



Behavioral Health Services, Inc.
Giving Inspiration & Hope Where Family Matters

HANDBOOK FOR PERSONS SERVED





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GIVING NEW DIRECTIONS TO LIFE”

**Welcome and Thank you for choosing
Northwest Behavioral Health Services, Inc.**
As your behavioral health specialty care provider.

Our staff of extremely qualified professionals include specialists in Substance Abuse Disorders, Prevention & Wellness, Youth and Adult Mental Health and Psychiatry. We have the excellence you deserve and the full range of skills you need to ensure your health and wellness!

Recognizing the need for help is an important first step. We commit to providing services that is a partnership with you and we encourage and expect your participation in your treatment.

This handbook contains important information about your treatment. Please read this booklet carefully and ask a member of our staff if you have any questions about this information or any other aspect of your treatment with us.



Mission

Northwest Behavioral Health Services, Inc. Mission Statement: *Our mission is to enhance the quality of life for children, adults and their families who are experiencing mental health problems and/or substance abuse problems, social maladjustment, and other at-risk behaviors.*

Values

The agency is committed to providing a high quality of care and cost-effective services that will enable individuals to live productive and meaningful lives and to effectively secure the needed resources to achieve a coordinated system of care.



The Community Foundation
for Northeast Florida



About Us

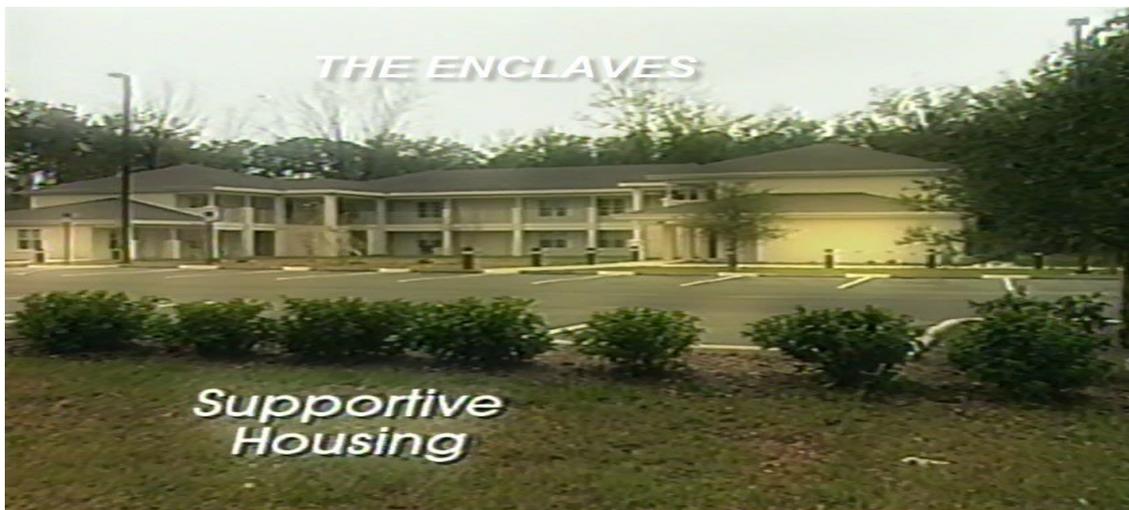
Northwest Behavioral Health Services, is a private not-for-profit corporation, chartered in April, 1992, by the State of Florida and granted 501(c) (3) status by the Internal Revenue Service.

The agency was established in 1992 to provide quality accessible and affordable mental health services to the residents of Duval County, Florida. Services are provided regardless of race, gender, or gender identity, national origin, color, disability, or ability to pay.

The agency has since expanded its adult services to Hilliard, Florida which includes a Social Rehabilitation program.

Another addition to our expansion was the building of an Assisted Living Facility (The Enclave).

Treatment Locations, Hours of Operation and Contact Information		
Adult Services 2392 N. Edgewood Ave Jacksonville, Florida 32254 Office: 904-781-7797 Fax: 904-781-8685	Children Services 2400 N. Edgewood Ave. Jacksonville, Florida 32254 Office: 904-781-0600 Fax: 904-781-0016	Social Rehabilitation Services 23 West 8 th Street Jacksonville, Florida 32206 Office: 904-781-7797
Supportive Housing The Enclaves Apartments 2250 Jammes Road Jacksonville, Florida 32210 Office: 904-378-1827		All location Hours are 08:00 AM – 05:00 PM Monday – Friday After Hours Services By Appointment Only



CONFIDENTIALITY

Our staff wants to gain your trust and protect your privacy!

Northwest Behavioral Health Services, Inc. staff will not talk to anyone or send out information about you unless you sign a release of information form to say that it is alright. The form must be very exact about what, why, and how much information needs to be shared. There are certain times when we will be unable to maintain confidentiality of your records. Notice of Privacy Practices, which is provided to you during the time of intake and assessment.

It is important that you understand confidentiality, your right to privacy and the rights of other clients. Also, you must understand the legal limits or exceptions to these rights. Your records will not be released without a signed Release of Information except under circumstances that fall into these categories: a valid medical emergency, if you are in danger of hurting yourself or others, receipt of a Court Order, receipt of a request which is governed by state statutes, internal communications, data with no-patient identifying information, research, audit and evaluation, crime at program/against program personnel, child abuse and business associate agreements. For example, if we learn or discover you have a communicable disease like hepatitis or tuberculosis, we are required to contact the County Public Health Department.

If you have a complaint or grievance about confidentiality issues you may discuss it with your Case Manager, Therapist, Physician, or other staff members. You may submit your concerns on a Complaint/Grievance Form, which is available at our reception desk. Northwest does not discriminate or retaliate against any client or parent who issues a good faith complaint or grievance.

FAMILY AND GROUP THERAPY CONFIDENTIALITY

When two or more individuals are seen together in therapy and have agreed to participate in-group, each of the individuals present may decide to break confidentiality, even though that was not the intent. The agency does not take responsibility for the actions of others, but we will maintain respect, dignity and the health and safety of all persons receiving services.

Description of Services

Assessments: Services that provide assistance in determining level, types and frequency of services.

Case Management: A collaborative process that facilitates the achievement of client wellness through advocacy, assessments, communication, resources management and service delivery in a coordinated manner. Through adequate assessment, planning, linkage, coordination, advocacy, and monitoring, persons receiving Case Management services can reach their optimum level of wellness, self-management, and functional capability. Case Management facilitates this process while promoting the potential contribution of the individual, regardless of the severity of his or her illness. Case management services are optimized best if offered in a climate that allows direct communication among the case manager, the recipient, the primary care provider, family, significant others and other service delivery professionals.

Information and Referral: Services that link persons in need of assistance with appropriate providers and provides information about agencies and organizations that offer services.

Intervention: Services that focus on reducing risk factors associated with the progression of substance and mental health problems. Includes basic assessment, support services, counseling, and referral.

Outpatient Therapy (Individual, Family and Group Therapy): Therapeutic and support services designed to improve functioning or prevent deterioration of individual and mental health or substance abuse disorders. Services must be face to face between the therapist and the client.

Outreach: Services include education of the public regarding substance abuse/mental health, education with high-risk groups, screening and referral.

Prevention: Services that involve using information dissemination, education, community awareness and other strategies to preclude, forestall, or impede the development of substance use or mental health problems.

Psychiatric Services: Services provided by medical staff that included medical care, medication management, therapy, medication administration, psychiatric mental status assessment.

SOAR Services: Assist eligible consumers with applying for disability benefits with Social Security Administration.

Substance Abuse DUI program: Provides individuals who have been referred to the DUI program with individual and group substance abuse counseling and treatment.

Social Rehabilitation Services - (SRS): Engage in educational, social and recreational activities within a group environment. It prepares individuals for greater levels of independent living and appropriate functioning.

Supported Housing: Offers independent living facilities for persons with a mental illness. Rent is subsidized by HUD Section 811 fund reserves.



It's OK to get help

RULES OF CONDUCT AND GENERAL PROGRAM RULES

Everyone who comes to or receives services from Northwest Behavioral Health Services, Inc. is responsible for promoting and maintaining a safe and respectful environment. Every client, staff member, visitor and volunteer who comes to the agency can expect to be treated respectfully and feel safe at all times.

As a client I agree to the following:

1. I agree to be verbally respectful at all times while in the agency. I will not use obscene or disrespectful language, make threats, tell abusive jokes or make abusive comments. This includes sexual comments, sexual advances, teasing, insulting or making fun of others.
2. I agree to be physically respectful at all times while in the agency. I will not strike, punch, slap or intimidate anyone. I will not damage any property or equipment or threaten to do so.
3. I will not bring alcohol, illegal drugs, or weapons into the agency or onto agency grounds.
4. I accept my personal responsibility to promote and maintain an atmosphere of safety and respect in the agency.
5. I will speak to a staff member if I feel that I am unable to meet these rules of conduct and understand that if I break these rules, I could lose my services with Northwest Behavioral Health Services.
6. Participate in the development of your individualized intervention or treatment plan.
7. Be on time for scheduled events, classes, groups and individual sessions.
8. Respect the confidentiality, rights and privacy of others.
9. Respect the property and the building, as well as the belongings of others.
10. No use of derogatory language or expression of negative ideas or suggestive comments indicating bigotry, mockery, or negative bias against any group of human beings, based on age, gender, physical appearance, religious background or preference, disabilities, sexual orientation, or important personal beliefs and values.
11. Non-compliance with program rules may result in you being administratively discharged from the program.

ETHICAL STANDARDS

Northwest Behavioral Health Services, Inc. is committed to following high ethical standards in conducting business and providing services. Employees of Northwest Behavioral Health Services, Inc. are expected to adhere to high moral and ethical standards.

Northwest Behavioral Health Services, Inc. staff will conduct themselves in compliance with agency ethical standards.

Northwest Behavioral Health Services, Inc. exists to provide quality services to persons in need. Therefore, the overriding concern of each staff member must be the welfare of clients. The individual dignity of each client must be always respected and upon all occasions.

Information regarding clients will be held in the strictest confidence and will not be released without the permission of the client or as provided by law.

Clients will be billed for only those services rendered.

Northwest Behavioral Health Services, Inc. staff are prohibited from engaging in business transactions with clients for money or exchange of goods or services. Staff is not to borrow or lend money to clients.

Northwest Behavioral Health Services, Inc. staff may only accept gifts of no monetary value from clients and each occurrence should be reported to supervisor. Monetary gifts are prohibited. However, charitable gifts and donations may be given to Northwest Behavioral Health Services, Inc. as a charitable, not-for-profit agency.

Dual relationships between Northwest Behavioral Health Services, Inc. employees and clients (a person currently a client and/or person who have been discharged, at least one year from the last clinical contact) are prohibited, prohibitions include, but are not limited to, business or financial relationships, friendships, social, dating or sexual contacts.

Your welfare is always our primary concern. All clients are to be treated in a fair and equal manner and no one is given special consideration or advantage over anyone else.

Staff is not allowed to accept monetary gifts from clients.

No staff member is permitted to act as a sponsor for a client for any recognized self-help or peer support (i.e. Alcoholics Anonymous, Narcotics Anonymous, etc.).

YOUR RESPONSIBILITIES

You are responsible for...

Working with your treatment team to develop and follow an individualized service/treatment plan suited to your needs.

Being on time for your appointments.

Giving 24 hours notification when you are unable to keep your appointment.

Treating all persons with courtesy and respect.

CLIENTS RIGHTS

Right of Individual Dignity:

- To be related with respect at all times
- To be free from abuse and neglect

Right to Treatment

- To appropriate treatment, regardless of your ability to pay
- To receive treatment in the least restrictive setting

Right to Express and Informed Consent

- To consent or not to consent to treatment. For mental health services, if you are under 18 years of age, your guardian must also be asked to give express and informed consent for you.

To be informed about:

- Any potential side effects of any treatment
- To take back any consent to treatment, either verbally or in writing by you, your guardian or guardian advocate.
- If necessary to provide through the court, a guardian advocates making decisions regarding your treatment.

Right to Quality Treatment

- To receive services that are skillfully, safely and humanely administered
- To receive appropriate medical, vocational, social, educational and rehabilitative services

Right to Communication and Abuse Reporting

- To have access to a telephone to report any possible abuse or neglect to the Florida Abuse Hotline.

Right to Vote in Public Elections

- To be assisted in registering to vote and voting 18

Right to Confidential Records

- To have reasonable access to your own records

- To authorize release of information to people or agencies
- To Have your records kept confidential

Right to Designate Representatives

- To designate a person to receive any required notices

Right to Participate in Treatment and Discharge Planning

- To help make decisions about your treatment and provide written comments on your treatment plans
- To help make plans for your discharge

Other Rights:

- Right to be informed of any and all financial obligations (if any) that may be incurred over the course of treatment
- Right to know what support services are available, including whether an interpreter is available and/or needed if English is not the primary language spoken by the person served
- Right to access information regarding care, the planned course of treatment, alternatives, risks, prognosis and progress. Northwest Behavioral Health Services, Inc. promotes the following rights of persons served in that all person have the right to be free from Abuse, Financial or other exploitation, Retaliation, Humiliation, Neglect.

You have the right to more detailed information about your rights. For more information, contact your Jacksonville Human Rights Commission (JHRC) 117 W. Duval Street, Suite 350 Jacksonville, FL 32202 PHONE: 904-630-4911 FAX 904-630-4918 TTY 904-630-4125

Florida Department of Children & Families, Substance Abuse Florida Administrative Code requirements are adopted and incorporated into this policy as follows:

[Although these are a repeat of client rights noted elsewhere in this policy, the exact language from F.A.C. is listed here.]

1. Provisions for informing the client, family member, or authorized guardian of their rights and responsibilities, assisting in the exercise of those rights, and an accessible grievance system for resolution of conflicts.
2. Provisions assured that grievance may be filed for any reason with cause.
3. The posting, in prominent locations, of notices informing clients of the grievance system.
4. Access to grievance submission forms.
5. Education of staff in the importance of the grievance system and client rights.
6. Specific levels of appeal with corresponding time frames for resolution.
7. Provision for the immediate receipt of a filed grievance and attention to that grievance in a timely manner.
8. The logging and tracking of filed grievances until resolved or concluded at whatever level necessary, including by actions of the governing body, if necessary.
9. Written notification of the decision to the person who filed the grievance.
10. Analysis of trends to identify opportunities for improvement.

COMPLAINT - GRIEVANCE PROCESS/ACKNOWLEDGEMENT OF UNDERSTANDING

As a client, or parents and/or legal guardians of a client, you have the right to file a complaint through the following grievance procedure without fear of discharge or reprisal and free from interference, coercion, or discrimination.

Complaint/grievance forms are located in the receptionist area and/or can be obtained from any staff member.

Client Advocate: During the Grievance process, if the client desires, a client advocate may assist the client with understanding and going through the process of filing the grievance. The client advocate may be a case manager, an administrative staff member or anyone connected with the client such as a family member, friend, and/or significant other.

FIVE STEPS: The grievance process includes the following five (5) steps:

1. Client/Family Member/Significant Other and case manager: The person with the complaint/grievance is asked to talk about the complaint with the staff member involved or responsible for the area of concern. Together they try to solve the matter informally. The staff person will ensure the person's grievance will not result in discharge or reprisal and if the person requests help in preparing the written grievance, will arrange staff assistance.

If an informal approach does not resolve the grievance, the persons will present the grievance to their counselor in written form. The case manager/therapist will conduct a meeting with the aggrieved person(s) served within five (5) working days of the written grievance being received and provide an opportunity for the client to discuss all concerns. Thereafter, the counselor will provide the client with a written response within five (5) working days after the meeting.

2. Client/Family Member/Significant Other/case manager and Program Director: If the grievance is not resolved, the client may request a meeting with the Program Director and all parties involved in Step A. The Program Director will schedule and hold the meeting within five (5) working days of the client's request and provide an opportunity to discuss all concerns. Thereafter, the Program Director will furnish to the client a written response within five (5) working days after the meeting.

3. Client/ Family Member/Significant Other and Program Director: If the grievance is still not resolved, the client may request a meeting with the Clinical Director and all parties involved in Step B. The Clinical Director will schedule and hold the meeting within five (5) working days of the client's request and provide an opportunity to discuss all concerns. Thereafter, the Clinical Director will provide the client with a written response within five (5) working days after the meeting.

4. All parties and CEO: If the grievance is still not resolved, the client may request a meeting with the CEO and all parties involved in Step C. The CEO will schedule and hold the meeting within ten (10) working days and provide an opportunity to discuss all concerns. Thereafter, the CEO will provide the client with a written response within two (2) days of the conclusion of the meeting. The CEO may include other appropriate management staff in the meeting in order to expedite resolution of the complaint.

5. All parties: If the grievance is still not resolved, the client may request a meeting with the Board of Directors and all parties involved in Step D. The meeting with the Board of Directors will be held at the next regularly scheduled Board Meeting and a final decision will be made. Thereafter, the Board of Directors will provide the client with a written response within five (5) days of the Board of Directors meeting. The decision of the Board of Directors is final.

Steps 1 – 5 : Depending upon the nature and/or severity of the complaint, the Clinical Director may recommend eliminating one or more steps in order to resolve the complaint more quickly.

6. Documentation: Each step of the grievance process must be documented by the staff member hearing the complaint.

7. Documentation Retention: The problem and its resolution will be documented in writing and included in the organization's Grievance Binder. The Program Director will maintain the Grievance Binder. Client grievances shall be discussed at clinical and management meetings and tracked through the performance improvement process. The staff member involved in the complaint/grievance process will be notified of the outcome of the grievance in writing.

8. Complaint/Grievance Forms - A copy of the grievance procedure is posted at all facilities and forms readily available in every building of the facility.

9. External Review Agency Contact Information: Posters with contact information will be kept in an open area at each program site and will include the name, address, phone number of the external review entities for the region which are listed below.

State of Florida, Department of Children & Families – Client Advocacy -904-723-2057

State of Florida, Department of Children & Families – Mental Health and Substance Abuse Office (SAMH) Contract Services -904-723-5347

Florida Human Rights Advocacy 1-800-342-0825

Abuse Hotline (1-800-96-ABUSE) or (1-800-962-2873)

Department of Children and Families website at: http://www.state.fl.us/cf_web/ and click on the icon titled "Report Abuse Online".

A TDD number is also available for anyone with hearing or speech impairment to report cases of alleged abuse at 1-800-453-5145.

The Florida Abuse Hotline:

1-800-962-2873

Florida Relay 711 or TTY: 1-800-955-8771

[Report abuse or neglect online](#)

PRIVACY NOTICE

Before Northwest Behavioral Health Services, Inc., can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you, in writing.

Your Rights Under the Health Insurance Portability Accountability Act (HIPAA) you have the right to request restrictions on certain uses and disclosures of your health information. Northwest Behavioral Health Services, Inc., is not required to agree to any restrictions 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 for 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. Northwest Behavioral Health Services, Inc. will accommodate such requests 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 Northwest Behavioral Health Services, Inc., except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or other limited circumstances as defined in 42 C.F.R. Revised: 04/15/05; Revised 7/8/05

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

Northwest Behavioral Health Services' Duties: Northwest Behavioral 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. Northwest Behavioral Health Services, Inc. is required by law to abide by the terms of this notice. Northwest Behavioral Health Services Inc. reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Upon request, Northwest Behavioral Health Services, Inc. will mail you our most recent notice.

Complaints and Reporting Violations: You may complain to Northwest Behavioral Health Services, Inc. and the Secretary of the United State Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. Your complaint may be mailed to

Northwest Behavioral Health Service's Privacy Officer (listed below). You will not be retaliated against for filing such a complaint.

For further information contact:

S. Cohen, MBA

Northwest Behavioral Health Services' Privacy Officer

Jacksonville Florida 32254

904-781-7797

INFORMED CONSENT TO AUDIO AND/OR VIDEO TAPE

As required by state and federal Privacy Regulations, Northwest Behavioral Health Services, Inc. may not use or disclose your protected behavioral health information without your consent except as provided in our "Notice of Privacy Practices". In the event, NWBHS request publication of my name, participation, picture, and/or likeness by NWBHS and/or its employees and/or agents, as well as the entity seeking consent, and photographs, video and/or audio for any and all purposes including, but not limited to, educational, promotional, advertising, and trade, through any medium or format, including, but not limited to, film, photograph, television, radio, digital, internet, or exhibition, at any time you can revoke consent in writing.

HEALTH AND SAFETY

If you have a special need or disability, please let us know so that we can provide accommodation and ensure that you are comfortable and are receiving quality care. Northwest Behavioral Health Services, Inc. facilities are smoke-free environments. Smoking and tobacco products are permitted at designated outside locations at each facility. To protect the safety and health of our clients, staff, and visitors we prohibit the possession of any weapons or illegal substances on all properties of Northwest Behavioral Health Services, Inc.

UNIVERSAL PRECAUTIONS

The Centers for Disease Control (CDC) have given guidance for protecting employees against injury and illness by recommending that universal precautions be followed.

- *Universal precautions are an approach to infection control that protects employees from being exposed to all sources of human blood and other potentially infectious materials.*
- *A universal precaution means that human blood and other potentially infectious materials are handled as if known to be infected with HIV, hepatitis, and other blood borne pathogens.*
- *Universal precautions involve the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear.*
- *Northwest Behavioral Health Services, Inc. follows the universal precautions guidelines.*

Should you have questions regarding any of the health and safety items within this handbook, please do not hesitate to contact your healthcare provider.

Health and Sexually Transmitted Diseases Information

HIV

During your intake process, you will be given an informative brochure on HIV facts. You will also be asked to answer an HIV Risk Assessment questionnaire. This assessment is confidential and voluntary.

Acquired Immune Deficiency Syndrome (AIDS):

- 1) Caused by the Human Immunodeficiency Virus (HIV).*
- 2) A set of diseases and symptoms that usually develop after years after infection.*
- 3) The virus is transmitted through contact with blood, blood products, semen, or vaginal fluids, and from mother to child during pregnancy, delivery, or breastfeeding. The most common method of transmission is through sexual contact.*
- 4) Sharing needles, syringes, fluids, cookers, cotton, spoons, or eyedroppers may result in injecting HIV-infected blood into one's system.*
- 5) Early symptoms present in a wide variety of ways that include flu-like fever, sore throat, headache, muscle aches and pains, enlarged lymph nodes in neck, armpits, & groin, skin rash, abdominal cramps, nausea, or vomiting, diarrhea. As the disease progresses the symptoms can become more severe.*
- 6) Treatment involves the use of anti-retroviral medications that attack the virus at different stages in its life cycle.*

Hepatitis:

Liver inflammation is caused by a viral infection. There are 5 different viral infections that result in Hepatitis: A, B, C, D and E.

Hepatitis A (HAV):

- 1) This is the most common form of hepatitis.*
- 2) It is caused by eating or drinking food or water that is contaminated with feces containing the virus.*
- 3) Symptoms include fatigue, nausea, vomiting, abdominal discomfort, dark urine, yellowing of skin & eyes (jaundice). Liver enzymes may be elevated. Symptoms can last from 3 weeks to 6 months.*
- 4) Treatment: Immune globulin vaccine for short-term protection & for people already exposed bed rest and avoidance of intimate contact and Hepatitis A vaccine for long-term protection.*

Hepatitis B (HBV):

- 1) Caused by exposure to infected blood, unprotected sex, sharing contaminated needles, & through childbirth or breastfeeding by infected mothers.*
- 2) Symptoms include loss of appetite, nausea, vomiting, fever, fatigue, abdominal pain, dark urine, or jaundice. Some people have no symptoms, and infection goes away without treatment.*
- 3) If infection remains in blood cells & liver for 6 months or more chronic HBV is diagnosed. Chronic HBV can result in cirrhosis and liver cancer. People with Chronic HBV usually do not have symptoms unless liver disease is present.*
- 4) Treatment is injections of Interferon alpha.*

Hepatitis C (HCV):

- 1) Most common blood-borne infection in the United States.*
- 2) Most serious of the 5 types of hepatitis.*
- 3) Caused by exposure to infected blood through unsafe, high-risk sexual behavior, injecting or snorting drugs using contaminated equipment, getting a tattoo or body piercing with contaminated equipment, using infected person's toothbrush, razor, or anything else that has contaminated blood on it.*
- 4) Less than 5 percent of spouses of people with HCV become infected & less than 5 percent of infants are infected during childbirth. No evidence of transmission through breastfeeding.*
- 5) Symptoms may occur immediately, lie dormant for years, or never develop. More than half of infected people have no symptoms. Symptoms include loss of appetite, fatigue, nausea, fever, dark-yellow urine, jaundice. Liver enzymes may be elevated.*
- 6) Treatment is 3 times weekly injections of Rebetron (combination of antiviral drug ribavirin with interferon). No vaccine available.*

Hepatitis D (HDV):

- 1) Caused by contact with contaminated blood. Hepatitis B must be present for Hepatitis D to survive, so it is contracted at the same time as Hepatitis B or the person already has Hepatitis B.*
- 2) Symptoms are the same as hepatitis B (loss of appetite, nausea, vomiting, fever, fatigue, abdominal pain, dark urine, or yellowing of skin & eyes), except more severe*
- 3) Treatment is Interferon alpha for Hepatitis B.*

Hepatitis E (HEV):

- 1) Caused by consuming contaminated uncooked shellfish, fruits, and vegetables, and contact with water contaminated with feces.*
- 2) Symptoms are nausea, vomiting, fever, fatigue, abdominal pain, dark urine, and jaundice.*
- 3) Treatment is bed rest. No drug treatment or vaccine available.*

Tuberculosis (TB):

1) TB is a bacterial infection that can spread to any organ in the body but is usually found in the lungs. It is transmitted through the air and can be very contagious. However, it is nearly impossible to catch TB through casual contact with an infected person.

2) People who are malnourished, live in crowded conditions, or have weakened immune systems, such as those with AIDS, or blood cancers, such as leukemia, are at greatest risk for TB.

3) 90% of people infected with TB have latent infections and never develop symptoms and cannot transmit the infection to others.

4) A Positive tuberculin skin test is the only way to diagnose TB.

5) Symptoms begin gradually and develop over a period of weeks or months. Some people have one or two symptoms; others have several symptoms. Symptoms include coughing up thick, cloudy, sometimes bloody mucus for more than two weeks, fever & chills, fatigue, weight loss, night sweats, shortness of breath, loss of appetite, chest pain that is worse when inhaling, rapid pulse, and muscle weakness.

6) Treatment is antibiotics used to kill the TB bacteria. People who have inactive TB infections are treated to prevent the infection from becoming active, which can spread.

If you have been around someone who has TB disease, you should go to your doctor or your local health department for tests.

Comprehensive Care Center at Central Health Plaza

*515 West 6th Street
Jacksonville, FL 32206
904-253-1040*

CHD16_DCHD_Contact@flhealth.gov

National Centers for Disease Control & Prevention

(CDC) 404-332-4555

In accordance with state statutes, Northwest Behavioral Health Services, Inc. is responsible for informing the County Health Department of any communicable diseases that are reported.

Stop TB

What are the Common Sexually Transmitted Diseases (STD'S)? Facts about STD (<http://www.std-gov.org/>)

- 65 million of people living in the US with a STD
- 15 million new STD cases are reported each year
- 2/3 of all STD's occurs in people 25 yrs of age or younger
- One in four new STD cases occur in teenagers
- Cervical cancer in women is linked to HPV
- Doctors are required to report newly diagnosed STD cases of Gonorrhea, Syphilis, Chlamydia and Hepatitis B to state health departments and the CDC
- One in four Americans have genital Herpes, 80% of those with Herpes are unaware they have it
- At least one in four Americans will contract an STD at some point in their lives

SIGNS/SYMPTOMS TREATMENT

Chlamydia

- *Bacterial infection*
- *Incubation period: 7 – 21 days*

Men: white/cloudy, watery discharge from the tip of the penis, pain or a burning sensation when passing urine, testicular pain and/or swelling

Women: an unusual vaginal discharge, pain or a burning sensation when passing urine, bleeding between periods, pain during sex or bleeding after sex, low abdominal pain sometimes with nausea

Chlamydia is treated with antibiotics and is curable. Once Chlamydia has been successfully treated, it won't come back unless a new infection is picked up. Without treatment, a Chlamydia infection can spread to other parts of the body causing damage and serious long-term health problems

Gonorrhea (Slang term: “The Clap”)

- *Bacterial infection*
- *Incubation period: 1 – 14 days*

Men: white, yellow or green thick discharge from the tip of the penis, inflammation of the testicles & prostate gland, irritation or discharge from the anus, urethral itch & pain or burning sensation when passing urine

Women: strong smelling vaginal discharge that may be thin & watery or thick & yellow/green, irritation or discharge from the anus, abnormal vaginal bleeding, low abdominal or pelvic tenderness, pain or a burning sensation when passing urine

Gonorrhea is treated with antibiotics and is curable. Once Gonorrhea has been successfully treated, it won't come back unless a new infection is picked up. Without treatment, a Gonorrhea infection can spread to other parts of the body causing damage and serious long-term health problems

Syphilis

- *Bacterial infection*
- *Incubation period: 1 week - 3 months*

Men and Women: During the first stage of a syphilis infection, painless sores or open ulcers may appear on the anus, genitals, or inside the mouth, and occasionally on other parts of the body.

During the second stage (roughly three weeks to three months after the first symptoms appear), an infected person may experience flu-like symptoms and possibly hair loss or a rash on the soles and palms -- and in some cases all over the body. There are also latent phases of syphilis infection during which symptoms are absent. Syphilis is treated with antibiotics and is curable. Without treatment, a Syphilis infection can spread to other parts of the body causing damage and serious long-term health problems

Herpes (Herpes Simplex)

- Viral infection
- Incubation period: anywhere from 5 - 20 days

Men and Women: Herpes simplex virus1 usually shows up as cold sores or blisters. For those who have herpes simplex virus-2, some have no symptoms. Early symptoms can include a burning sensation in the genitals, low back pain, pain when urinating, and flulike symptoms. A short while later, small red bumps may appear around the genitals or on the mouth; later these bumps become painful blisters which then crust over, form a scab, and heal. There is no cure, only methods to ease the pain of outbreaks and speed recovery when blisters appear. Herpes is not life-threatening.

HPV / Genital Warts (Human Papilloma Virus)

- Group of more than 70 viruses
- Incubation Period: anywhere from one month to several years

Men and Women: Many types of HPV have no symptoms, though some cause visible genital warts that may be found in the vagina or urethra or on the cervix, vulva, penis, or anus. Rarely, they are found in the mouth or throat. Warts are often flesh-colored, soft to the touch, and may look like miniature cauliflower florets. They usually grow in more than one area and are often painless, although they may itch. There is no cure for HPV. Treatment aims at controlling outbreaks of warts. Strains of HPV are linked to cervical cancer. Failing to seek treatment can be fatal.

**YOU CAN'T ALWAYS
TELL IF YOU HAVE AN STD
GET TESTED!**

GUIDE TO MEDICATION

Many medications are harmful for unborn and nursing children. If you are of childbearing age, pregnant, considering getting pregnant, or breastfeeding inform your medical professional. Do not stop or change your medication dose without discussing it with your medical professional.

Some medications are dangerous to stop taking suddenly, some are dangerous to increase the dosage and some will not work below a certain dosage.

If you are having problems with your medication, call the Clinic and ask to speak with your case manager or after hours call the on call number. If it is an emergency, call 911 and/or go directly to the emergency room.

Some medications do not work well together and may be dangerous. Be sure to let the medical professional know what other medications you are taking. Let your other doctors know what medication your medical professional has prescribed you. Get in the habit of bringing your medications with you to your meeting with all your doctors. Ask your pharmacist if the medications you are taking interact. It is also a good idea to use the same pharmacy for all medications.

No medications mix well with alcohol and drugs. Do not drink or use drugs while you are taking the medication. All medications take some time for your body to get use to. Expect to have some side effects for a few days after you start taking the new medication. Side effects should not be severe. If they are, call your case manager or stop the medication until you reach someone at Northwest Behavioral Health Services, Inc.

Take some time after you start a new medication before you drive a car, operate machinery, or do difficult tasks until you find out what the effect of the medication is on you. Take up these activities slowly and cautiously

Some medications require blood tests to insure the medication is not hurting you or is working. Do not neglect getting the blood test when ordered by medical professionals. The medical professionals will give you a written or printed order for the test. Follow the directions of the laboratory or medical professionals when you get the test. We have a list of the laboratories. Let the medical professional know if you cannot afford the test.

If you are having financial difficulties and cannot afford your medication or laboratory test, discuss this with your medical professional or case manager. We may be able to help you find assistance.

If the medication does not help you or causes side effects, discuss it with your medical professionals at your next visit or call your case manager. Not all medications help people. Everybody is different. There are usually other medications that will help. Some medication, to avoid side effects, requires you to slowly increase the dose to the prescribed amount. Ask your medical professional whether you should start with a low dose.

EMERGENCIES

For medical emergencies please call 911

You are not expected to provide assistance if there is a medical emergency. Your responsibility is to notify the staff immediately of the nature of the emergency and the staff will take any and all appropriate action including:

For medical emergencies experienced by clients, take the additional steps:

- When the Fire Rescue/EMT arrives, staff will provide them with client demographic information and client medical history including a list of client current medications and client actual prescriptions.
- For fires and other disasters, including fire drills, it is expected that you follow all instructions and directions given by staff and leave the building by the emergency exits or as instructed by staff

For threatening or violent emergency situations: In the event of threatening or violent emergency situations, it is Northwest Behavioral Health Services, Inc.'s policy to contact law enforcement and to take steps to ensure the safety of staff and clients.

Please note:

If you bring a concealed weapon on site, you have broken the law. Law Enforcement will be notified.

EMERGENCY DRILLS

Clients are oriented towards and aware of emergency procedures to include emergency exit doors, first aid locations and shelter in place stations.

Clients are required to respond promptly to all emergency drills including:

- Fire
- Bomb
- Violence
- Medical Emergency
- Natural Disaster
- Utility : Power/Water Outage or Failure

Clients are to leave the Clinic by the proper exit as directed by staff members.

- All fire exits are posted.
- Clients are encouraged to report any unsafe conditions to staff.
- Escape route floor plans are posted in all hallways throughout the facilities.

PROCEDURES FOR AGGRESSION CONTROL

Northwest Behavioral Health Services has a warm, caring, supportive environment where it is unlikely that persons served may become excessively aggressive and a threat to themselves and others. In those situations, all staff are trained to de-escalate the situation in the most humane, caring and non-aggressive manner. All efforts will always be made to adhere to the policy of violence prevention and safety.

Acts of aggressive behavior are defined as follows:

- Verbal – Threatening behaviors, such as threatening to perform an act of aggression or verbally abusing a person served, employee or guest of the agency.
- Verbal with Gestures – A verbal threat accompanied by physical movements, e.g., shaking fists, large arm movements, stamping feet, wielding object, etc.
- Contact – Striking another individual or self, throwing objects, damaging property, etc.

If any of the above events occur, or appears likely to occur, staff will follow the procedures to ensure all clients, visitors and staff are safe.

ADVANCE DIRECTIVES

Advance directives are specific instructions given by a person served to a care provider regarding the level and extent of care he or she wishes to receive. The intent is to aid competent adults and their families to plan and communicate in advance their decisions about medical treatment and the use of artificial life support. Included in advance directives is the right to accept or refuse medical or surgical treatment and psychiatric advance directives were allowed by law.

While no one is required to prepare an advanced directive, all healthcare providers are mandated by Florida law to make clients and families aware of them. In the State of Florida, there are two major components of an advance directive – a Living Will and a Designation of Healthcare Surrogate.

If you believe you may be hospitalized for mental health care in the future and that your doctor may think you aren't able to make good decisions about your treatment, completion of a mental health advance directive will help make your treatment preferences known. Northwest Behavioral Health Services, Inc. policies and procedures include asking the client if they have advanced directives, if so, placing the document in the client chart/record, and when appropriate, making sure appropriate medical personnel have a copy of the advanced directive in case of emergency. Additional information on advanced directives may be obtained by going to the following

website: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation_HC_Advance_Directives/doc/adv_dir.pdf

SMOKING

Due to fire hazards and state law, there will be NO SMOKING inside any of the agency's facilities. Smoking is permitted outside in designated areas.

ABUSE REPORTING

State law requires that staff report suspected incidents of abuse to children or the elderly to the authorities. If you feel you have been abused, or your rights have been violated, you may contact the state abuse registry at 1-800-96ABUSE. You may also contact DCF Alcohol Drug Abuse and Mental Health Program Office (813) 558-5700 or Florida Human Rights Advocacy Center 1-800-342-0825.

AMERICANS WITH DISABILITIES ACT (ADA)

If you have a special need or disability, please let us know so that we can provide a reasonable accommodation and ensure that you are comfortable while receiving quality client care. No otherwise qualified, disabled individual shall be solely, by reason of a disability, excluded from participation in or be denied benefits or subject to discrimination while a client at Northwest Behavioral Health Services, Inc.

PAYING FOR SERVICES

Northwest Behavioral Health Services, Inc. is committed to assisting individuals to have the best quality of life possible. Being financially responsible is a vital part of every individual's treatment process.

PRIVATE PAY

A Sliding Fee Scale Program is available for those clients without insurance. You must bring a copy of your most recent Federal income tax return to your first visit in order to apply for this program. Your level of financial participation is determined by gross family income and household size. Payment for reduced charges established under the sliding fee scale is required at the time of service unless other arrangements have been made in advance.

MEDICAID/MEDICARE

You must bring your Medicaid/Medicare identification card with you to your first visit. Once eligibility is verified, claims will be submitted on your behalf. All clients are expected to keep Northwest Behavioral Health Services, Inc. informed of any changes in their Medicaid eligibility.

We accept cash and money orders.

VOTER REGISTRATION ACT

The National Voter Registration Act of 1993 mandated that states provide broader access to voter registration through agencies such as those which issue driver's licenses, libraries, etc. The National Voter Registration Act Coordinator oversees the activities at these agencies and provides support for their implementation, including:

1. Coordinating the National Voter Registration Act and the Florida Voter Registration Act
2. Generating monthly reports
3. Assuring that voter registration applications, preference forms and other publications are available and distributed to the required agencies set up as mandatory voter registration sites
4. Developing, updating, contracting and distributing the Florida voter registration application in English and Spanish
5. Providing training and assistance to voter registration agencies, Supervisors of Elections, and other parties.

The Division's NVRA Coordinator can be contacted via e-mail at VRA.Reporting@dos.myflorida.com.



CONSENT FOR TREATMENT

I intend to voluntarily enter treatment and recognize that my treatment may include such techniques such as case management, group therapy, individual therapy, social rehabilitation counseling, psychosocial rehabilitation services, medication management, and substance abuse services.

I hereby authorize NORTHWEST BEHAVIORAL HEALTH SERVICES, INC., to release any and all information pertaining to my treatment to all programs and departments within this agency. This exchange of information shall relate to any examination or assessment of my behavioral health furnished from my medical records. Information being furnished from my medical records shall be treated as CONFIDENTIAL by NORTHWEST BEHAVIORAL HEALTH SERVICES, INC. Release of information concerning my treatment or illness to any other agency shall be made only after I have given approval in writing. This authorization and consent shall remain in effect as long as I am a client but is subject to revocation by me at any time.

I agree to assign to NORTHWEST BEHAVIORAL HEALTH SERVICES, INC., all insurance benefits, not to exceed the total charge, pertaining to my treatment. If required, I will furnish a notice of claim to insurer. I agree for the agency to release any information in its records to my insurance companies and/or sponsoring agencies for the purpose of verifying diagnosis, treatment or other necessary data.

I have read and understand this consent for treatment and have voluntarily executed it



FREQUENTLY ASKED QUESTIONS

How do I make an outpatient appointment?

Call the Front Office at the corresponding location. Phone numbers located on cover of this handbook.

What do I need to bring to my first appointment?

- Any paperwork the Front Office may have been mailed to you, including financial verification.
- All insurance cards or referral forms from other agencies.
- Any previous medical records.
- For DUI clients, certificates of completion from DUI program.
- Important for children: Legal guardians must bring proof of court ordered custody.

How do I have input into my treatment?

On your first visit, you will be given written material to be completed about the issues that bring you to G/CC. When you first see the intake specialist, a personal history will be completed with your active input. The intake specialist will discuss the results with you and then assist with developing goals that support health, improve quality of life, and reduce symptoms. These goals will utilize your strengths, needs, abilities, and preferences. Your progress will be reviewed periodically, and your input is always welcomed and encouraged.

How do I ask for an interpreter or other auxiliary tools?

Ask the Front Office staff when you call to make an appointment.

How can I submit a client satisfaction survey?

Surveys are available in the lobby of all locations. Staff may also ask you to complete a survey at regular intervals. We ask that you take the time to complete the survey. Surveys are anonymous.

What happens if I miss one appointment?

After missing (No-Showing) one appointment, all other standing appointments will be cancelled, and you will need to reschedule your next appointment.

What do I do if I am going to miss an appointment?

To avoid a No-Show, calls must be made to the Front Office at least 24 hours prior to appointment time and reschedule your next appointment.

What is an administrative discharge?

You voluntarily drop out of treatment; you are abusive or threatening to staff or you become involved in illegal activity such as selling your medications or forging prescriptions.

What are discharge criteria?

You move out of area, are referred to another agency, voluntarily drop out of program, or your condition improves and you complete all treatment

How do I request a copy of my record?

You may ask at the Front Office. You will be given the request and release forms A fee may apply.

COMMUNITY RESOURCES

Housing/Shelter

Circle of Love Ministries	904-751-1034
Clara White Mission	904-354-4162
Community Connections	904-354-6681
Florida Christian Apartments	904-381-4800
Jacksonville Housing Authority	904-630-3877
IM Sulzbacher Center	904-359-0457

Social Security

1-800-772-1213	(TTY 1-800-325-0778)
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Food

Arlington Community Services	Kathy Womack or Joyce: 904-743-7402
Catholic Charities	904-354-3416
Clara White Mission	904-354-4162
Department of Children and Families	866-762-2237
Jewish Family and Community Services	904-448-1933
Food Pantry	

Legal Assistance

Florida Coastal School of Law	904-680-7782
Jacksonville Legal Aid	904-356-8371
Child Support Enforcement	1-800-622-KIDS (5437)

Parenting, Family Engagement and Relative Care Giver

Duval County Extension--Family & Consumer Sciences Program	(904) 387-8850
Florida Kinship Center	Warmline: 1-800-640-6444
Jax4Kids.com	(904) 710-2020

Rent and Utilities

Arlington Community Services	904-743-7402
Downtown Ecumenical Services	904-358-7955
Jewish Family & Community Service	904-448-1933

Transportation

Community Transportation System	904-265-6999
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Other Resources

Suicide Hotline	800-955-8771
Domestic Violence Hotline	800-500-1119
Poison Control	800-222-1222
Alcoholics Anonymous	800-252-6465
Hurricane Preparedness	800-427-8340
Persons with Disabilities	800-342-0823
Smoking Quit Line	800-4CANCER
Parent Helpline	800-FLA-LOVE 800-772-1213
We Care Jacksonville	(904) 630-3372



The following Northwest Behavioral Health Services, Inc. programs are CARF accredited:

- **Case Management/Services Coordination: Mental Health (Adults)**
- **Community Integration: Mental Health (Adults)**
- **Community Integration: Psychological Rehabilitation (Adults)**
- **Outpatient Treatment: Mental Health (Adults)**
- **Outpatient Treatment: Mental Health (Children and Adolescents)**

The accreditation outcome, which represents the highest level of accreditation, is awarded to organizations that show substantial fulfillment of the standards established by CARF. An organization receiving a Three-Year Accreditation Outcome has put itself through a rigorous peer review process and has demonstrated to a team of surveyors during an on-site visit that its program and services are accountable, measurable and of the highest quality.

ORIENTATION CHECKLIST AND TREATMENT CONSENT

Name: _____ ID#: _____

The following items are identified and discussed in the Client Handbook:

1. Agency Information	15. Emergencies & Your Responsibilities in Emergencies
2. Hours of Operation	16. Procedures for Aggression Control
3. Confidentiality and limits of confidentiality	17. Advance Directives
4. Description of Services and Program Information	18. Smoking
5. Rules of Conduct	19. Abuse Reporting
6. Ethical Standards	20. Americans with Disabilities Act/DHOH
7. Client Rights and Responsibilities	21. Paying for Services
8. The Grievance and Compliant Procedure	22. Voter Registration Act
9. HIPAA-Privacy Standards Client Notification-Health Insurance	23. Consent of Treatment
10. Informed Consent	24. Consumer/Provider Choice
11. Health and Safety	25. Frequently Asked Questions
12. Universal Precautions	26. Community Resources
13. Health & Sexually Transmitted Diseases Information	27. CARF Information
14. Guide to Medications	28. Treatment/Orientation Consent Form

RECEIPT OF AND UNDERSTANDING OF INFORMATION CONTAINED IN CLIENT HANDBOOK.

I have read and understand all the information referenced above or someone has read and explained all of it to me. I am aware and informed of the nature and purpose of the services, possible alternative options, and approximate length of care. I understand that, while there are clear benefits to receiving services, desired outcomes are not guaranteed. I have been provided with the opportunity to ask questions throughout this process. I agree to follow all the rules described and am aware of my rights and responsibilities in the program. I understand that I can revoke my agreement with all the conditions listed in this document.

Client Signature Date: _____

Signature of person signing form if not client (Parent or legal Guardian) Date: _____

I have reviewed the contents of this booklet with the individual seeking services and have offered opportunities for clarification and explanation of contents.

Counselor signature/credential: _____ Date _____
 (Separate, signed copy of this form gets filed in client's chart)