



**For Additional Information
Concerning our Privacy Policy, or
The Federal and State Laws Pertaining to Privacy
VCSB Quality Management Department**

85 Sanger's Lane
Staunton, VA 24401
Phone: (540) 887-3200

Advocate

Cassie Purtlebaugh
Phone: (804) 382-3889

Secretary of Health and Human Services

2000 Independence Ave. SW
Washington, DC 20201
Phone: (202) 690-7000



This handbook was developed by the VCSB Quality Management Department. If you have any suggestions or questions about the content, please call (540) 887-3200.

VCSB Main Number (540) 887-3200
Standard Office Hours: Monday-Friday 8:30 am-5:00 pm
Emergency Numbers
Staunton (540) 885-0866
Waynesboro (540) 943-1590
TTY

Revised 5/2016

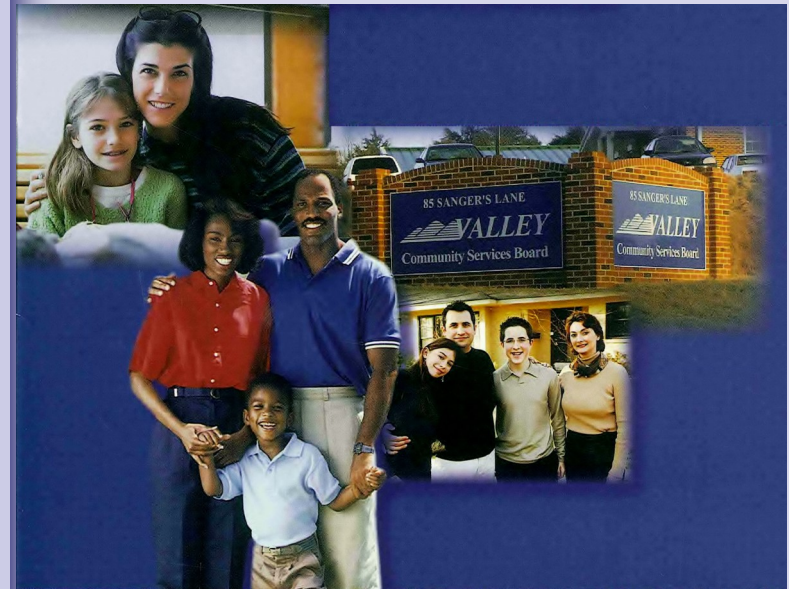


**VALLEY COMMUNITY SERVICES
BOARD**

CONSUMER HANDBOOK

540-887-3200

www.vcsb.org



**Serving Augusta and Highland
Counties-Staunton City and
Waynesboro City**

**85 Sanger's Lane
Staunton, VA 24401**



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Rights Statement

As a recipient of services, it is your right:

- To be protected from harm including abuse, neglect or exploitation.
- To be treated with dignity and respect.
- Not to be denied access to services based on race, color, religion, ethnicity, sex, age, disability or ability to pay.
- To participate meaningfully in decisions regarding all aspects of the services you receive.
- To have all information regarding your treatment managed confidentially, in accordance with appropriate laws.
- Except in an emergency, or required by law, not to be required to accept treatment or authorize release of information without your consent.
- To have access to and request corrections to your medical record.
- To receive services according to law and sound therapeutic practice.
- Not to be denied services solely because you have asserted rights protected by this policy
- To all legal, civil, and personal rights guaranteed by law.





ADVANCE MEDICAL/PSYCHIATRIC DIRECTIVES

Virginia Advance Medical/Psychiatric Directives are legal documents that let you state your wishes about medical or psychiatric care in the event that you develop a terminal condition or are in a persistent vegetative state, cannot make your own medical decisions, present an imminent danger to yourself or others, or become unable to care for yourself. An advance directive also lets you name someone to make health care decisions on your behalf any time you are unable to make your own medical decisions, even if you do not have a terminal condition. This type of Advance Directive is often called a "medical power of attorney" or a "durable power of attorney for health care" or "a health care proxy."

VCSB is required to ask about the existence of any advance directives. If the individual has an advance directive, the agency is required to include a copy of such directives in the individual's record.

Individuals must be aware that an advance medical directive usually will not be effective in the event of a medical emergency. Emergency medical services (such as rescue squads or ambulance teams) cannot follow an advance directive when they are called to help in an emergency.

Assistance concerning advance directives is available from local hospitals, your primary physician, psychiatrist or your personal attorney. An attorney may be helpful, but not required to prepare either type of advance directive.



VCSB MISSION STATEMENT

The mission of Valley Community Services Board (VCSB) is to provide community based mental health, intellectual disability and substance abuse services to the citizens in the Counties of Augusta and Highland and the Cities of Staunton and Waynesboro.

In order to carry out this mission, the Valley Community Services Board intends to be:

- A person centered organization whose purpose is to provide support, encouragement and superior care along a continuum of services.
- A healing community whose practices express competency and compassion, and where there is access to services with a welcoming spirit.
- A resource for educating the public about the nature of intellectual disabilities, mental illness, and substance abuse to dispel stereotypes and to be advocates for those facing these challenges.
- An organization that actively seeks partnerships with other agencies and collaboration with diverse community groups.
- An agency whose staff is committed to quality, innovation, and continuing improvement through evaluation and assessment of programs and performance.
- A good steward of the resources, funds, people, and mission entrusted to its oversight.





WELCOME

Thank you for choosing Valley Community Services Board (VCSB) as your behavioral health care provider. We look forward to working with you, in partnership, to achieve your goals. Within its resources, VCSB will offer an integrated array of services designed to meet your needs. In order to accomplish this mission, VCSB participates with and promotes collaborations with its community partners including: consumers, family members, consumer advocates, private sector providers, public service agencies, and advocacy organizations. VCSB provides mental health, intellectual disability and substance abuse services. VCSB promotes the dignity, rights and full participation of individuals and their families.

VCSB offers the following services to the communities of Staunton, Waynesboro, Augusta and Highland County.

- Mental Health Services
- Jail Services
- Intellectual Disability Services
- Deaf Services
- Alcohol and Drug Abuse Services
- Prevention Services
- Early Intervention

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) of the Commonwealth of Virginia license all services provided by VCSB.

Emergency Services are available 24 hours a day/7 days a week by calling: Staunton (540) 885-0866 Waynesboro (540) 943-1590.



Notification of Deemed Consent

Deemed Consent to Testing and Release of Test Results Related to Human Immunodeficiency Virus or Hepatitis B or C.

According to Code of Virginia §32.1-45.1

In the event you are exposed to the body fluids of a staff member while receiving services at VCSB, the staff member will be required to be tested for HIV or Hepatitis B or C. You are entitled by state law to be informed of the results.

In the event a staff member is exposed to your body fluids while you are receiving services from VCSB, Virginia law § 32.1-45.1 states you as a person receiving services will be deemed to have consented to be tested for HIV or Hepatitis B or C. In the event this occurs, the staff member is entitled by state law to be informed of your test results.

As a person receiving services, you will be asked to sign the Consent for Bloodborne Pathogens form to verify that you have had this deemed consent law explained to you and that you understand that it applies to you as a person receiving services.

If you have questions about "Deemed Consent", Contact the Quality Management Department at: (540) 887-3200.





Regional Advocate and Consumer Complaint Procedure

Continued

Step Five: If the individual or representative disagrees with the preliminary decision or action plan, he can respond to VCSB in writing within five working days after receiving the plan. If the individual has not responded within five working days, the complaint will be closed.

Step Six: If the individual or representative disagrees with VCSB's decision, he can respond to the designee in writing within five working days after receiving the decision. The VCSB's designee shall investigate further as needed and shall make a final decision regarding the complaint. VCSB shall forward a written copy of the final decision and action plan to the individual, his representative, and the regional advocate within five working days after VCSB receives the individual's written notice. VCSB's notice will provide the individual with information on how to contact the Regional Advocate, the time frame, and a statement that if the individual does not respond that the complaint will be closed.

Step Seven: If the individual or representative disagrees with the final plan, he may petition for a hearing with the Local Human Rights Committee (LHRC). The LHRC findings may be appealed to the State Human Rights Committee (SHRC). The SHRC findings and decision are final.

Throughout the process, any party may contact the Regional Advocate for assistance. All hearings shall be closed, unless the individual requests that they be open or unless required under the Virginia Freedom of Information Act.



SERVICES

Services are provided to individuals without regard to gender, race, age, religion, ethnic origin, sexual preference or income. VCSB has an onsite Medicaid Eligibility Worker who can assist you in applying for Medicaid or answer any Medicaid related questions you may have. To schedule an appointment call (540) 213-7576.

VCSB will make a reasonable effort to meet the needs of special populations. With advance notice, we can provide interpreters or translators.

VCSB hours of operations are Monday – Friday 8:30am –5:00pm. VCSB is open for some programs until 8:00pm Monday-Thursday. Please ask your primary service provider if a later appointment is available for you.

You can schedule an appointment by calling:

- (540) 887-3200 85 Sanger's Lane, Staunton
- (540) 468-2165 Highland Co. Medical Center
- (540) 887-3246 TTY

Freedom of Choice

If you are a recipient of Medicaid, you are free to choose any Medicaid provider for services. In addition, you are free to reject services at any time. If services are terminated, suspended or reduced due to DMAS requirements, you may appeal this decision by notifying, in writing, the Appeals Division, Department of Medical Assistance Services; 600 East Broad Street, Suite 1300, Richmond, VA 23219. This written request for an appeal must be filed within thirty (30) days of this notification. If you file an appeal before the effective date of this action, services may continue during the appeal process. However, if this decision is upheld by the Appeals Division, you will be required to reimburse the Medical Assistance Program for services provided.



SERVICES

Continued

VCSB Staff

VCSB staff are professionals who are expected to maintain a high level of conduct. Staff must pass a criminal background check. Staff perform only those jobs for which they are qualified by education and experience. Our staff come from different backgrounds and are committed to serving the community. VCSB's staff work within a professional code of ethics as well as VCSB's code of ethics. All VCSB staff are expected to fulfill their assigned duties in a professional manner and in accordance with VCSB Personnel Policies and Procedures.

FIRST APPOINTMENT AND FEES

There will be a charge for VCSB services. When you come for your first appointment, you will meet with a member of VCSB's reimbursement department. This interview will help determine your fee, whether third party billing can occur, and if you are eligible for financial assistance. If you would like to request financial assistance, please bring proof of income. You may bring any of the following items as proof of income:

- Paycheck stub from work
- Latest W2 form
- Copy of retirement checks
- Copy of assistance checks
- Copy of latest tax return

This information may reduce the amount you will have to pay. Payment is requested each time you receive a service or you can set up a monthly payment plan. Please bring your insurance or Medicaid identification cards. If you have Medicaid, you may not have to pay a fee. It is your responsibility to notify VCSB of any changes in the status of your coverage. Also you have the option of going to any provider outside of VCSB. If you would like assistance in finding other providers, please ask.



Regional Advocate and Consumer Complaint Procedure

If you believe that your rights have been violated and you need outside assistance in voicing your complaint, you may call:

Advocate, Cassie Purtlebaugh at (804) 382-3889

He will assist you in working with the agency, or if needed with the Local Human Rights Committee to investigate your complaint and try to resolve the issue.

Complaints may be voiced with appeals in the following order. At each step you will be given oral or written instructions concerning the next step in the appeal process until the grievance is resolved.

Step One: The complaint should be discussed and resolved informally between persons involved in the conflict. If the complaint is resolved, no further action is required.

Step Two: The consumer will meet with the program manager, supervisor, or staff when a resolution cannot be met. At this point, the Regional Advocate will be notified that a complaint exists. If the complaint still cannot be resolved in five working days, VCSB's designee shall refer the complaint for resolution under the formal process.

Step Three: If no resolution is met, VCSB's designee shall meet with the individual, any representative the individual chooses, and the regional advocate within 24 hours of the receipt of the complaint. An investigation shall follow, if necessary.

Step Four: VCSB's designee shall give the individual or representative a written preliminary decision, or action plan to resolve complaint within 10 working days of receiving complaint.





Guidelines of Responsibility For Individuals Served

1. Attend all scheduled meetings or cancel the appointment by giving 24 hours advance notice. Reschedule as needed.
2. Pay for all services as agreed upon and documented on your annually updated VCSB Payment Form.
3. Work with your Primary Service Provider on your Individual Service Plan and reviews. Be active in attempting to reach goals and objectives as defined in your Individual Service Plan. Frequent cancellations or no shows will result in re-evaluating your services. Services will be suspended or terminated following a third no show within a six month period. Notification of terminated services will be in writing. Access to Emergency Services will remain available.
4. Be considerate and respectful. Verbal abuse, physical threats, violent gestures, sexual abuse or harassment toward peers, staff, or property will not be tolerated.
5. Honor the confidentiality and privacy of other consumers and staff.
6. Adhere to the agency's policy that prohibits the use and possession of tobacco, alcohol, illegal drugs and weapons of any kind in all agency vehicles and agency facilities.
7. Promptly notify appropriate agency personnel if you have a problem regarding services. (540) 887-3200
8. Minors: A parent/guardian will remain on site (as appropriate) while outpatient services are being provided, unless minor is in a program not requiring adult consent.
9. Follow through with mutually agreed upon treatment plans such as prescribed medications or outside activities and promptly report problems with medications or if medications are stopped for any reason.



PAYMENT POLICY FOR SERVICES RENDERED

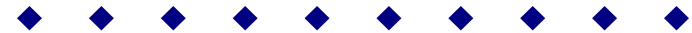
Thank you for choosing Valley Community Services Board as your Behavioral Health/Intellectual Disability care provider. We are committed to providing you with quality and affordable care. Our payment policy is to clarify patient and insurance responsibility for services rendered. Please read it, ask us any questions you may have, and sign in the space provided. A copy of the policy will be provided to you for your records.

Insurance. We participate in most insurance plans, including Medicare and Medicaid. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments and deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

For your convenience we now have a website available for you to view and pay your bill. It is.....

<https://myhealth.gatewayedi.com/valleycsb>





PAYMENT POLICY FOR SERVICES RENDERED

Continued

Non-covered services. Please be aware that some, and perhaps all, of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

Proof of insurance. All patients must complete our patient registration form before seeing a service provider. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 90 days, the balance will automatically be billed to you.

Nonpayment. If you miss two payment during your visits or in accordance with your payment plan, you will receive a letter stating that you have twenty (20)



Other Uses and Disclosures of Your Information by Authorization Only

We are required to get your authorization to use or disclose your protected health information for any reason other than treatment/services, payment, or health care operations, and those specific circumstances outlined previously. We use an [Authorization to Release Protected Health Information](#) form that specifically states which information will be given to whom, for what purpose, and is signed by you or your legal representative. You have the ability to revoke the signed authorization at any time by a written statement except to the extent that we acted upon the authorization.

Enhancing Your Healthcare

Some agency programs provide the following support to enhance your overall health care and may contact you to provide the following:

- Appointment reminders by call or letter
- Information about treatment alternatives
- Information about health-related benefits and services that may be of interest to you
- The Child and Family Services participates in the Kids Cafe Program and Summer Feeding Programs to provide healthy snacks for children in their programs.





VCSB PRIVACY NOTICE

Continued

6. You have the right to request, from your Primary Service Provider, a restriction with regards to the use or disclosure of your protected health information. This request will be given serious consideration by the Privacy Officer, and you shall be informed promptly whether we will be able to apply the restriction and still offer effective services, receive payment and maintain health care operations. Legally, we are not required to agree to any restrictions you request, but if we do agree, we are bound by that agreement except under certain emergency restrictions.
7. You have the right to receive confidential communications about your protected health information.
8. You have the right to obtain a paper copy of this Privacy Notice upon request.

Changes to Privacy Practices

VCSB reserves the right to change any of its privacy policies and related practices at any time, as allowed by federal and state law, and to make the change effective for all protected health information that we maintain.

Revised Privacy Notices will be posted at all services sites, and available upon request by mail, discussion with an agency representative, electronically, or combinations of the three.

Information of individuals served may be protected by **Federal Regulations (42 CFR Part 2)** which prohibit a recipient from making any further disclosure of alcohol or substance use treatment information, unless expressly permitted by written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. These Federal Regulations also restrict any use of the information to criminally investigate or prosecute any alcohol or drug use patient.

As a recipient or parent/guardian of services at VCSB, you are expected to:



PAYMENT POLICY FOR SERVICES RENDERED

Continued

business days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if payment is not received, we may refer your account to a collection agency and services may be suspended until payment is received. If a balance remains unpaid, you may be discharged from this practice. If this is to occur, you may be notified by regular and certified mail that you have thirty (30) days to find alternate care.

Financial assistance and payment plans. You may request a financial assessment at any time during your treatment to determine your eligibility for discounted (available only to residents living in Staunton, Waynesboro, Augusta County or Highland County) or uncompensated care as indicated by the Federal Poverty Limits guidelines. Discounts received as a result of your financial assessment do not apply to services covered by your insurance. If your patient responsibility creates a financial burden you may request a payment plan.

Notice to Medicaid Recipients (All Virginia Medicaid Insurance Plans Included)

Valley CSB provides Medicaid covered counseling services that require an evaluation, and ongoing oversight of your care, by a VCSB Psychiatrist for payment of services. When you start services here, no more than 3 counseling sessions or 30 days, whichever comes first, can be completed before a face to face interview with the Psychiatrist is required for Medicaid to cover your care.





PAYMENT POLICY FOR SERVICES RENDERED

Continued

On rare occasion you might be asked to temporarily suspend or reschedule counseling services so that the face to face interview can be conducted.

Questions regarding this policy can be directed to your Clinician or you can contact Client Services at (540) 887-3200

TREATMENT PLANS

Your treatment plan is a description of the services that you have requested VCSB to provide. It includes your needs, your goals, a summary of how we will help you reach your goals, and what you will do to reach those goals. It is your responsibility to help the provider develop a treatment plan. We cannot provide services to you if you do not provide written consent for treatment (unless it is court ordered or an emergency). With your written permission, VCSB staff will communicate with any other service providers that you may want to work with. We want you to participate in your treatment and discharge planning. You may be asked to complete a survey evaluating your treatment at VCSB.

HEALTH AND SAFETY

VCSB is a smoke-free/tobacco free facility. There is no use of tobacco in any of our buildings or in any of our vehicles. And we ask that you not use tobacco on any VCSB property.



VCSB PRIVACY NOTICE

Your medical record rights are defined by the Federal 45 CFR Parts 160 and 164, HIPAA, and the Commonwealth of Virginia's Code 35-115-80 and 35-115-90 of the Human Rights laws.



The following information is your rights concerning your protected health information.

1. You have the right to inspect or to request copies of your services record. You may make this request in writing to your Primary Service Provider or the agency's Medical Records Supervisor. Before providing access to a record, we must determine if access would cause harm. If harm is present, then we can deny access. If access is denied, you shall receive a timely, written notice of the decision and reason, and a copy of this notice becomes a part of your record. Requests for access to your record shall remain confidential.
2. You have the right to receive an accounting of the agency's disclosures of your protected health information that were not for the purpose of treatment, payment, health care operations, or authorized by you. You have the right to be given the names of anyone, other than agency staff, who received information about you from the agency.
3. You have the right to request an amendment of your medical records if you believe information in the record is incomplete or inaccurate. You must make this request in writing to your Primary Services Provider or the agency's Medical Records Supervisor. We may deny the request for proper reasons, but you will be provided with a written explanation of the denial. Information cannot be removed from your record.
4. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Such requests must be made in writing to your Primary Service Provider.
5. You have the right to obtain a copy of any authorizations you sign.





VCSB PRIVACY NOTICE

This Notice describes how medical information about you may be used and disclosed and how you may access your medical information.

Your Privacy is Our Priority

VCSB values the importance of keeping your personal health care records private and confidential. We are required by law to maintain the privacy of protected health information (PHI) and to provide you with this notice that explains our legal duties and privacy practices regarding your protected health information.

VCSB is required by law to follow the terms of this notice. If you have any problems or concerns about your private health information, or if at any time you believe your privacy rights have been violated, you may contact the following either verbally or in writing:

VCSB Quality Management Department (540) 887-3200

Advocate, Cassie Purtlebaugh (804) 382-3889

Secretary of Health and Human Services (202) 690-7000

You will not suffer change in services or retaliation for filing a complaint.

Any information we create or build about you will be used only to assist you. We shall handle any information we receive about you only as federal and state law and agency policy allow. VCSB adheres to the most stringent law that protects your health information.

We make a record of your visit each time you receive services from VCSB. This record may contain financial information, an assessment of your problem or need, a diagnosis based on the assessment, an individualized service plan that outlines the treatment you will receive, progress notes that record what happened during each contact with staff, and any other treatment related information.



HEALTH AND SAFETY

Continued

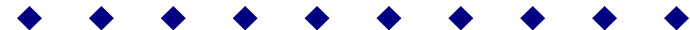
In accordance with the DBHDS, weapons are not allowed in any VCSB facility. Unauthorized possession of a weapon by any person on VCSB property will be grounds for denial of services and you will be asked to leave VCSB property immediately.

VCSB is a drug-free workplace. The use of illicit drugs, or their presence, on any property operated by VCSB is prohibited.

CONFIDENTIALITY

VCSB understands that your privacy is important. Confidential information includes any information that can be directly associated with you. This includes written information, oral communication and electronic information. All records are kept secure. We comply with the federal privacy law known as Health Insurance Portability and Accountability Act (HIPAA). We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice. We will handle this information only as allowed by federal/state laws and agency policies, adhering to the most stringent law that protects your health information. If at any time you believe your privacy rights have been violated, you may verbally or in writing contact:

1. Quality Management Department (540) 887-3200
2. Advocate (804) 382-3889
3. Secretary of Health and Human Services (202) 690-7000





Notice about Your Medical Records

The laws of Virginia require that individuals’ medical records of community programs be kept for six (6) years after last treatment/contact unless you are under the age of 18 or a court has determined that you are not able to make decisions for yourself. Following state guidelines and agency policy, your medical records must be kept at least six (6) years after you reach the age of 18 or date of last contact, whichever comes later. If a court determined that you cannot make decisions for yourself, your medical records will be kept six(6) years after discharge or date of last contact, whichever comes later.

After the required time and public notification of deposition, the files shall be destroyed.

Use and Disclosure of Your Information

Upon signing the agency’s consent to Treatment/Authorization and Information form, you are giving VCSB permission to use and disclose necessary information about you within the agency and with business associates in order to provide treatment/services, receive payment, and conduct our day to day health care operations. Examples follow:

1. In order to effectively provide treatment/service, your primary case manager/clinician may consult with various service providers within the agency. Your Case Manger/Clinician may also consult with other providers outside the agency, such as your Primary Care Physician. During these consultations, health information about you may be shared.
2. In order to receive payment for services provided, your health information may be sent to companies or groups responsible for payment coverage, and a monthly bill is sent to the responsible party identified by you and noted on the financial form.
3. In day-to-day health care operations, trained staff may handle your physical medical record in order to have the record assembled, available for review by the case manager/clinician, or for filing documentation.
4. Certain data elements are entered into our computer system that processes billing and mandatory state statistical reporting to the DBHDS.



Specific Circumstances for Disclosure

Although you have the right to give or not give consent to the disclosure of information the agency maintains about you, the agency is allowed by federal and state law in certain circumstances to disclose specific health information about you without your consent, authorization, or the opportunity to agree or object. These specific circumstances are:

1. As required by law (ex: Court-ordered warrant, Virginia Health information).
2. Public Health activities (ex: reporting communicable diseases).
3. Judicial and Administrative proceedings (ex: Order from a court or administrative tribunal, or legal counsel to the agency, or Inspector General).
4. Law Enforcement purposes (ex: reporting gun shot wounds; limited information requested about suspects, fugitives, material witnesses, missing persons; witnesses of criminal conduct on premises).
5. To avert a serious threat to Health and Safety (ex: in response to a statement made by consumer to harm self or another, or substantial property damage).
6. Children or incapacitated adults who are victims of abuse, neglect or exploitation.
7. Specialized Government functions.
8. Military Services (ex: in response to appropriate military command to assure the proper execution of the military mission).
9. National Security and Intelligence activities (ex: in relation to protective services to the President of the United States).
10. State Department (ex: to correctional facility about an inmate).
11. Workers’ Compensation to facilitate processing and payment.
12. Coroners and Medical Examiners for identification of a deceased person or to determine cause of death.

Documentation will be included in your health record of information disclosed without consent to those who are not agency employees, DBHDS, or other health providers involved in your service plan.

