

Outpatient Substance Use Disorder Services Patient Handbook

Our Mission is to provide skilled, compassionate, cost-effective care that promotes wellness and meets community needs.

**ST LAWRENCE
HEALTH**

An Affiliate of
Rochester Regional Health

Revised 12/22

Table of Contents

Behavioral Health Services

Vision, Philosophy, Values

Outpatient Substance Use Staff

Services Offered

Individualized Recovery Planning

Rules and Regulations

Confidentiality

The Justice Center

Patient Rights and Responsibilities

Procedure for Filing a Complaint

Patient Satisfaction

Communicable Diseases

St. Lawrence Health Behavioral Health Services

Substance Use Inpatient Services

Detoxification Unit	Detoxification Unit	Rehabilitation Unit
Gouverneur Hospital	Massena Hospital	20 Cottage Street (2 nd Floor)
77 West Barney Street	1 Hospital Drive	Potsdam, NY 13676
Gouverneur, NY	Massena, NY	315.261.5954
315.261.5969	315.842.3076	

Mental Health Outpatient Services

Psychiatry	Psychiatry
20 Cottage Street (Bottom Floor)	12 Elm Street (Bottom Floor)
Potsdam, NY 13676	Potsdam, NY 13676
Monday - Friday, 8:00am - 6:00pm	Monday - Friday, 8:00am - 6:00pm
315.261.5405	315.261.5420
OMH Clinic	Psychiatry
77 West Barney Street (1 st Floor)	1 Hospital Drive (1 st floor)
Gouverneur, NY 13642	Massena, NY 13662
Monday - Thursday, 8:00am-6pm	Monday-Friday 8am-4pm
Friday 8:00am-4:00pm	315.261.5680
315.261.5415	

Substance Use Outpatient Services

12 Elm Street (Top Floor)	77 West Barney Street, (2 nd Floor)
Potsdam, NY 13676	Gouverneur, NY, 13642
Monday - Thursday, 8:00am - 7:00pm	Monday/Wednesday 8:30am-7:00pm
Friday, 8:00am - 4:00pm	Tuesday 8:30am-5:00pm
315.353.2572	Thursday, 8:30am - 5:00pm
	Friday, 8:00am - 4:00pm
	Saturday 10:00am - 2:00pm MAT only
	315.261.6333

Our Vision

St. Lawrence Health's vision is to be the preferred provider offering the most up-to-date, patient-centered, solution-focused substance use disorder services in St. Lawrence County.

Our Philosophy

Through St. Lawrence Health's Substance Use Disorder Services, we provide a continuum of care for individuals with substance use and co-occurring disorders. Our clinical treatment team and staff pride themselves in offering integrated, holistic, trauma-informed therapy that is both comprehensive and individualized. We treat addiction as a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. Like other chronic diseases, addiction often involves cycles of re-occurrence and remission. Without treatment or engagement in recovery activities, addiction is progressive. We treat the patient in all stages of addiction and recovery.

Our clinicians support you in individual counseling, family counseling, and psycho educational group therapy. Each clinician has a commitment to helping individuals explore how their lives became unmanageable through substance use, abuse, and dependence. Our patient's journey to wellness will be offered with dignity, compassion, and self-determination.

Our Motto: H.O.P.E

Honesty
Optimism
Passion
Empathy

Welcome to St. Lawrence Health's Behavioral Health Services

We realize asking for help is not an easy thing to do. We are here for you and thank you for including St. Lawrence Health in your road to recovery. You can be certain that any of the staff members who will be working with you are qualified and competent to provide you with experienced compassionate care. Staff members are required to comply with a professional code of ethics and conduct. Staff members have an obligation to their families, the community, referral sources, and funding sources to conduct service activities in a responsible and ethical manner. We are committed to providing quality, professional services within St. Lawrence County. We believe your treatment experience here will result in your finding solutions to the problems you are experiencing. We support and encourage your efforts as you begin the recovery process.

Be sure to read this handbook carefully. It is designed to help you understand your benefits and responsibilities as a patient of St. Lawrence Health. You should keep this handbook and use it to find information you may need.

If you have questions about any of the topics, please talk to any staff member. We will be happy to answer your questions. **We Believe In You.**

Outpatient Substance Use Services Staff

Name	Position Title	(315) Contact Number
St. Lawrence Health Administration		
Mariam Asar	Medical Director	261.5405
Jayme Smith, PsyD	Behavioral Health Director	261.5622
Heather Rich, LCSW, CASAC	Program Director	261.5415
Emily Marquart, LMHC, CASAC	Program Director	353.2572
Kendra Delorme RN	Nurse Manager	261.5954
Phil Lavoie	Clinical Manager	261.5954
Elizabeth Stiles	Operations Manager	955.3293
Leslie Wilson	LGBTQ+ Liaison	261.2312
Canton-Potsdam Staff		
Deirdre Gray, LCSW	Counselor	353.2572
Rachael LeClair, LPN	Nurse	353.2572
Aimee Raymonda, NP	Health Coordinator	353.2572
Amber Stickney	Counselor	353.2572
Mauricio Toussaint CASAC, LMHC	Counselor	353.2572
Theresa Sherwood	Intake Coordinator	353.2572
Kristina Whitmarsh	Patient Representative	353.2572
Gouverneur Hospital Staff		
Kellie Cook	Patient Representative	261.6333
Racheal LeClair, LPN	Nurse	261.6333
Samantha Menard, CASAC-T	Counselor	261.6333
Jennifer Spellicy, LMSW	Counselor	261.6333
John Welborn, NP	Health Coordinator	261.6333
RaeChelle Davis	Certified Peer Recovery Advocate	261-6333

What You Can Expect

As a patient in this program, you are voluntarily entering substance use treatment. The intake process starts with many questions to understand you, your use of substances, and how best to help you. The intake process may take more than one appointment. At the end of no more than 3 appointments, your diagnosis, recommendations, and where you may get treatment will be reviewed. Your therapist will collaboratively develop a plan to support you in making changes you would like to see in your life. The therapist can also work with you to obtain referral(s) to other service(s)/programs(s)/resource(s) if needed.

Services Offered

Animal Assisted Therapy: Employee-owned canines will be available on a voluntary and therapeutic basis for those who wish to participate in the program. Possible benefits: sessions can be enhanced through visual, physical, tactile, emotional, and social stimulation. Restrictions: allergies, fear of animals, aggressive behavior, open sores or exposed areas of skin, infection or immunoglobulin deficiencies.

Brief Intervention: One to three sessions between a patient and clinical staff member when at-risk behavior is identified; however, the patient does not meet criteria for admission. This consists of education and motivational interviewing.

Continuing Care: A voluntary program for patients who have met their treatment goals and are being discharged from active outpatient treatment. The goal of the program is to maintain treatment gains and empower patients in early recovery or through transitions. Patients in this program will have access to counseling and group services as needed and requested. Participation in continuing care is confidential. As needed, patients can be re-evaluated and recommended to the appropriate level of care.

Family Counseling: The utilization of special sessions under the guidance of a counselor with individuals and their chosen family members and/or significant others/support delegate(s) to address family and relationship issues related to substance use for the purpose of promoting recovery from addiction.

Gambling Treatment: Assessment for problem gambling is part of our intake process as well as evaluation throughout treatment. Patients can be referred to Central New York Program Gambling Resource Center and be connected with certified gambling specialists free of charge.

Group Counseling: Provides an opportunity to receive genuine support, honest feedback, and useful alternatives from peers. This clinic offers a variety of one hour themed groups that supplement 1:1 counseling. Regular topics include: Emotional Management, Roots of Addiction, Wellness in Recovery, Staying in Recovery, and Dialectical Behavioral Therapy.

Other groups may emerge to meet client needs. Group counseling utilizes evidence-based materials to provide psychoeducation, skill building, and support.

Impaired Driver Screening, Assessment, and Treatment: St. Lawrence Health is authorized by OASAS to provide screening, assessment, and treatment for the impaired driver offender. Driver ID and violation documents are needed for the assessment.

Individual Counseling: One-on-one counseling provides a safe, therapeutic environment to process addiction and build a life in recovery. These sessions aim to assist an individual in achieving treatment objectives relating to substance problems, ramifications, attitudes, feelings, and alternative solutions. Each patient is assigned a primary counselor who provides the service. Frequency and length of sessions are co-determined by patient and clinician.

Intensive Outpatient: Individuals admitted to IOP have been deemed in need of intensive treatment beyond that of traditional non-intensive outpatient treatment based on clinical risk, unsuccessful prior treatment settings, history, and/or moderate to severe dependence condition. One may be discharged from IOP to non-intensive outpatient services, a higher level of care (inpatient, residential, etc.), or an alternative referral source (mental health).

LGBTQ Affirming Care: St. Lawrence Health provides safe and affirming care for all patients regardless of sexual orientation, gender identity, and/or expression. We are dedicated to providing gender affirming care, which is inclusive to LGBTQ+ and Transgender/Gender non-conforming (TGNG) and respectful of your preferences of name, orientation, expression and identification, as you feel comfortable in an environment, which prohibits harassment, and to have all grievances reviewed. All patients have a choice in what sexual orientation and gender identity information will or will not be shared with whom and how. Within our electronic medical record and professional communication, we are committed to respecting your identified name, orientation and/or expression with our clinic and or the hospital system as a whole. Minors have the right to confidentiality in this area and does not need to be disclosed to family. We may need to disclose with your consent sexual orientation and gender identity information for referrals to best meet your needs. There may be some situations that require us to use your legal name such as insurance claims or legal documents.

All patients and/or their families have access to our Liaison as a resource. Leslie Wilson may be reached at 315.261.2312

Maternal Wraparound Program (M-WRAP): Provides comprehensive care coordination and recovery support services to pregnant and postpartum parents (up to six months after the birth event) with a substance use disorder to alleviate barriers to healthcare services. The goal of M-WRAP is to promote maternal health, improve birth outcomes, and reduce the risks and adverse consequences of prenatal substance exposure. The program connects parents with support services, including but not limited to MAT, counseling, peer recovery

support, services to support family members, shelter, food, personal safety, clothing, prenatal and primary care, transportation, child care, employment, continuing education, parenting classes, and breastfeeding education.

Medication Assisted Treatment (MAT): Medical and clinical staff evaluate for, and prescribes medications (when appropriate) to assist with cravings, withdrawal symptoms, and recovery from addiction. This program offers Buprenorphine, oral Naltrexone, Campral, Vivitrol, Gabapentin, Serotonin Reuptake Inhibitors and a variety of medications tailored to your unique symptoms. Assessment for MAT will begin at evaluation and continue throughout the course of treatment. Assessment information will be gathered by the care team, including the clinical staff, medical staff, patient's family, and any other provider agencies involved (primary care, mental health, legal, previous providers). Benefits of this approach include but are not limited to, a decrease in incidence of overdose, illicit drug use, criminal activity and risk of contracting or spreading communicable diseases, an increase in engagement and retention in treatment, ability to obtain and maintain employment and stable housing. Risks are not limited to, but may include, precipitated withdrawal, medication interactions and side effects, and the need for medical supervision of controlled substances. Initial assessment may take 30 to 60 minutes with follow ups 15-30 minutes with the frequency determined by you and your care team.

Peer Advocate Services: Consists of services for connecting individuals in treatment to community-based recovery supports during the treatment/recovery plan. The service can be provided to individuals before or after admission, and for those receiving continuing care services. Peer services are specifically designed to support the individual in recovery from the unique perspective of someone who shares similar experiences

Services for Significant Others and Family Members: Children, parents, family members, and significant others can be assessed and treated by addiction professionals in our outpatient program. We can assist with problems related to living with or being closely associated with a person who is suffering from addiction, even if that person is not engaged in treatment. Trained professionals can provide individual and group support and guidance on understanding, coping with, and healing from, the impact of having a close person in your life with substance use issues.

Substance Use Disorder Evaluations: A pre-admission service to determine the nature and extent of substance use, misuse and/or addiction to alcohol and/or other substances. Information collected, as well as a toxicology screening, are reviewed by the multi-disciplinary team to determine recommendations. Evaluations are scheduled for 90 minutes. Treatment recommendations are reviewed at a follow-up appointment.

Telehealth: Telehealth is the process of delivering services remotely by means of telecommunications technology, and includes the utilization of both video and audio during the service. While behavioral health may offer telehealth services, the decision to provide services via telehealth is made by the Treatment Team according to clinical factors. Our

patients engaging in telehealth services participate in a hybrid schedule of both in person and telehealth sessions. Changes in treatment status may lead to a change in frequency of in person visits versus telehealth services.

Emergency Services: Outpatient services are non-emergency services. If you are in need of services after hours please see below:

<u>SLH Mental Health/Addiction Emergency</u>	<u>Phone Number</u>
<u>National Suicide Prevention Lifeline (NSPL). Will be</u>	<u>988</u>
<u>REACHOUT</u>	<u>315-265-2422</u>
<u>Crisis Recovery Center- Malone</u>	<u>518-481-8160</u>
<u>Behavioral Health Urgent Care- Ogdensburg</u>	<u>315-713-9090</u>
<u>Emotional Support Line</u>	<u>315-261-5395</u>
<u>LGBTQ Youth Suicide Prevention hotline</u>	<u>1-866-488-738</u>
<u>Suicide Prevention Lifeline</u>	<u>1-800-273-TALK (8255)</u>
<u>Crisis Text Line (free 24/7 crisis counseling)</u>	<u>Text HOME to 741741</u>
<u>Massena Hospital Detox Services</u>	<u>315-842-3076</u>
<u>Gouverneur Hospital Detox Services</u>	<u>315-261-6333</u>
<u>OASAS HOPEline</u>	<u>(877) 8-HOPENY</u> <u>(877-846-7369) or</u> <u>Text HOPENY (467369)</u>
<u>Never Use Alone</u>	<u>(800) 484-3731</u>
<u>SAMHSA's National Helpline</u>	<u>(800) 862-HELP (4357)</u>
<u>Local Emergency Contact</u>	<u>911</u>

Individualized Recovery Planning

During your initial intake appointment, an individualized recovery plan will be developed with you as a way for you and the people in your life to play a part in setting your goals, deciding what help you need, and planning your treatment.

Individualized Recovery Planning is also known as person-centered planning. It is designed to help you identify the areas you see as needing improvement in your life. You and the people who are important to you should consider talking about the following:

Where do you want to spend your day?

Where do you want to live?

Why is treatment worth your time and energy?

Recovery plans respect and honor your unique preferences, priorities, strengths, values and cultural beliefs.

Individual Recovery Planning:

- Is about making choices
- Builds on your strengths
- Allows you to choose who will help you
- Makes sure you stay safe and healthy

Individual Recovery Planning Will Work If You:

- Tell us about your substance use honestly
- Tell us what you think might help you
- Help us plan the services that are best for you
- Do your best to keep appointments and follow your plan
- Tell us when changes happen to your insurance, income, or other areas in your life.

You and your counselor will develop an initial recovery plan upon admission. Each session will address your evolving and ongoing needs as it relates to your recovery plan. Adjustments to goals, services, methods, and interventions will be a collaborative process.

Program Expectations

The rules and guidelines are to establish and maintain a safe environment to promote the process of recovery.

Recovery Oriented Care

According to SAMSHA, recovery is “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

St. Lawrence Health believes in the following principles of recovery-oriented care:

- Recovery is possible, even from the most tragic of circumstances.
- Recovery is the expectation. We are to have an expectation that people will find recovery, and by working in this fashion, they will also come to have that expectation of themselves.
- Recovery can occur without professional intervention. Many people never walk through our doors and find recovery through other means.
- Recovery involves more than symptom reduction and can occur even though symptoms reoccur. Recovery is not linear. Setbacks will occur, but when we believe in people and provide them with the hope and expectation of recovery, they are able to be resilient and bounce-back from adversity quicker.
- Recovery is a highly individualized process. By practicing recovery-oriented care, we support a person’s uniqueness and their individual recovery path.
- Recovery occurs in the presence of someone who believes in and stands by the person. In understanding this, it becomes even more critical that we help people to build a natural support system. Where there are frayed relationships, we can help them to be mended, thus increasing their recovery success without the ties to services. However, until this is possible, we can be that person who believes in and stands by them.

- Recovery from the consequences of the illness is sometimes more difficult than recovering from the illness itself. Consequences can be damaging and life changing. They can include frayed relationships, substance use, prison or other judicial system involvement, debt, and having your children removed and your parenting rights terminated.

(Anthony, W.A. (2000). *Psychiatric Rehabilitation Journal*, 24(2), 159-168)

Toxicology Testing:

Testing is performed for monitoring treatment progress and patient safety. This could take the form of urine samples, mouth swabs, breathalyzers, or a combination. Toxicology is a clinical not a punitive tool, and all results will be reviewed at the next scheduled appointment when the clinic receives the results (typically within 72 hours). Specimens are tested for presence of substances, and levels of substance and validity. Patients are responsible for the financial obligations of such drug testing/screening as incurred.

Medication Safety:

You are expected to take medication as prescribed, and not alter how it is taken without first consulting your provider. If you need a prescription refill, please contact the office at least 72 hours before your prescription runs out. **Controlled Substance Medication:** If you are prescribed a controlled substance medication by a Behavioral Health provider, our nurse will review the Controlled Substance information and Informed Consent form with you. You will be asked to sign the informed consent form, indicating your agreement. Please note: if prescriptions or medications are lost or stolen, they will not be replaced. Further, evidence of medication hoarding, increasing the amount of medications without communication with your provider, getting medication from multiple providers, selling or sharing your medication, or other unacceptable behavior as discussed with your provider, may result in a change in treatment planning and/or tapering and discontinuation of the controlled substance. We can help you with safe medication storage, including child proof lockboxes. We are required to check the ISTOP prescription monitoring program prior to prescribing any controlled substances to avoid duplication and/or dangerous interactions.

Appointments: Are made through the front office and/or individual counselor. If an appointment cannot be kept, the patient should call the office and reschedule as soon as possible.

- Prior to admission to outpatient services, the patient will be asked for their schedule and any anticipated conflicts. Consideration of the patient's schedule and lifestyle will be made when pairing them with a primary counselor, and will also be considered when making group recommendations
- When the patient has been assigned a primary counselor, they will collaborate on a regular day/time to meet for individual sessions. This may be adjusted as needed.
- If the primary counselor is unable to meet with a patient for any reason, the patient will be offered an opportunity to meet with another counselor.

Attendance: Patient-centered treatment is important to us; patients who are not present are unable to participate fully in their treatment. Patients who are tardy may not be able to receive the full clinical benefit of their sessions. If you are experiencing barriers to attending scheduled treatment, such as lack of transportation, childcare, inclement weather, conflicting appointments, or illness, let us know as soon as possible to discuss accommodations. Treatment is voluntary. Should you decide to terminate services, please let us know. Any lapse in attendance of 60 consecutive days will result in a discharge from the current episode of care; patients are encouraged to re-engage when able. You are welcome and encouraged to re-engage in a new episode of treatment at any time.

Missed Appointments:

As a treatment provider, we will make attempts to reach you if you have a missed appointment. These attempts could include telephone calls, written correspondence via letter or electronic methods, contact with collaterals/support delegates, and a possible referral to a Crisis Team.

Group Expectations: Group counseling can be a powerful and valuable experience that prompts healing and growth. Your group facilitator(s) hopes you reap all the benefits that group has to offer. To help this happen, group participants are expected abide by the following:

- Refrain from discrimination, harassment, or hate speech against others on the basis of: sexual orientation, gender identity/expression, race, ethnicity, national origin, religion, or age.
- Ensure confidentiality – what is said in the room stays in the room (in all physical rooms and video rooms.)
- Respect one another – only one person speaks at a time.
- Be genuine and focus on self- use “I” statements.
- Promote emotional safety – support rather than judge one another.
- Turn off all cell phones/electronic equipment and keep them out of view.
- Keep tobacco and nicotine products out of view.
- Be on time and maintain consistent attendance.
- Actively participate when appropriate – share your thoughts and listen to others

Hate speech is defined as “communications that intend to insult, offend, or intimidate a person or group based on a trait or attribute such as race, sexual orientation, gender identity, disability, religion, or country of origin.”

Staff Limits of Confidentiality:

- If you are a threat to yourself or others
- Abuse or neglect involving a child or dependent adult
- Court ordered subpoena
- Consultation with professionals (no identifying information will be given)

Other Safety Factors:

- Patients who arrive under the influence of substances will be clinically assessed for appropriateness of scheduled services and any immediate needs
- Group facilitator(s) will monitor discussion and maintain a respectful environment to keep safety and trust a top priority
- Aggressive or threatening language may result in you being asked to leave

What to Expect: Group time consists of both teaching and processing. There will be times where the group may focus on a topic with all members verbally participating. Processing times may revolve around an issue one group member is working through, and there will be time for structured feedback and reactions from other members of the group. In both cases, the group dynamic offers a place where you can experience support, give support, understand more clearly how you relate to others, and examine your own beliefs about yourself and the world around you. These dynamics provide a very powerful environment for change. There can be discomfort in group therapy. You may remember unpleasant events or have aroused feelings of anger, fear, anxiety, depression, frustration, loneliness, helplessness, and other unpleasant feelings. These are understandable emotions and if such distressful feelings arise in group, you are encouraged to discuss your feelings with the group.

Tobacco-Free Environment: St. Lawrence Health has procedures in place to protect the health and safety of the staff and patients. All substance use disorder treatment and prevention providers are required through the State to promote tobacco-free facilities, grounds, and vehicles. Tobacco-free refers to ANY form of tobacco, including vaping, which is prohibited indoors or outdoors and on the grounds. Tobacco cessation medication and/or counseling is available, as well as referrals to NYS quit line.

Threats of Violence: If there is a threat or act of violence in the building, St. Lawrence Health's staff will notify law enforcement authorities immediately. In order to promote a safe environment, our program does not tolerate any acts of violence OR threats of violence. Any form of verbal abuse directed towards patients or staff will not be permitted.

Sexual Conduct: Conduct that is seductive or otherwise sexual in nature, including any type of sexual harassment, is not permitted. (No fraternization or relationships with others in treatment at this facility.) Patients who have a significant other or family member also in treatment at this facility will not be able to participate in the same groups and will be assigned different primary counselors.

Cell Phones: In order to receive the full benefit of treatment, we expect you to be fully present for your appointments, including refraining from using a cell phone during your appointments.

Discharge Process: All successful and planned discharges will include a discharge or level of care transition plan that has been collaboratively developed with the patient and

clinician, reviewed by the supervisor, and/or multidisciplinary team. You will receive a copy of this plan, which includes the need for continued services, referrals and appointments, medications, and individualized recovery maintenance recommendations.

Involuntary discharges: Any recommendations to discharge a patient against their wishes will be reviewed by the multidisciplinary team; the director and patient will be notified in writing of the recommendation and the appeal process. Every effort will be made to remove barriers and adjust interventions to promote success prior to a discharge.

Appeals: Patients have the right to appeal a recommendation for discharge; they must schedule a meeting within five business days of the date that the discharge letter was received. The clinic will inform the patient in writing of the appeal decision to implement or rescind the recommendation of discharge within 72 hours of the appeal. If discharge is decided after the appeal, the patient will be given information about other pertinent services and referral options to continue with ongoing treatment and aftercare. If applicable, the medical provider will continue to provide medical coverage for urgent issues and prescriptions for 30 days from the date of discharge, along with a prescription for a naloxone kit and overdose education. If the recommendation to discharge is rescinded, the patient will receive notification in writing of the agreement to recommit in treatment and expectations to continue with safe person centered care.

Loss of Contact: Every attempt will be made to engage the patient. Missed appointments will be followed up via telephone contact. A pattern of missed appointments, unanswered phone calls, and/or loss of contact for a period of 30 days or more will be reviewed by the multidisciplinary team and may result in a written outreach attempt. Patients who have not had contact with the clinic in 60 days will be formally discharged and notified by written correspondence. Patients are welcome to re-engage in a new episode of care at any time.

Accommodations: Special needs will be addressed on a person-to person basis and handled as necessary. If you have a special need, please make this known to your counselor as soon as possible.

Fire/Safety

- **EXIT** signs are located above each door. The emergency evacuation routes are posted behind each door. Please take a moment to review the exit route when you are here.
- **FIRE** extinguishers are located throughout the building on the interior walls. If you see a fire, report it immediately to the closest staff member. An alarm will sound and you will leave the building and go to a designated location.

Injury: If you are in need of first aid, notify the nearest staff person. First aid kits are located on-site. Physicians' assistants are on-site and on-call to provide medical assessment for minor injuries or concerns. St. Lawrence Health's staff will call the paramedics for any urgent medical conditions.

Narcan/Naloxone: Narcan kits are located with the AED machine; please notify the nearest staff member for assistance. All staff are trained in the safe deployment of Narcan. Please ask staff if you are interested in being trained.

What is Naloxone?

Naloxone is a prescription medicine used to reverse an opioid overdose. Opioids include heroin and prescription pain medications such as morphine, hydrocodone, and oxycodone. Naloxone is safe and effective; medical professionals have used it for decades. Naloxone also goes by the brand names of “Narcan” and “Evzio.”

How Does Naloxone Help?

Naloxone is an antidote to opioid drugs. Opioids can slow or stop a person's breathing, which can lead to death. Naloxone helps the person wake up and continue breathing. An overdose death may happen hours after taking drugs. If a bystander acts when first noticing a person's breathing has slowed, or when the person will not wake up, it is time to call 911 and start rescue breathing (if needed) and administer naloxone.

How Does a Person Administer Naloxone?

A bystander can safely and legally spray naloxone into the nose or inject it into a muscle. The “Good Samaritan” component of the “Opioid Antidote and Overdose Prevention Act” provides legal protections, both civil and criminal, to the overdose victim and the person who seeks medical assistance, including the administration of naloxone, or the victim of an opioid overdose.

- Into the Nose (intranasal spray): Naloxone for nasal use is given with the application of an atomizer that is placed onto a syringe then placed into each nostril. Intranasal naloxone has not been approved by the FDA (it is an “off-label” delivery method), but can be legally prescribed by a physician or approved pharmacist. First responders often give naloxone intra-nasally.
- Into the Muscle (intramuscular injection): Naloxone can be injected into the upper arm muscle (the deltoid) or the outer thigh. In an emergency, it is safe to inject through clothing.

How Long Does Naloxone Take to Work?

Naloxone acts within two to five minutes. If the person doesn't wake up after five minutes, bystanders should dispense a second dose. Rescue breathing should be done while you wait for the naloxone to take effect. Naloxone typically wears off within 30-90 minutes following administration.

What are the Next Steps Following Administration of Naloxone?

Call 9-1-1 and stay with the individual. If you are in a position to help the overdose victim get into treatment for opioid addiction, learn about the available resources and encourage their treatment participation.

Weapons: Any implement or tool with a primary function to cause bodily harm to persons against whom it is used are prohibited. Examples include, but are not limited to:

- Firearms
- Chemical agents (CapStun, Oleoresin Capsicum, Mace)
- Edged weapons (swords, knives)
- Pocket knives and multi-tools
- Striking implements (batons, clubs)
- Missile throwing objects (slingshots, bow/arrows)
- Explosives
- Incendiary devices
- Any other object deemed to be inherently dangerous

Self-Help: Patients are encouraged to explore and engage in the self-help program of their choosing. Information and schedules for local meetings include AA, NA, Celebrate Recovery, Al-anon, and Smart Recovery. Online meetings will be provided to all patients.

Voluntary Participation: Treatment services are provided on a voluntary basis; all patients have the right to discharge themselves from treatment at any time. If treatment has been mandated, there may be consequences for leaving treatment prematurely, but patient participation remains a voluntary choice.

Staff Ethics and Boundaries: All staff are required to abide by the Canon of Ethical Principles to protect patients from exploitation and dual relationships. Staff will remain client-centered and professional in their relationship with patients, and must refrain from the following:

- Staff cannot date or have sex with patients (past or present).
- Staff cannot give personal advice (professional counseling is not advice).
- Staff cannot communicate with patients outside business hours, and may only communicate from their business phone or email. Texting, personal cell phone and/or personal social media tools such as Facebook, Twitter, Snap Chat, and personal email are strictly prohibited.
- Patient confidentiality must be protected at all times. Staff are expected to refrain from communication with patients in an unplanned public setting unless the patient initiates the conversation.
- Staff cannot reveal personal details of their lives, including substance use history, political views, spiritual beliefs, mental health history, or relationship history.
- Staff cannot give or receive money, gifts, lodging, or any other services during or post-treatment.
- Staff members are unable to sponsor patients in self-help. A sponsor and counselor have distinct roles that cannot overlap.

If you would like to thank a counselor for their help, a card, letter, or patient-created artwork is an appropriate and acceptable gift.

Coordination of Care: In order to provide you with the best care possible, we may reach out to your past and current healthcare providers. This will only be done with your written permission, and only pertinent information will be shared. If additional referral needs are identified, we may coordinate care with other agencies to fully meet your needs.

Confidentiality: All information about your presence, treatment, and progress at our facilities will be kept in confidence. The hospital staff works under very strict State and federal laws of confidentiality. Information of any kind will not be given to any person without your written permission. It is our expectation that YOU will also guard all fellow patients' anonymity, privacy, and confidentiality, and not discuss or disclose their presence here at our facility, nor other details, with another person.

Note: Your providers are mandated reporters. This means if you tell your provider about a child or an elderly person being abused, the provider is mandated to report this information. Also, if you tell your provider you are going to harm yourself or someone else, the provider must do whatever is necessary to ensure your safety and the safety of others.

Adolescent Patients (age 13 and older): When a parent requests access to a minor's mental health records, the patient may be notified of the request. If the minor objects to the disclosure (verbal or written), the provider may choose to deny the parent's request upon determining that disclosure would have a detrimental effect on the professional relationship, or on the care and treatment of the minor, or on the minor's relationship with their parent or guardians. Gender identity, gender expression and sexual orientation is considered protected health information and cannot be released to the parent or guardian without the minors consent. If the minor tells their provider they are going to harm self or someone else, the provider must do whatever is necessary to ensure their safety and the safety of others.

Confidentiality for Substance Use Disorder patients

The confidentiality of substance use disorder patient records maintained by this program is protected by Federal Law and Regulations. Generally, the program may not inform a person outside the program that the patient attends the program, or disclose any information identifying a patient as having a substance use disorder, unless:

- The patient consents in writing
- The disclosure is allowed by a court order
- The disclosure is made to medical personnel in a medical or psychiatric emergency
- A report is created for certain infectious diseases as required by State law
- It is for qualified personnel for research, audit, or program evaluation
- It is to report a crime committed on the program's premises or against program personnel
- It is to report suspected child abuse or neglect

Violation of the Federal Law and Regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with the Federal Regulations. You have the right to revoke any consent at any time.

Note: Revoking a consent to disclose information to a court, probation department, parole officer, etc. may violate an agreement you have with that organization and may result in legal consequences for you.

Your Rights

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

- You have the right to request we communicate with you by alternative means or at an alternative location (another address). The program will accommodate such requests that are reasonable and will not request an explanation from you.
- Under HIPAA you have the right to inspect and copy your own health and treatment information maintained by the program, except to the extent the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding, or in other limited circumstances.
- Under HIPAA you have the right, with some exceptions, to amend health care information maintained in the program's records, and to request and receive an accounting of disclosures of your health-related information made by the program during the six (6) years prior to your request.
- If your request to any of the above is denied, you have the right to request a review of the denial by the program Administrator.
- To make any of the above requests, you must fill out the appropriate form that will be provided by the program.
- You have the right to receive a paper copy of this notice.

The Use of Your Information at the Program

In order to provide you with the best care, the program will use your health and treatment information in the following ways:

- Communication among program staff (including students or other interns) for the purposes of treatment needs, treatment planning, progress reporting and review, staff supervision, incident reporting, medication administration, billing operations, medical record maintenance, discharge planning, and other treatment related processes
- Communication with business associates, such as clinical laboratories (blood work, urinalysis), food service (special dietary needs), agencies that provide on-site services (lectures, group therapy) long-term record storage
- Reporting data to the NYS OASAS Client Data System

The Program's Duties

The program 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. The program is required by law to abide by the terms of this notice. The program reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. The program will provide current patients with an updated notice, and will provide affected former patients with new notices when substantive changes are made in the notice.

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

The patient may also register a complaint with:

Office for Civil Rights U.S. Department of Health and Human Services, Jacob Javits, Federal Building 26 Federal Plaza, Suite 3313, New York, NY, 10278

Phone: 212.264.3313/Fax: 212.264.3039

TDD: 212.264.2355/OCR Hotline-Voice: 800.368.1019

You will not be retaliated against for filing such a complaint.

The Justice Center

The Justice Center was established for the Protection of People with Special Needs and is dedicated to supporting and protecting them. The center serves as a law enforcement agency which seeks to ensure that individuals who receive service from a facility or provider are protected from abuse, neglect, and mistreatment.

The Justice Center Hot Line is 855.373.2122, and is available 24/7 for anyone who has witnessed or has reasonable cause to suspect a person with special needs has been abused or neglected, or is in danger of so, to make a report. The Justice Center works to remove staff who should not be caring for people with special needs.

Justice Center reportable incidents include abuse, neglect, or other significant incidents including but not limited to:

- Events that are, or appear to be, a crime under NYS law;
- Violations of federal law: any breach of 42 CFR Part 2 confidentiality protections, regardless of actual harm;
- Body cavity search;
- Missing patients
- Suicide attempts;
- Death of an employee or volunteer during the course of duties related to the program.

St. Lawrence Health has an incident review committee that meets a minimum of quarterly and after any significant event to review all incidents both reportable to the justice center and non-reportable (any deviation from policy, harm to patient or staff or potential to cause harm). Your safety and wellbeing is important to us! This process is used to prevent harm, and implement recommendations and revisions to policy and procedure.

Patient Rights

Each patient has the following rights:

- (1) to receive services responsive to individual needs in accordance with an individualized treatment/recovery plan, which the patient helps develop and periodically update;
- (2) to receive services from provider staff who are competent, respectful of patient dignity and personal integrity, and in sufficient numbers to deliver needed services consistent with the requirements of the provider's operating certificate;
- (3) to receive services in a therapeutic environment that is safe, sanitary, and free from the presence of addictive substances;
- (4) to know the name, position, and function of any person providing treatment to the patient, and to communicate with the provider director, medical director, board of directors, other responsible staff or the Commissioner;
- (5) to receive information concerning treatment, such as diagnosis, condition or prognosis in understandable terms, and to receive services requiring a medical order only after such order is executed by a medical provider working within their scope of practice;
- (6) to receive information about provider services available on site or through referral, and how to access such services;
- (7) to receive a prompt and reasonable response to requests for provider services, or a stated future time to receive such services in accordance with an individual treatment/recovery plan;
- (8) to be informed of and to understand the standards that apply to their conduct, to receive timely warnings for conduct that could lead to discharge and to receive incremental interventions that are strengthbased, person centered and trauma-informed for conduct contrary to program rules;
- (9) to receive in writing the reasons for a recommendation of discharge and to be informed of the process to appeal such discharge recommendation;
- (10) to voice a grievance, file a complaint, or recommend a change in procedure or service to provider staff and/or the Office, free from intimidation, reprisal or threat;
- (11) to examine, obtain a receipt, and receive an explanation of provider bills, charges, and payments, regardless of payment source;
- (12) to receive a copy of the patient's records for a reasonable fee;

- (13) to be free from physical, verbal or psychological abuse;
- (14) to be treated by provider staff who are not under the influence of substances that would impair their ability to perform the duties stated in their job description;
- (15) to be free from any staff or patient coercion, undue influence, intimate relationships and personal financial transactions;
- (16) to be free from performing labor or personal services solely for provider or staff benefit, that are not consistent with treatment goals, and to receive compensation for any labor or employment services in accordance with applicable state and federal law; and
- (18) Participants referred to a faith-based provider have the right to be given a referral to a non-faith based provider.
- (19) Patients have the right to placement in gender-segregated settings based on their gender identity or expression.
- (20) Patients have the right to culturally appropriate and affirming care and to be free from harassment and/or discrimination
- (21) Prohibition against discrimination in admission. No individual that meets level of care criteria for admission shall be denied admission to any program based solely on the following factors, including but not limited to:
prior treatment history; referral source; pregnancy; history of contact with the criminal justice system; HIV status; physical or mental disability; lack of cooperation by significant others in the treatment process; toxicology test results; use of any substance, including but not limited to, benzodiazepines; or use of medications for substance use disorder prescribed and monitored by an appropriate practitioner; actual or perceived gender or gender identity; national origin; race or ethnicity; actual or perceived sexual orientation; marital status; military status; familial status; or religion; or age.
- (22) Patients have the following rights with regard to access to medication for addiction treatment: Medication for Addiction Treatment (MAT) for Substance Use Disorder.
- (i) Patients have the right to be offered or maintained on all forms of approved medication for substance use disorder treatment when admitted or seeking admission to any Office certified program, in accordance with guidance issued by the Office.
- (ii) Patients have the right to be educated about all forms of FDA approved medications for the treatment of substance use disorders, including the benefits, risks and alternatives.
- (23) Overdose Prevention Education. Patients have the right to receive overdose prevention education and naloxone education and training, and a naloxone kit or prescription.

Patient Responsibilities

Participation in treatment for an addiction disorder presumes a patient's continuing desire to acquire healthy habits and requires each patient to act responsibly and cooperatively with provider staff, in accordance with an individual treatment/recovery plan and reasonable provider procedures. Therefore, each patient is expected to:

- work toward the goal of recovery, as defined by the patient;
- treat staff and other patients with courtesy and respect;
- respect other patients' right to confidentiality;
- participate in developing and following a treatment/recovery plan;
- become involved in productive activities according to ability;
- pay for services on a timely basis according to financial means;
- participate in individual counseling and/or group and/or family counseling sessions as appropriate;
- inform medical staff if receiving other medical or psychiatric services;
- address all personal issues adversely affecting treatment; and
- act responsibly and observe all provider rules, regulations and policies

What to do if you have concerns with your treatment:

You are encouraged to discuss your complaint/grievance when the staff member you see regularly. Staff will welcome a discussion with you regarding your concerns. If you feel unable to bring your concern or problem directly to the staff member, or if you did, but still feel dissatisfied, please call the staff member's manager below:

- Director of Outpatient Services Heather Rich at 315.261.6333 (Gouverneur)
- Director of Outpatient Emily Marquart at 315.353.2572 (Potsdam)

You may also Notify:

- St. Lawrence Health Patient Experience 315-261-5314/315-261-5042
- Leslie Wilson LGBTQ+ Coordinator 315.261.2312
- OASAS Patient Advocacy line at 800.553.5790
- Governor Kathy Hochul or Commissioner Chinazo Cunningham MD of OASAS at 518.485.2312
- The Justice Center 855.373.2122
- Carmelita Cruz Executive Equity office of Justice, Equity, Diversity and Inclusion at 518.485.6671

Complaints and Grievances

Patients have the right to make a complaint or grievance. The patient may verbalize in person or via phone, write, fax or email a complaint or grievance to any staff member who is required to notify the Director or Designee within 1 hour as well as the Director of Corporate Compliance or designee. Follow up with the patient will occur as soon as possible but no later than two business days to resolve or give a status update. Every effort

will be made to resolve the issue as soon as possible and grievances will receive a written response.

Patient Satisfaction

St. Lawrence Health Substance Use Disorder wants to be sure it is offering the best behavioral health services possible.

Opportunities to Participate: One way to measure how well we are doing is by asking you. Only you can let us know what is, or is not, working. We invite you to take part in planning our services.

- Tell us what you think during your individual treatment sessions
- Learn about, or take part in local community substance use disorder resources
- Complete a Satisfaction Survey
- Attend Health and Career fairs
-

Patient Advisory Committee: Is a group of patients and/or family members who meet and share feedback on hospital experiences, policies/procedures, and initiatives. To join, please contact Cassandra Dodd or Lynn Scapicchio at 315.261.5957

Please contact GH Director of Outpatient SUD Services Heather Rich, LCSW, CASAC; or Director of CPH Outpatient SUD Services Emily Marquart, LMHC, CASAC if you:

- Have a suggestion to improve St. Lawrence Health's Substance Use Disorder Services
- Want to become more involved in our efforts to improve quality
- Would like to request additional information
- Are dissatisfied with services

Education on AIDS/HIV, TB, and Hepatitis

Facts About AIDS

Acquired Immune Deficiency Syndrome (AIDS) is a disease that kills people. Those four words mean the body's defense system, which protects us from disease, is not working correctly. Because the defense system is not working correctly, the body is open to a number of illnesses that are normally not a threat to a healthy person.

What causes AIDS? AIDS is caused by a type of germ called a virus. This virus is named the Human Immunodeficiency Virus, also known as HIV. Some people refer to HIV as "the AIDS virus." (We will use the term HIV to mean the virus, which cause AIDS.) Most people who have HIV in their bodies are not sick, and might not even know they have HIV. A person can be a "carrier" and pass on HIV to other people without either of them knowing it.

Once you have HIV in your body, you will always have the chance of getting AIDS, and HIV will always stay in your body.

HIV enters the body through the blood stream by contact with blood, semen, or vaginal fluids. When someone has HIV, it is found in those three things. Not everyone with HIV has AIDS. Some people become mildly ill and others show no signs, but can still spread the virus to others.

How do you get HIV? The good news is there are only a few ways to get HIV:

- By having sex with someone who has HIV. The virus is found in semen, blood, and vaginal fluid. It is passed through sex (anal, vaginal, and possibly oral.) Use of a Latex condom during sex helps to keep HIV from getting into your bloodstream.
- By sharing I.V. drug needles (works) with someone who has HIV. When needles are shared, blood is also shared.
- If you are a woman with HIV, you can pass it on to your unborn child.
- By receiving blood, or blood products, from someone with HIV. In early 1985, blood banks began screening for AIDS, so this is mainly a problem for people who received blood before then.

How can I learn more about AIDS? Talk to your provider about the fact sheet, or if you have more questions you would like answered. For local information on safer sex and testing site's for HIV resources, call Planned Parenthood at 315.386.8821.

Many public libraries have books and videos on AIDS. Local health departments, AIDS Task Forces, and American Red Cross chapters can provide information, pamphlets, and booklets on AIDS.

Tuberculosis Facts (from Center for Disease Control)

“TB” is short for tuberculosis, a disease of the lungs or throat. TB is spread through the air from one person to another. TB germs are passed through the air when someone who is sick with TB coughs, speaks, laughs, sings, or sneezes. Anyone near the infected person can breathe TB germs into their own lungs. TB germs can live in your body without making you sick. This is called latent TB infection, and means you have only inactive (sleeping) TB germs in your body. The inactive germs cannot be passed on to anyone else. However, if the germs wake up or become active in your body and multiply, you will get sick with TB. When TB germs are active (multiplying in your body), this is called TB disease. These germs usually attack the lungs. They can also attack other parts of the body, such as the kidneys, brain, or spine. TB disease will make you sick. People with TB disease may spread the germs to people they spend time with every day.

If the TB disease is in your lungs, you may:

- Cough a lot
- Cough up mucus or phlegm (“flem”)

- Cough up blood
- Have chest pain when you cough. You should ALWAYS cover your mouth when you cough.

If you have TB disease, you may also:

- Feel weak
- Lose your appetite
- Lose weight
- Have a fever
- Have night sweats

TB Disease Symptoms may last for several weeks, and without treatment they usually get worse. If you get TB disease in another part of the body, the symptoms will be different. Only a medical provider can tell you if you have TB disease.

How do I know if I have latent TB infection or TB disease? If you have been around someone who has TB disease, you should go to your medical provider or local health department for tests. There are two tests that can be used to help detect latent TB infection: a TB skin test or a TB blood test. The skin test is used most often, and a small needle is used to put some testing material, called tuberculin, under the skin. In two to three days you return to the health care worker who will check for a reaction to the test. When a TB blood test is performed, the test measures how a person's immune system reacts to the germs that cause TB.

Other tests are needed to show if you have TB disease. An x-ray of your chest can tell if there is damage to your lungs from TB. TB disease may be deep inside your lungs. Phlegm you cough up will be tested in a laboratory to see if the TB germs are in your lungs. If TB disease is in your lungs or throat, you can give TB germs to your family and friends, and they can get sick with TB disease. You may have to be separated from other people until you can no longer spread TB germs. Isolation may not be for very long if you take your medicine as prescribed by your healthcare provider.

Can TB be treated? If you have TB infection, you may need medicine to prevent getting TB disease later. This is called "preventive" treatment. TB disease can also be treated by taking medicine. If you have TB disease, it is very important that you finish the medicine, and take the drugs exactly as you are told. If you stop taking the drugs too soon, you can become sick again. If you do not take the drugs correctly, the germs that are still alive may become difficult to treat with those drugs. It takes at least six months, and possibly as long as one year, to kill all the TB germs. It is very important for you to take your medicine as your healthcare provider recommends.

The Connection between TB and HIV (Center for Disease Control)

HIV, or the AIDS virus, helps TB germs make you sick because it weakens your immune system. If you are infected with HIV and with TB germs, you have a very big chance of

getting TB disease. The TB germs are much more likely to become active and attack your lungs and other parts of the body.

If you think you may have HIV infection, talk to your doctor about getting an HIV test. If you have HIV infection and TB infection, you must get treatment right away to keep from getting sicker. Take your medicine exactly the way your healthcare provider tells you. TB drugs are very strong. They can treat TB infection and TB disease, even in people with HIV infection.

The ABC's of Hepatitis

Hepatitis A (HAV)

HAV is a virus that causes inflammation of the liver; it does not lead to chronic disease. The incubation period is two to six weeks. It is transmitted by fecal/oral route, through close person-to-person contact, or ingestion of contaminated food and water.

Symptoms: In some people, there may not be any symptoms. Others may have light stools, dark urine, fatigue, fever, nausea, vomiting, abdominal pain, and jaundice.

Vaccine: Two doses of vaccine to anyone over two years of age.

Who is at risk? You are at risk if you have household or sexual contact with an infected person, living in an area with an HAV outbreak, traveling to developing countries, engaging in anal/oral sex, and/or using intravenous drugs.

Prevention: Receive immune globulin within two weeks of exposure, vaccination, washing hands with soap and water after going to the toilet, use of household bleach to clean surfaces contaminated with feces (such as changing tables), and practicing safe sex.

Hepatitis B (HBV)

HBV is a virus that causes inflammation of the liver, and can cause liver cell damage, leading to cirrhosis and cancer. The incubation period is four to 20 weeks. It is spread by contact with infected blood, seminal fluid, vaginal secretions, contaminated drug needles (including tattoo/body-piercing tools), infected mother to newborn, human bite, and sexual contact.

Symptoms: You may not have any. Some people have mild flu-like symptoms, dark urine, light stools, jaundice, fatigue, and fever. Antiviral medications have been used to treat chronic disease with varying success.

Vaccine: Three doses may be given to persons of any age.

Who is at risk? You are at risk if you are having sex with infected persons or multiple partners, using intravenous drugs, engaging in anal/oral sex, and/or a hemodialysis patient. Others who are at risk include infants born to an infected mother, emergency responders, and healthcare workers.

Prevention: Receive immune globulin within two weeks of exposure, vaccination, use of protective gloves when cleaning up infected blood with household bleach, practice safe sex, and do not share razors, toothbrushes, or needles.

Hepatitis C (HCV)

HCV is a virus that causes inflammation of the liver, and can lead to cirrhosis and cancer. The incubation period is two to 26 weeks. It is spread by contact with infected blood via contaminated needles, razors, tattoo or body piercing tools, and to infants born to an infected mother. HCV is NOT easily spread through sexual contact.

Symptoms: (Same as HBV.)

Vaccine: None

Who is at risk? Individuals who received a blood transfusion before July 1992, healthcare workers, injection drug users, hemodialysis patients, infants born to an infected mother, and having multiple sex partners.

Prevention: Hepatitis B vaccination and practicing safe sex.

Who should get tested? The sooner HCV is detected, the more quickly treatment can start. Treatment may slow the progression of the disease and minimize its harmful effects. Unfortunately, because symptoms may take decades to develop, most people do not know they have HCV until the disease has progressed to the stage where significant, life-threatening liver damage has already occurred.

All of this reinforces the need for early diagnosis. You should definitely be tested for HCV if you answer “yes” to one or more of the following questions:

- Did you have a blood transfusion before 1992?
- Have you ever injected drugs into your body?
- Have you had a tattoo or had any part of your body pierced?
- Have you had multiple sex partners?
- Have you or your partner ever been treated for a sexually transmitted disease?
- Does your partner have HCV?
- Is your partner in a high-risk group for HCV?

Treatment: There are now medications available that when taken correctly Hep C virus is no longer detected in the blood when measures 3 months after completing treatment.

How can I reduce my risk? Recommendations on preventing HCV:

- Never shoot drugs. If you do, stop and get into a treatment program. If you relapse:
 - Never reuse or share syringes, water, or drug works
 - Get vaccinated against Hepatitis A and B
- Never share toothbrushes, razors, or other personal-care articles, they may have blood on them

If you are a healthcare worker, always follow routine barrier precautions and safely handle needles and other sharp objects that may have blood on them. Also, get vaccinated against Hepatitis B.

Consider the health risks if you are thinking about getting a tattoo or body piercing. You can get infected if:

- The tools being used have someone’s else’s blood on them
- The artist or piercer does not observe healthy practices such as hand washing and using disposable gloves

HCV can be spread through sex, although this does not occur very often. If you are sexually active with more than one partner, always use a condom.

Hepatitis E (HEV) - Known as enteric, Non-A, Non-B

HEV is a virus that causes inflammation of the liver and is rare in the United States. There is no chronic state, and has an incubation period of two to nine weeks (average is six weeks). HEV is transmitted through a fecal/oral route, and outbreaks are associated with contaminated water supply in other countries.

Symptoms: (Same as Hepatitis A.) Treatment is not applicable.

Vaccine: None.

Who is at risk? Individuals traveling to developing countries and who may be pregnant.

Prevention: Avoid drinking or using potentially contaminated water.

Where can I get tested? You will be offered testing collected at this office that will be sent to our lab. You can also get tested from your doctor, local health department, or Planned Parenthood. For more information and free confidential testing, contact Planned Parenthood at 315.386.8821.