuse Allegations

All cases of alleged physical, sexual, or mental abuse against a client will be immediately referred to the Division Director and the Health Officer/Deputy Health Officer.

Client's who are authorized under Beacon have the right to file their grievance with either:

Karyn Black

Local Behavioral Health Authority

301 609-5757

10480 Theodore Green Boulevard

White Plains MD 20695

Beacon Health Options

Grievance Department

1099 Winterson Road, Suite 200

Linthicum, MD 21090

Toll Free: 800.888-1965

Phone: 410.691.4049

Phone: 410.691.4049

TTY 1.866.835-2755

Fax: 1.877.318-5571

Email: grievances@beaconhealthoptions.com

Calvert County Health Department, Behavioral Health Division
PO Box 980
Prince Frederick, MD 20678
410-535-5400

COMPLAINT REPORT FORM

Complete this form if you have concerns about the health care or treatment that you or a family member received or did not receive. Answer all questions. Give complete details. Use additional sheet, or back of this document, if necessary. We will investigate your concerns based on information that you provide. You may file an anonymous complaint.

I. Name of person/resident/client involved in the incident:

_____ Sex: _____ Age: _____

II. Health care facility, residence, or community treatment program involved in the incident:

Name: _____

Address: _____

Check the type of facility or program: ☐ Home health agency ☐ Residential treatment center ☐ Community mental health program ☐ Residential services agency ☐ Community drug treatment program ☐ Developmental disabilities provider ☐ Other. Please specify _____

III. Witnesses to the incident:

Name _____ Contact information, if known (include telephone number) _____

IV. Person filing complaint or reporting incident (optional). *Note: If you would like a deficiency report that may result from our investigation, please complete this section.*

Name: _____

Relationship: _____

Address: _____

Telephone: _____

May we reveal your identity during the investigation of your complaint? ☐ Yes ☐ No

V. Briefly describe the incident or your concerns (use additional paper if necessary):

Include dates and times, persons involved, and description of what happened. Include attachments, if appropriate. **Note:** If this is an anonymous report, be complete since we will not be able to contact you to obtain missing information.

VI. Have you reported this incident or concern to the person in charge of the facility, residence or program? ☐ Yes ☐ No

Address this complaint to the: Calvert County Behavioral Health, PO Box 980, Prince Frederick, MD 20678 **Please use this side of the Complaint Report to describe the grievance in detail (dates, times, names, etc.). Add additional paper if necessary.**

Preventing and Responding to Opioid Overdoses

What are opioids?

- Opioids include heroin, morphine, codeine, methadone, oxycodone (Oxycontin, Percodan, Percocet), hydrocodone (Vicodin), fentanyl (Duragesic) and hydromorphone (Dilaudid)

What can lead to an overdose?

- Using drugs when you're alone
- Mixing drugs (especially with Alcohol or Benzodiazepines)
- Using drugs without testing their strength
- Using drugs after not using drugs for a period of time

What are the signs of an overdose?

- Lips or nails turning blue
- Cannot wake person when you yell their name or rub your knuckles on their breast bone
- Person is breathing very slowly or not at all

What to do in case of an overdose?

Step 1: Call 911

Give address/location/phone number

Step 2 Rescue Breathing (if CPR trained)

- Make sure there is nothing in the mouth
- Tilt head back, lift chin, pinch nose
- Give a breath every 5 seconds until relieved by medical staff

Who can I call to get help quitting drugs?

- Calvert County Behavioral Health at 410-535-3079, ext 6 or 410-535-5400, ext 318.

In Maryland, there is a Good Samaritan Law. The Maryland Good Samaritan Law effective October 1, 2015, provides protection from arrest as well as prosecution for certain specific crimes and expands the charges from which people assisting in an emergency overdose situation are immune.

This means that the police won't arrest the fellow drug user if s/he helps report a potentially fatal overdose.

Overdose Response Training

- Clients are offered naloxone training during their regularly scheduled group training through recovery support services.

- If a client would want training prior to that date, they can request a 1:1 training.
- Naloxone kits are provided for free.
- Clients are encouraged to let their family/friends know about the monthly training that are available to community members.

Baku, arabian horse



Tuberculosis (TB)

Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs. But TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. TB disease was once the leading cause of death in the United States.

TB is spread through the air from one person to another. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. People nearby may breathe in these bacteria and become infected.

However, not everyone infected with TB bacteria becomes sick. People who are infected, but not sick, have what is called latent TB infection. People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others. But some people with latent TB infection go on to get TB disease.

There is good news. People with TB disease can be treated if they seek medical help. Even better, most people with latent TB infection can take medicine so that they will not develop TB disease.

If the immune system can't stop TB bacteria from growing, the bacteria begin to multiply in the body and cause TB disease. The bacteria attack the body and destroy tissue. If this occurs in the lungs, the bacteria can actually create a hole in the lung. Some people develop TB disease soon after becoming infected (within weeks) before their immune system can fight the TB bacteria. Other people may get sick years later, when their immune system becomes weak for another reason.

Babies and young children often have weak immune systems. People infected with HIV, the virus that causes AIDS, have very weak immune systems. Other people can have weak immune systems, especially people with any of these conditions:

- Substance abuse
- Diabetes mellitus
- Silicosis
- Cancer of the head or neck
- Leukemia or Hodgkin's disease
- Severe kidney disease
- Low body weight
- Certain medical treatments (such as corticosteroid treatment or organ transplants)
- Specialized treatment for rheumatoid arthritis or Crohn's disease

Symptoms of TB disease depend on where in the body the TB bacteria are growing. TB disease in the lungs may cause symptoms such as:

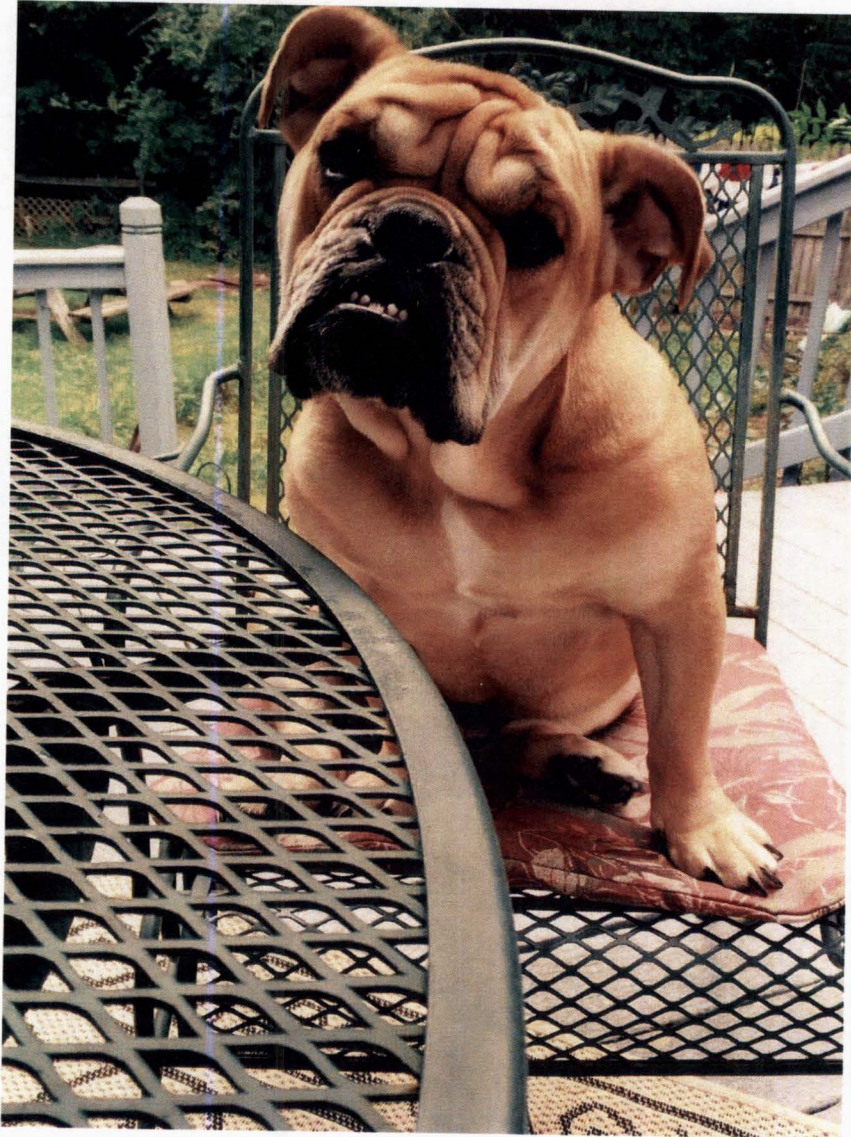
- A bad cough that lasts 3 weeks or longer
- Pain in the chest
- Coughing up blood or sputum (phlegm from deep inside the lungs)

Other symptoms of TB disease are:

- Weakness or fatigue
- Weight loss
- No appetite

- Chills
- Fever
- Sweating at night

If you have any of these symptoms, please talk to your primary health physician. You may also call the Calvert County Health Department at 410-535-5400, ext. 365.



Phoebe, rescued english bulldog

Hepatitis

"Hepatitis" means inflammation of the liver and is usually caused by a virus. In the U.S., the most common types are Hepatitis A, Hepatitis B, and Hepatitis C. Millions of Americans are living with viral hepatitis but most do not know they are infected. People can live with chronic hepatitis for decades without having symptoms.

| Questions | Recommendations & Explanation |
|--|---|
| 1. Have you ever been diagnosed with a clotting factor disorder? | If yes, talk to your doctor about getting vaccinated for Hepatitis A. |
| 2. Have you ever been diagnosed with a chronic liver disease? | If yes, talk to your doctor about getting vaccinated for Hepatitis A and B. |
| 3. Were you or at least one parent born outside of the United States? | If yes, talk to a doctor about getting a blood test for Hepatitis B. Many parts of the world have high rates of hepatitis B, including the Amazon Basin, parts of Asia, Sub-Saharan Africa and the Pacific Islands. |
| 4. Do you currently live with someone who is diagnosed with Hepatitis B? | If yes, talk to a doctor about getting a blood test for Hepatitis B. |
| 5. Have you previously lived with someone who has been diagnosed with hepatitis B? | If yes, talk to a doctor about getting a blood test for hepatitis B. |
| 6. Have you recently been diagnosed with a sexually transmitted disease (STD)? | If yes, talk to a doctor about getting vaccinated for Hepatitis B. |
| 7. Have you been diagnosed with diabetes? | If yes, talk to a doctor about getting vaccinated for Hepatitis B. |
| 8. Have you been diagnosed with HIV/AIDS? | If yes, talk to a doctor about getting vaccinated for Hepatitis B and getting a blood test for Hepatitis B and Hepatitis C. |
| 9. If you are a man, do you have sexual encounters with other men? | If yes, talk to a doctor about getting vaccinated for Hepatitis A and B, and getting a blood test for Hepatitis B. |
| 10. Do you currently inject drugs? | If yes, talk to a doctor about getting vaccinated for Hepatitis A and B, and getting a blood test for Hepatitis B and C. |
| 11. Were you born from 1945-1965? | If yes, talk to a doctor about getting a blood test for Hepatitis C. |
| 12. Have you ever received a blood transfusion or organ transplant before July 1992? | If yes, talk to a doctor about getting a blood test for Hepatitis C. |
| 13. Have you ever received a clotting factor concentrate before 1987? | If yes, talk to a doctor about getting a blood test for Hepatitis C. |
| 14. Have you ever injected drugs, even if just once? | If yes, talk to a doctor about getting a blood test for Hepatitis C. |
| 15. Do you plan on traveling outside of the United States within the next year? | If yes, talk to a doctor about what vaccines may be needed for travel outside the U.S. |

This assessment will help determine if you should be vaccinated and/or tested for viral hepatitis by asking a series of questions. Depending on your answers, you will be given a tailored recommendation that you should discuss with your doctor or your professional healthcare provider. Any information received through the use of this tool is not medical advice and should not be treated as such.



Sunshine, tropical cichlid fish

HIV 101

Without treatment, HIV (human immunodeficiency virus) can make a person very sick and even cause death. Learning the basics about HIV can keep you healthy and prevent transmission.

HIV Can Be Transmitted By

- Sexual Contact
- Sharing Needles to Inject Drugs
- Mother to Baby during pregnancy, birth, or breastfeeding

HIV Is NOT Transmitted By

- Air or Water Saliva, Sweat, Tears, or Closed-Mouth Kissing
- Insects or Pets Sharing Toilets, Food, or Drinks

Protect Yourself From HIV

- Get tested at least once or more often if you are at risk.
- Use condoms the right way every time you have anal or vaginal sex.
- Choose activities with little to no risk like oral sex.
- Limit your number of sex partners.
- Don't inject drugs, or if you do, don't share needles or works.
- If you are at very high risk for HIV, ask

your healthcare provider if pre-exposure prophylaxis(PrEP) is right for you.

- ***If you think you've been exposed to HIV within the last 3 days***, ask a health care provider about post exposure prophylaxis (PEP) right away. ***PEP can prevent HIV, but it must be started within 72 hours.***
- Get tested and treated for other STDs. Keep Yourself Healthy And Protect Others

If You Are Living With HIV

- Find HIV care. It can keep you healthy and greatly reduce your chance of transmitting HIV.
- Take your medicines the right way every day. Stay in HIV care.

- Tell your sex or drug-using partners that you are living with HIV. Use condoms the right way every time you have sex, and talk to your partners about PrEP.
- Get tested and treated for other STDs.

For more information please visit www.cdc.gov/hiv
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention/ 12/16

STDs and HIV – CDC Fact Sheet

Are some STDs associated with HIV?

Yes. In the United States, people who get syphilis, gonorrhea, and herpes often also have HIV, or are more likely to get HIV in the future.

Why does having an STD put me more at risk for getting HIV?

If you get an STD you are more likely to get HIV than someone who is STD-free. This is because the same behaviors and circumstances that may put you at risk for getting an STD can also put you at greater risk for getting HIV. In addition, having a sore or break in the skin from an STD may allow HIV to more easily enter your body. People who have STDs are more likely to get HIV, when compared to people who do not have STDs.

What activities can put me at risk for both STDs and HIV?

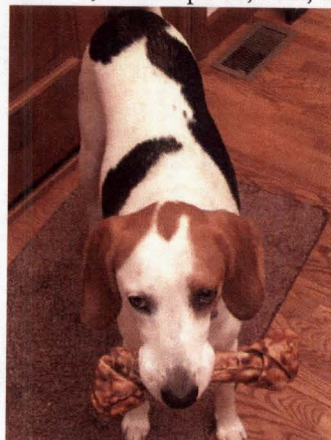
- Having anal, vaginal, or oral sex without a condom;
- Having multiple sex partners;
- Having anonymous sex partners;
- Having sex while under the influence of drugs or alcohol can lower inhibitions and result in greater sexual risk-taking

What can I do to prevent getting STDs and HIV?

The only way to avoid STDs is to not have vaginal, anal, or oral sex. If you are sexually active, you can do the following things to lower your chances of getting STDs and HIV:

- Choose less risky sexual behaviors.
- Use condoms consistently and correctly.
- Reduce the number of people with whom you have sex.
- Limit or eliminate drug and alcohol use before and during sex.
- Have an honest and open talk with your healthcare provider and ask whether you should be tested for STDs and HIV.
- Talk to your healthcare provider and find out if pre-exposure prophylaxis, or PrEP, is a good option for you to prevent HIV infection.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention/12-16



LuLu, fox hound from local shelter

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
AND YOUR HEALTH INFORMATION
NOTICE OF PRIVACY PRACTICES**

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

Safeguarding Your Protected Health Information

The Maryland Department of Health and Mental Hygiene (CCBH) is committed to protecting your health information. In order to provide treatment or to pay for your healthcare, CCBH will ask for certain health information and that health information will be put in your record. The record usually contains your symptoms, examination and test results, diagnoses, and treatment. That information, referred to as your health or medical record, and legally regulated as health information, may be used for a variety of purposes. CCBH is required to follow the privacy practices described in this Notice, although CCBH reserves the right to change privacy practices and the terms of this Notice at any time. You may request a copy of the new notice from any CCBH agency. It is also posted on our website at <http://www.CCBH.state.md.us/>.

How CCBH May Use and Disclose Your Protected Health Information

CCBH employees will only use your health information when doing their jobs. For uses beyond what CCBH normally does, CCBH must have your written authorization unless the law permits or requires it. The following are some examples of our possible uses and disclosures of your health information.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:

For treatment: CCBH may use or share your health information to approve or deny treatment and to determine if your medical treatment is appropriate. For example, CCBH health care providers may need to review your treatment plan with your healthcare provider for medical necessity or coordination of care.

To obtain payment: CCBH may use and share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate in our services. For example, your health care provider may send claims for payment of medical services provided to you.

For health care operations: CCBH may use and share your health information to evaluate the quality of services provided, or to state and federal auditors.

Other Uses and Disclosures of health information required or allowed by law:

Information purposes:

Unless you provide us with alternative instructions, CCBH may send appointment reminders and other materials about the program to your home.

Required by law: CCBH may disclose health information when a law requires us to do so.

Public health activities: CCBH may disclose health information when CCBH is required to collect or report information about disease or injury, or to report vital statistics to other divisions in the department and other public health authorities.

Health oversight activities: CCBH may disclose your health information to other divisions in the department and other agencies for oversight activities required by law. Examples of these oversight activities are audits, inspections, investigations, and licensure.

Coroners, Medical Examiners, Funeral Directors and Organ Donations: CCBH may disclose health information relating to a death to coroners, medical examiners or funeral directors, and authorized organizations relating to organ, eye, or tissue donations or transplants.

Avert threat to health or safety: In order to avoid a serious threat to health or safety, CCBH may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Abuse and Neglect: CCBH will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or some other crime. CCBH may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Specific government functions: CCBH may disclose health information of military personnel and veterans in certain situations, correctional facilities in certain situations, government benefit programs relating to eligibility and enrollment, and

for national security reasons, such as protection of the President.

Families, friends or others involved in your care: CCBH may share your health information with people as it is directly related to their involvement in your care or payment for your care. CCBH may also share health information with people to notify them of your location, general condition, or death.

Worker's Compensation: CCBH may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.

Patient Directories: The health plan under which you are enrolled does not maintain a directory for disclosure to callers or visitors who ask for you by name. You will not be identified to an unknown caller or visitor without authorization.

Lawsuits, Disputes and Claims: If you are involved in a lawsuit, a dispute, or a claim, CCBH may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf, or other lawful process.

Law Enforcement: CCBH may disclose your health information to a law enforcement official for purposes that are required by law or in response to a court order.

You have the Right to:

Request restrictions: You have a right to request a restriction or limitation on the health information the CCBH uses or discloses about you. CCBH will accommodate your request if possible, but is not legally required to agree to the requested restriction. Except as otherwise required by law, CCBH must accommodate your request if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and the protected health information pertains solely to a healthcare item or service for which the health care provider involved has been paid out of pocket in full. If CCBH agrees to a restriction, CCBH will follow it except in emergency situations.

Request Confidential Communications: You have the right to ask that CCBH send you information at an alternative address or by alternative means. CCBH must agree to your request as long as it is reasonably easy for us to do so.

Inspect and copy: With certain exceptions (such as psychotherapy notes, information collected for certain legal proceedings, and health information restricted by law), you have a right to see your health information upon your written request. If you want copies of your health information, you may be charged a fee for copying, postage, and preparing an explanation or summary of the protected health information. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. If CCBH maintains your health information using electronic health records, we will provide access in electronic format and transmit copies of your health information to an entity or person designated by you, provided that any such choice is clear, conspicuous, and specific.

Request amendment: You may request in writing that CCBH correct or add to your health record. CCBH will respond to your request within 60 days, with up to a 30-day extension, if needed. CCBH may deny the request if CCBH determines that the health information is: (1) correct and complete; (2) not created by us and/or not part of our records; or (3) not permitted to be disclosed. If CCBH approves the request for amendment, CCBH will change the health information and inform you, and will tell others that need to know about the change in the health information.

Accounting of Disclosures: You have a right to request a list of the disclosures made of your health information after April 14, 2003, and in the six years prior to the date on which the accounting is requested. Exceptions are health information that has been used for treatment, payment, and operations. In addition, CCBH does not have to list disclosures made to you, based on your written authorization, provided for national security, to law enforcement officials or correctional facilities. There will be no charge for up to one such list each year. Additionally, CCBH will provide an accounting of disclosures made through an electronic health record for treatment, payment, and healthcare operations, but the information is limited to three years prior to the date of the request.

For More Information

This document is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act. If you have questions and would like more information, you may contact Marla Behrens 410-535-5400.

To Report a Problem about our Privacy Practices

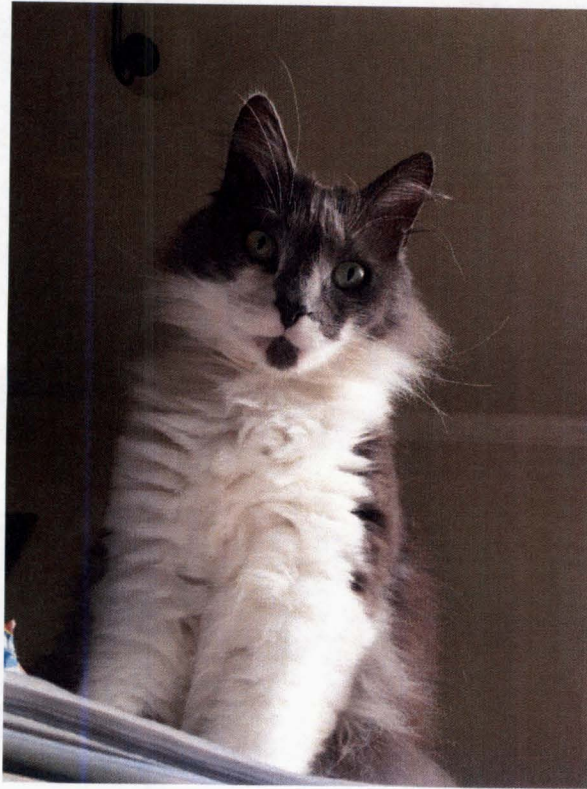
If you believe your privacy rights have been violated, you may file a complaint.

- You can file a complaint with the Department of Health and Mental Hygiene, Resident Grievance System Central Office at 1-800-747-7454.
- You can file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil

Rights. You may call the Department of Health and Mental Hygiene for the contact information.
CCBH will take no retaliatory action against you if you make such complaints.

Effective Date: This notice is effective on May 12, 2015.
Effective Date: This notice is effective on April 14, 2003

Mr. Fluff 'n' Stuff rescued from the local shelter.



Elvis, hotdog

