



PIL P&P Substance Abuse/Addiction Program

PIL Hours & Days of Operation

Normal Business Hours:

- Monday - Friday 9:00AM Till 5:00PM
- Availability of After Hours (*Depending on the agreement with PIL P&P Staff and the Participant being serviced*)

Mission

The mission of PIL P&P Professional Counseling and Psychotherapy (PIL P&P) is to help adults, children, and families learn appropriate skills that will assist them in living harmoniously in the community and experience a process that assures family preservation

Overall Functions and Goals

PIL P&P's Substance Abuse Counselors will utilize special skills to assist individuals in achieving objectives through exploration of substance abuse problems and its ramifications. This is done by way of examination of attitudes and feelings, improving knowledge of substances and their effects, coaching and educating Participants on alternative solutions, as well as coaching and education on decision-making. The counselor's duties are to help Participants mobilize resources to resolve his or her problem and/or modify Participant attitudes and values. PIL P&P's SA Counselors will be able to demonstrate a working knowledge of various counseling approaches. These methods may include Reality Therapy, Motivational Interviewing, Participant Centered Therapy, Narrative Approaches, etc. The goal of Pil P&P's SA group education/counseling program is to improve the lives of Participants faced with problematic substance or alcohol use by way of therapy, encouragement, assistance, coaching, and substance related education.

Objectives

- Assist Participants to achieve a better quality of life free of drugs and alcohol
- Assist Participants to achieve a greater freedom, and true independence from drugs and alcohol
- Assist Participants in accomplishing short and long-term goals, which deter alcohol and drug use
- Adhere to confidentiality guidelines in association with NAADAC and ACA code of ethics
- Exercise respect, sensitivity, and insight to individuals faced with substance abuse concerns
- Abide by the primary professional responsibility, which is the welfare of the Participant
- Ensure that Participants will be grouped together based on similar needs and goals



PIL P&Ps Admission & Group Counseling Process

Screening:

Participant will be determined appropriate for admission into the PIL P&P Individual/group counseling program based on eligibility. This will be determined based on evaluation of the psychological, social, and physiological signs and symptoms of alcohol and other drug abuse. Participant will be either admitted or referred based on meeting program criteria. If identification of coexisting condition is present there may be a need for additional professional assessment or services.

Intake:

Once Participant has been deemed appropriate for group counseling services, Participant will partake in initial assessment procedures for admission, which is inclusive of completing required documents for admission to the program, program eligibility and appropriateness, obtain appropriately signed consents when soliciting information from and providing information to outside sources to protect Participant confidentiality and rights.

Orientation:

Participant will be orientated to the general nature and goals of the program, such as, expected behavior by Participant as well as counselors, rules governing Participant conduct and infractions that can lead to disciplinary action or discharge from the program. To add, program operations will be communicated, as well as the hours of operation, treatment cost, and Participant rights.

Assessment:

Participant will be assessed and evaluated in an attempt to identify individual strengths, weaknesses, problems, and needs for the development of a treatment plan. This will be done by gathering relevant history in regard to alcohol and other drug use by utilizing assessment tools and techniques. The rationale for the use of evaluations will be explained to Participant in order to facilitate understanding.

Treatment Planning:

The group will have a generalized treatment plan that will cater to a 12-week predesigned program. Individuals will be referred to different entities based on individual needs. The treatment plan will be catered to the groups need. The language of the overall group problems, goals, and strategies statements should be specific, intelligible to the group, and expressed in behavioral terms. The group treatment plan will describe services, who will provide them, when they will be provided, how often.



Counseling:

Individual and/or Group counseling will consist of assisting participants in achieving objectives through exploration of problems and their ramifications, examinations of attitudes and feelings, consideration of alternate solutions as well as decision making. Counseling theories will be used based on counselor preference or theoretical orientation. All techniques will be used to effectively encourage, assist, coach, and educate group members on exploring alcohol and substance use problems, thoughts and attitudes in regard to alcohol and drugs, as well as implementation of solutions to help offset behaviors associated with alcohol and illicit substance use.

Case Management:

Individual Counselor and/or Group facilitator will coordinate services for Participant care and communicate the rationale of care management activities to the Participant. Case management will include bringing services, agencies, resources, and people together within a planned framework of action toward the achievement of establishing and accomplishing goals.

Crisis Intervention:

During acute and emotional distress during individual and/or group activities, counselor or group facilitator will recognize the elements of the Participant's crisis, implement an immediate course of action appropriate to the crisis, and use crisis situations or circumstances to enhance overall group treatment.

Participant Education

Counselor will provide information to individuals and group members concerning alcohol and other illicit drugs as well as available services and resources.

Referral:

Individual Counselor and/or Group facilitator will identify the needs of a group member or members that cannot be met by the counselor or agency and assist the group individual to utilize the support systems and community resources available.

Record Keeping:

Group facilitator and PII P&P will prepare reports and relevant records in regard to Participant care and treatment

Consultation:

Individual Counselor and/or Group facilitator will consult with other professionals in regard to Participant treatment and services. PII P&P staff or outside professionals will be used in an attempt to assure comprehensive, and quality care for participants.

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PIL P&P's Participant Rules of Conduct

During the provision of Individual or Group services, participant(s) shall:

- Participate fully and honestly in counseling and therapeutic service activities;
- Remain available for appointments with their PIL P&P therapist/counselor(s);
- Refrain from the use of any abusive vulgar, obscene, or demeaning language;
- Refrain from disciplining another participant, unless that participant is the parent or guardian of the consumer being disciplined;
- Refrain from any harassing, aggressive, threatening, or assaultive conduct towards others;
- Respect the property and rights of others.

A PIL P&P staff member has explained the foregoing rules to me, and I have read and understand them. I understand that, if a participant engages in repeated or serious violations of these rules, the participant may be discharged from the program.

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Notice of Participant Rights

Each participant has a right to exercise his/her legal civil, and human rights, including constitutional rights, statutory rights, and the rights contained in this document, except where specifically limited. Each participant has a right to have services that he/she receives respond to their needs and be person-centered. Each participant also has the right to be protected, respected, and supported in exercising these rights. PIL employees and contractors shall not partially or totally take away or limit these rights solely because an individual has a mental illness, intellectual disability, or substance use disorder and is receiving services for these conditions, or has any physical or sensory condition that may pose a barrier to communication or mobility.

It is your right to:

- 3) Use your preferred name or legal name. The use of your preferred name may be limited when a licensed professional makes the determination that the use of the name will result in demonstrable harm or have a significant negative impact on the program itself or your treatment, progress and recovery. You can discuss with your Therapist/Counselor the issue, and the human rights advocate will be informed of the reasons for any restriction prior to implementation.
- 2) Be protected from harm, including abuse, neglect, and exploitation.
- 3) Have help in learning about, applying for, and fully using any public service or benefit to which he/she may be entitled. These services and benefits include educational or vocational services, housing assistance, services or benefits under Titles II, XVI, XVIII, and XIX of the Social Security Act, United States Veterans Benefits, and services from legal and advocacy agencies.
- 4) Have opportunities to communicate in private with lawyers, judges, legislators, clergy, licensed health care practitioners, authorized representatives, advocates, the inspector general, and employees of the protection and advocacy agency.
- 5) Be provided with general information about program services, policies, and rules in writing and in the manner, format and language easily understood by the individual.
- 6) Be afforded the opportunity to have an individual of your choice notified of your general condition, location, and transfer to another facility.
- 7) Retain your legal rights as provided by state and federal law.
- 8) Receive prompt evaluation and service or training about which you are informed insofar as you are capable of understanding.
- 9) Not be the subject of experimental or investigational research without your prior written and informed consent or that of your authorized representative.

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Notice of Participant Rights Continued

- 10) Be afforded an opportunity to have access to consultation with a private physician at your own expense.
- 11) Be treated under the least restrictive conditions consistent with your condition and not be subjected to unnecessary physical restraint and isolation.
- 12) Be allowed to send and receive sealed letter mail.
- 13) Have access to your medical and mental records and be assured of their confidentiality, but notwithstanding other provisions of the law such a right shall be limited to access consistent with your condition and sound therapeutic service.
- 14) Have the right to an impartial review of violations of the rights assured under this section and the right to access to legal counsel.
- 15) Be afforded appropriate opportunities, consistent with your capabilities and capacity to participate in the development and implementation of your individualized services plan.

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How to File a Human Rights Complaint

INFORMAL COMPLAINT PROCESS

If you, a participant or person acting on his/her behalf believe a violation of your rights has occurred, you may seek an informal resolution to your complaint. However, you the participant may choose, instead, to pursue the formal complaint resolution process without first pursuing the informal one.

The steps are:

- 1) Report the alleged violation to the PIL Human Rights Advocate
- 2) The PIL Human Rights Advocate attempts to resolve the complaint immediately
- 3) The PIL Human Rights Advocate refers any complaint that is not resolved within five days to the CEO
- 4) The participant or person acting on his behalf may, at any time, pursue a formal complaint. The participant may extend the informal process five-day time frame for good cause, and all such extensions must be reported to the human rights advocate by the reporting PIL representative

FORMAL COMPLAINT PROCESS

The steps of this process are:

- 1) The participant or person acting on his/her behalf reports the complaint to the PIL's Human Rights Advocate
- 2) The Human Rights Advocate attempts to resolve the complaint by meeting within twenty-four hours with the participant or any representative the participant chooses
- 3) A written preliminary decision and action plan will be developed within ten working days of receiving the complaint. The Human Rights Advocate shall provide written notice to the participant about the time frame for the preliminary decision. If the participant does not respond, a statement that the complaint will be closed will be provided to the participant
- 4) If the participant is not satisfied, he/she may respond in writing to the Human Rights Advocate within five working days. If the participant does not respond within that time frame, the complaint will be closed
- 5) If the participant disagrees with the preliminary decision, the Human Rights Advocate or appointed representative may investigate further
- 6) The CEO gives a final, written decision and action plan to the participant, his chosen representative, and the Human Rights Advocate within five working days of receiving the participant's written response. Along with the action plan, the CEO shall provide written notice to the participant about the time frame for the participant's response for the next step in the Formal Complaint Process and a statement that if the participant does not respond, the complaint will be closed.
- 7) If the participant disagrees with the CEO's final decision or action plan, he/she may file a petition within 10 working days of the CEO's' action or final decision for a hearing by PIL's Employee/ or Contractor's professional licensing affiliation. If the participant has accepted the relief offered by the CEO, the matter is not subject to further review;

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How to File a Human Rights Complaint Continued

SPECIAL PROCEDURES FOR EMERGENCY LHRC HEARINGS

The steps of this process are:

- 1) If the Human Rights Advocate finds that there is a substantial risk that serious and irreparable harm will result if a complaint is not resolved immediately, the Human Rights advocate holds a preliminary hearing within seventy-two hours
- 2) At the end of the hearing, the Human Rights Advocate makes preliminary findings and recommendations
- 3) The HRA prepares and carries out an action plan within twenty-four hours;
- 4) If the participate or Human Rights Advocate objects to the action plan, the CEO and Appointed staff holds a full hearing within five working days of the objection.

OTHER VARIATIONS OF THE COMPLAINT PROCESS

The above-described processes vary in cases where it is alleged that a participant has been abused, exploited, or neglected, cases where discrimination is alleged, and in some cases involving consent to treatment, human research, or disclosure of information. However, in each of these kinds of cases, the participant is entitled to request a decision from the HRA.

PIL P&P Human Rights Advocate: Mahogany Martin _____

Phone Number: 757-497-8702 _____

The above information is a summary only. If you want more information about the complaint process, you may address questions to the Human Rights Advocate or obtain more information from any PIL P&P staff member.

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Notice of Privacy Practices

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

Your health record contains personal information about you and your health. PIL Professional Counseling & Psychotherapy's committed to protecting this medical information, which may identify you and relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices describes how we may use and disclose your medical information in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your medical information.

PIL P&P is required by law to maintain the privacy of medical information and to provide you with notice of our legal duties and privacy practices with respect to medical information. We are required to abide by the terms of this Notice of Privacy Practices. PIL P&P reserves the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all medical information that we maintain at that time and a revised Notice of Privacy Practices by providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

For Treatment. Your medical information may be used and disclosed by those outside of PIL P&P who are involved in your care for the purpose of providing, coordinating, or managing your mental health care treatment and related services. Providing effective quality care also includes consultation with clinical supervisors or other treatment team members.

For Payment. We may use or disclose medical information so that we can receive payment for the treatment services provided to you. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of medical information necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your medical information in order to support our business activities including, but not limited to: quality assessment activities, employee review activities, reminding you of appointments, to provide information about treatment alternatives or other health related benefits and services, licensing, and conducting or arranging for other business activities. For example, we may share your medical information with third parties that perform various business activities (e.g., auditing) provided we have a written contract with the business that requires it to safeguard the privacy of your medical information.



Notice of Privacy Practices Continued

Business Associates. We may contract with individuals or entities called Business Associates to perform various Treatment, Payment, and Health Care Operations on our behalf. For example, we may disclose your health information to a Business Associate to assist us with claims processing for health care you received from us. To protect your health information, we require our Business Associates to appropriately safeguard your health information. Note: employees should consult the Privacy Officer if there are any questions about whether an individual or an entity is a Business Associate and/or if a Business Associate Agreement needs to be obtained.

Health-Related Service and Treatment Alternatives. We may use and disclose health information about you to tell you about health-related services or recommended possible Treatment options or alternatives.

Military and Veterans. If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Workers' Compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose health information about you for public health activities, such as:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person or organization required to receive information on FDA-regulated products;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- to notify the appropriate government authority if we believe a Participant has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

To Avert a Serious Threat to Health or Safety. We may use or disclose health information about you when necessary to prevent a serious threat to your health or safety or the health or the safety of the public or another person. However, we would only disclose information to someone able to help prevent the threat.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government plans, and compliance with civil rights laws.

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Coroners, Health Examiners, and Funeral Directors. We may release health information to a coroner or health examiner, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral home directors as necessary to carry out their duties.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or an administrative order. We may also disclose health information about you in response to a subpoena or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

As Required by Law and for Law Enforcement. We will disclose health information about you when required by Federal, State, or Local Law. We may also release health information if asked to do so by a law enforcement official:

- in reporting certain injuries, as required by law, such as gunshot wounds, burns, or injuries to perpetrators of crime;
- in response to court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if the victim agrees to disclosure or under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we may believe may be the result of criminal conduct;
- about criminal conduct at our facility or programs; and
- in emergency circumstances to report a crime, the location of a crime, or victims; or the identity, description, or location of the person who committed the crime.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution

Disclosures to Persons Involved in Your Medical Care. We may disclose information to your family or other persons involved in your medical care or payment for care. You have the right to object to the sharing of this information.

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YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Right to See and Get Copies of Your Records. In most cases, you have the right to look at or get copies of your health and billing records. This does not include psychotherapy notes. You must make your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request.

In limited circumstances, we may deny your request to see or get copies of your records. If you are denied access to health information, you may request that the denial be reviewed by submitting a written request. Another licensed health care professional chosen by Pii P&P will review your request and the denial. The person conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review.

Right to Request a Correction or Update of Your Records. You may ask us to change or add missing information to your records if you think there is a mistake. You must make the request in writing and provide a reason for the request. We may deny your request if it is not in writing or does not include a reason for the request.

We may also deny your request if you ask us to change information that:

- is accurate and complete;
- is not part of the information you are permitted to inspect and copy; "
- was not created by us, unless the person or organization that created the information is no longer available to make the change; or
- is not part of the health information kept by or for our programs.

Any changes we make to your health information will be disclosed to those with whom we disclose information, as described above.

Right to Get a list of Disclosures. You have the right to ask for a list of certain disclosures of your health information we have made to third-parties to the extent required by law. Your request must be made in writing. We are not required to account for disclosures made for any period longer than 6 years. The first list you request within a 12-month period will be free. Fees will be charged for the cost of providing additional lists. We will mail you a list of disclosures in paper form within 30 days of your request, subject to a possible 30-day extension in which case we will notify you if we are unable to supply the list within the original 30-day time period.

Right to Request limits on Uses and Disclosures of Health Information. You have the right to ask that we limit how your information is used or disclosed. You also have the right to ask that we limit the health information we disclose to someone who is involved in your care, such as a family member or friend. For example, you may ask us not to disclose information to your spouse about your Treatment you receive in our care. You must make a request in writing. You must tell us what information you want to limit and to whom you want the limits to apply. We are not required to agree to the restriction. You can request that any restrictions you put in place be terminated in writing or verbally.



Right to Choose How We Communicate with You. You have the right to ask that we share information with you in a certain way or at a certain place. For example, you may ask us to send information to your work address instead of a home address. You must make this request in writing. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to Get a Paper Copy of this Notice. You have the right to ask for a paper copy of this Notice at any time. Current copies of this Notice will also be available at all times at PIL P&P.

Right to File a Complaint. You have the right to file a complaint if you do not agree with how we have used or disclosed information about you.

How to contact PIL P&P to review, correct, or limit your health information. You may contact Ryan Caston, at 757-497-8702 to ask:

- to look at or copy your records;
- to limit how information about you is used or disclosed;
- to cancel your authorization;
- to correct or change your records; and
- for a list of the times PIL P&P disclosed information about you.

PIL P&P may deny your request to look at, copy, or change your records. If we deny your request, we will send you a letter that tells you why your request is being denied and how you can ask for review of the denial. You will also receive information about how to file a complaint with PIL P&P, or with the U.S. Department of Health and Human Services, Office for Civil Rights.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS:

The confidentiality of alcohol and drug abuse patient records maintained by an PIL P&P drug and alcohol abuse program is protected by Federal law and regulations. Generally, an PIL P&P Program may not say to a person outside an PIL P&P Program that a patient attends the PIL P&P Program, or disclose any information identifying a patient as an alcohol or drug abuser 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 emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by an PIL P&P Program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at an PIL P&P Program or against any person who works for an PIL P&P Program or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. See 42 U.S.c. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.

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OTHER USES OF HEALTH INFORMATION:

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made pursuant to your authorization, and that we are required to retain our records of the care that we provided to you.

HOW TO FILE A COMPLAINT OR REPORT A PROBLEM:

If you do not agree with how we have used or disclosed information about you, you may contact Mahogany Martin, our HRA / Privacy Officer, at 757-497-8702 to file a written complaint or report a problem. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at the address listed below. The services you receive from us will not be affected by any complaints you make. PIL P&P cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

Office for Civil Rights
Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW, HHH Building, Room 509F
Washington, D.C. 20201

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