

**ST LAWRENCE
HEALTH**

An Affiliate of
Rochester Regional Health

:

Outpatient Substance Use Disorder Services Patient Handbook

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

Revised 5/2021

TABLE OF CONTENTS

Behavioral Health Services	3
Vision, Philosophy, Values	4
Welcome to SLHS Substance Use Services	4
Outpatient Substance Use Staff	5
Services Offered	6-9
Individualized Treatment Planning	9-10
Rules and Regulations	10-14
Confidentiality	14-15
Procedure for Filing a Complaint	15
Patient Rights	16
Patient Responsibilities	16-17
The Justice Center	17
Patient Satisfaction	17
Communicable Diseases	18-22

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

Substance Use Outpatient Services

12 Elm Street (Top Floor)	Gouvernuer Hospital
Potsdam, NY 13676	77 West Barney Street, (2 nd Floor)
Monday - Thursday, 8:00am – 7:00pm	Gouvernuer, NY, 13642
Friday, 8:00am - 4:00pm	Monday - Thursday, 8:30am - 5:00pm
315.353.2572	Friday, 8:00am - 4:00pm
	315.261.6333

Our Vision

St. Lawrence Health's vision is to be the preferred provider offering the most up-to-date, client-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 relapse 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 call Outpatient Substance Use Services at (315) 353-2572. We will be happy to answer any of your questions. **We Believe In You.**

Outpatient Substance Use Services Staff

Name	Position Title	(315) Contact Number
St. Lawrence Health Administration		
Joseph Zollo	Medical Director	261-5405
Jayne Smith	Behavioral Health Director Psy.D	261-5622
Heather Rich	Program Director LCSW, CASAC	261-6333
Elizabeth Stiles	Integration Manager	955-3293
Danielle Hunter	Intake Coordinator	353-2572
Canton Potsdam Staff		
Alison Smith	Physician's Assistant	265-3300
Courtney Murray	Patient Representative	353-2572
Sherry Ryan	Counselor LMHC, R-LMDT	353-2572
Deirdre Gray	Counselor LCSW	353-2572
Rachel Skelly	Counselor CASAC, CPP-G	353-2572
Mark Sherry	Counselor LMSW, CASAC-T	353-2572
Amy Garrow	Counselor CASAC	353-2572
Heather Aschenbrenner	Counselor LMHC	353-2572
Gouverneur Hospital Staff		
Samantha Green	Counselor CASAC-T	261-6333
Jennifer Spellicy	Counselor LMSW	261-6333
Kellie Cook	Patient Representative	261-6333
John Welborn	Nurse Practitioner	261-6333
Trista Ladue	Certified Peer Recovery Advocate	774-4747
Kristin Rielly	MWRAP Case Manager/CPRA	777-0569

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: 1-3 face-to-face 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 successfully 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 with individuals and their family members and/or significant others under the guidance of a counselor to address family and relationship issues related to alcohol and other drug abuse and or dependence for the purpose of promoting recovery from addiction.

Gambling Counseling: We have a staff member certified in counseling for gambling addiction.

Group Counseling: Provides an opportunity to receive genuine support, honest feedback, and useful alternatives from peers. This clinic offers a variety of 1 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. Typically 1:1 sessions are scheduled as 60 minute weekly appointments.

Intensive Outpatient: Individuals admitted to IOP have been deemed in need of intensive treatment beyond that of traditional non-intensive outpatient-based on clinical risk, unsuccessful prior treatment settings, history, and/or moderate to severe dependence condition. At Canton-Potsdam Hospital, IOP is scheduled for Tuesday, Wednesday, and Friday from 9:00am – noon.

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).

Maternal Wraparound Program (M-WRAP): Provides comprehensive care coordination and recovery support services to pregnant and postpartum women (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 women 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. Evaluates for, and prescribe medications (when appropriate), to assist with cravings, withdrawal symptoms, and recovery from addiction. There are specific admission and retention requirements for this program.

Peer Advocate Services: Face-to-face 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 advocates should be supervised by appropriate clinical staff member; however, they do not serve in a clinical role. 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 face-to-face pre-admission service to determine the nature and extent of his/her abuse, misuse and/or addiction to alcohol and/or other substances. Information collected, as well as a toxicology screening, is reviewed by the multi-disciplinary team to determine recommendations. Evaluations are scheduled for 90 minutes. Treatment recommendations are reviewed in-person at a follow up appointment.

Group Expectations: Group counseling can be a powerful and valuable experience that prompts healing and growth. Your group facilitator(s) hope you reap all the benefits that group has to offer. To help this happen, group is structured to include the following elements:

- A safe environment in which you are able to feel respected and valued as you work
- Investment by both the facilitator(s) and members to keep a consistent group experience
- An opportunity to develop skills to assist you in reaching your goals

A Safe Environment: The group facilitator(s) and group members are responsible for creating and maintaining a safe environment. It is important to have a mutual respect and allow the

chance to create trust with each group member. An important piece of creating and maintaining a safe environment is confidentiality. Group facilitator(s) are bound by law to maintain confidentiality, but group members are bound by honor to keep what is said in group in the group. It is fine to share what you are learning about yourself through group work with significant others, just remember to do so in ways that do not compromise the confidentiality of other group members.

Please note that group facilitator(s) may consult with your primary counselor should the need arise. This provides you with extra support should a difficult issue come up in group that may need individual attention.

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:

- Group members are to refrain from coming to group under the influence of substances
- Group members should not engage in discussion of group issues outside of group
- Group facilitator(s) will monitor discussion and maintain a respectful environment to keep safety and trust a top priority

Attendance: Your presence in group is very important. A group dynamic is formed that creates an environment for growth and change. When you are absent, the group dynamic suffers, and affects the experience you and other members have. The group facilitator(s) asks that you commit yourself for the full duration of group, and make attendance a top priority. We understand emergencies and illnesses happen and we ask you to contact the clinic before group begins to inform us you will not be present.

Along with being present, is being on time. Respect and trust are developed when there are no interruptions during group work. We ask that you commit to being punctual. If an unforeseeable situation prevents you from being on time, please call the clinic immediately.

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 which 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.

Other Expectations:

- Cellphones must be turned off or on silent. Do not check them during any group or individual sessions.

- No crosstalk. Please respect others by listening while they are sharing personal information.

Participation: Group member participation is expected from each group member. This means openly talking about your thoughts and feelings, honestly reporting your behaviors, and exchanging helpful feedback with other members of the group when appropriate. Remember, the more you give of yourself during group sessions, the more you will receive. The more honest and open you are, the more you allow for insight and growth.

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.

Emergency Services: Outpatient services are non-emergency services. The clinic is open Monday through Thursday from 8:00am to 7:00pm, and Friday from 8:00am to 4:00pm.

Contacting Emergency Services

- Reach Out: (315) 265-2422
- Dial 911 or go to your local Emergency Room
- Malone Crisis and Recovery Center: (518) 481-3261 or (518) 891-5535

Individualized Treatment Planning

After your initial intake appointment, a comprehensive individualized treatment 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. The treatment plan will also help you meet other needs you may have (medical, psychiatric, employment, education).

Individualized Treatment 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?

Treatment Plans respect and honor cultural differences, and target your strengths.

Individual Treatment Planning:

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

Individual Treatment 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 treatment plan **within 30 days of admission**. This will be updated at least **every 3 months** or as needed.

Program Rules and Regulations

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

Commitment to Treatment Goals

The goal for most patients is to achieve and maintain abstinence from the use of alcohol and all other mood altering substances, unless the latter is ordered by a physician, while receiving services from Outpatient Substance Use Services at St. Lawrence Health. This includes agreeing not to take another person's prescription or any old prescriptions. It is also the responsibility of the patient to tell care providers about their addiction history to avoid being prescribed medication with the potential for abuse. Each patient will collaborate with an individual counselor and referral source to develop person-centered treatment goals. In the event the patient is unable to achieve these goals, their treatment plan will be reviewed by the multidisciplinary team and revised, which may include an adjustment in services.

Drug Testing

Patients agree to be tested as often as every visit. Testing is performed for monitoring treatment progress as well as patient safety. This could take the form of urine samples, mouth swabs, breathalyzers, or a combination. Specimen collection is observed and will be reviewed in-person at the next scheduled appointment when the individual counselor receives results. Specimens are tested for presence of substances, as well as levels of substance and validity. Patients are responsible for the financial obligations of such drug testing/screening as incurred.

Appointments

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

- Prior to admission to outpatient services, the client will be asked for their schedule and any anticipated conflicts. Consideration of the client'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 client 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 client for any reason, the client will be offered an opportunity to meet with another counselor.

Attendance

Excused Absences

1. If a patient is unable to attend an appointment. they are expected to contact the office as soon as possible.
2. An attempt should be made for other appointments and activities to be scheduled on non-treatment days/times. If the appointment must be scheduled at a different time, the patient should let the counselor know in advance.

Examples of excused absences:

- Medicaid driver was set-up and the driver did not show-up and the counselor was able to confirm a driver was indeed scheduled and did not report for scheduled pick up
 - Individual is ill, hospitalized, and or has a medical emergency
 - Therapeutic family commitment (death, birth, wedding, etc.)
 - Court appearance
 - Medical specialist appointment
 - Inclement weather
3. Patients are responsible for providing documentation of why they missed their appointment.

Unexcused Absences

Patient-centered treatment is important to us; patients who are not present are unable to participate fully in their treatment.

Examples of unexcused absences:

- No call, no show
- Slept in
- Forgot about appointment
- No documentation to support an excused absence

Tardiness

Appointments are booked for 30 to 50 minutes. Patients who are tardy may not be able to receive the full clinical benefit of their sessions. Patients who demonstrate a pattern of tardiness will be reviewed by the multidisciplinary team.

Any lapse in physical attendance of 45 consecutive days will result in a discharge from current episode of care; patients are encouraged to re-engage when able.

Tobacco-Free Environment

St. Lawrence Health has procedures in place to protect the health and safety of the staff. 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 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 cell phone use during your appointments.

Commitment Contract

Patients who are found to be in violation of the handbook may be placed on a commitment contract at any point during treatment. This contract signifies an understanding between patient and staff of mutually agreed upon strategies towards goals.

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

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.

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 but are not limited to AA, NA, Celebrate Recovery, Al-anon, Smart Recovery, and online meetings will be provided to all patients.

Voluntary Participation

Treatment services are provided on a voluntary basis, all patients/residents 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 but not limited to, (substance use history, political views, spiritual beliefs, mental health history, 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.

Confidentiality

All information about your presence, treatment, and progress 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 your fellow patients' anonymity, privacy, and confidentiality and not discuss or disclose their presence here at our facility, nor other details, with another person.

Confidentiality of Substance Use Disorder Patient Records

The confidentiality of alcohol and drug abuse 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, or
- The disclosure is made to medical personnel in a medical or psychiatric emergency
- A report is created for certain infectious disease 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 programs 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.

See 42 USC 290dd-3 and 42 USC 290ee-3 Federal Laws, and 42 CFR Part 2 for Federal Regulations.

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 (e.g. another address). The program 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 and treatment information maintained by the program, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding, or in other limited circumstances.
- Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in 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 also 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.

Complaints and Reporting Violations

Patients have the right to make a complaint about the Confidentiality and Privacy of their Health Information. The patient may complete a complaint form (per program grievance procedure) and/or submit a complaint directly to: Emma Brackett, Program Director

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

Voice Phone (212) 264-3313. FAX (212) 264-3039. TDD (212) 264-2355. OCR Hotlines-Voice: 1-800-368-1019 .

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

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

Patient Rights

1. To receive services that are responsive to individual needs in accord with an individualized treatment 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 regulatory requirements;
3. To receive services in a therapeutic environment that is safe, sanitary, and free from the presence of alcohol or other drugs of abuse;
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 an appropriate medical professional;
6. To receive information about provider services available on-site or through referral, and how to access such services;
7. To receive in writing the reasons of a recommendation of discharge and information of appeal procedures;
8. 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;
9. To examine, obtain a receipt, and receive an explanation of provider bills, charges, and payments, regardless of payment source;
10. To receive a copy of the patient's records for a reasonable fee;
11. To be free from physical, verbal, or mental abuse;
12. To be treated by provider staff who are free from alcohol or drug abuse;
13. To be free from any staff or patient coercion, undue influence, intimate relationships, and personal financial transactions;
14. 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
15. To receive services without regard to race, color, ethnicity, religion, sex, sexual orientation, or source of payment.

Patient Responsibilities

Participation in Outpatient Substance Use service presumes a patient's continuing desire to change lifestyle habits and requires each patient to act responsibly and cooperatively with provider staff, in accord with an individual treatment plan and reasonable provider procedures. Therefore, each patient is expected to:

1. Participate in the development of your individualized treatment plan
2. Become involved in specific decisions about your care; tell us your problem(s) and what you think might help your situation
3. Encourage your family and/or support system's participation in the family program, and foster your own recovery program

4. Cooperate with care providers in developing and carrying out agreed upon treatment plans
5. Incorporate appropriate recovery supports into your program
6. Show respect for other clients and providers
7. Keep appointments or call as soon as you know you must cancel
8. Respect the property and grounds of the facility, as well as the property of, and personal space of others
9. Maintain and protect the privacy and confidentiality of others
10. Meet your financial obligations
11. Be prepared to be tested as often as every visit

What to do if you have concerns with your treatment:

1. Talk with your counselor – most problems can and should be resolved with your counselor
2. If your counselor cannot resolve the situation, talk with **Director of Outpatient Services Emma Brackett**, or call her at **(315) 353-2572**
3. Canton-Potsdam Hospital **Patient Advocate Keri Allen** can be reached at **(315) 261-5050**; Gouverneur Hospital **Social Worker Renee Smith** can be reached at **(315) 535-9362**
4. If the matter is still not resolved, call the **OASAS Patient Advocacy** line, **(800) 553-5790**, during normal business hours. Calls must be made from within New York State

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.

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're 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
- 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. Meetings are monthly from 12:00pm - 1:00pm and lunch is provided. To join, please contact Canton-Potsdam Hospital Patient Safety Director Jackie Scanlon at jscanlon@cphospital.org or (315) 261-5957; or Jennifer Flanagan or Renee Smith at Gouverneur Hospital at (315) 535-9476.

Please contact **Director of Outpatient SUD Services Health Rich, LCSW, 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 that Do NOT involve Rights

Education on AIDS/HIV, TB, and Hepatitis

Facts About AIDS

AIDS is a disease that kills people. AIDS stands for Acquired Immune Deficiency Syndrome. 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 substance abuse program 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 on AIDS as well as videos. 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 2012)

“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
- 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 doctor 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 doctor 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 2-3 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 (“flem”) 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 (6) 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 doctor 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 doctor or healthcare worker 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 (2 to 6) 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 2 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 (2) 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 (4) 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 (3) 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 (2) weeks of exposure, vaccination, use of protective gloves when cleaning up infected blood with household bleach, practice safe sex, and not sharing 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 (2) 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.) Interferon and combination therapies have been used to treat HCV with varying success.

Vaccine: None

Who is at risk? Individuals who are at risk include those 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?

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, or
- 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 (2 to 9) 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 a Hepatitis Test? From your doctor or local health department. Contact Planned Parenthood for more information and free confidential testing at (315) 386-8821.