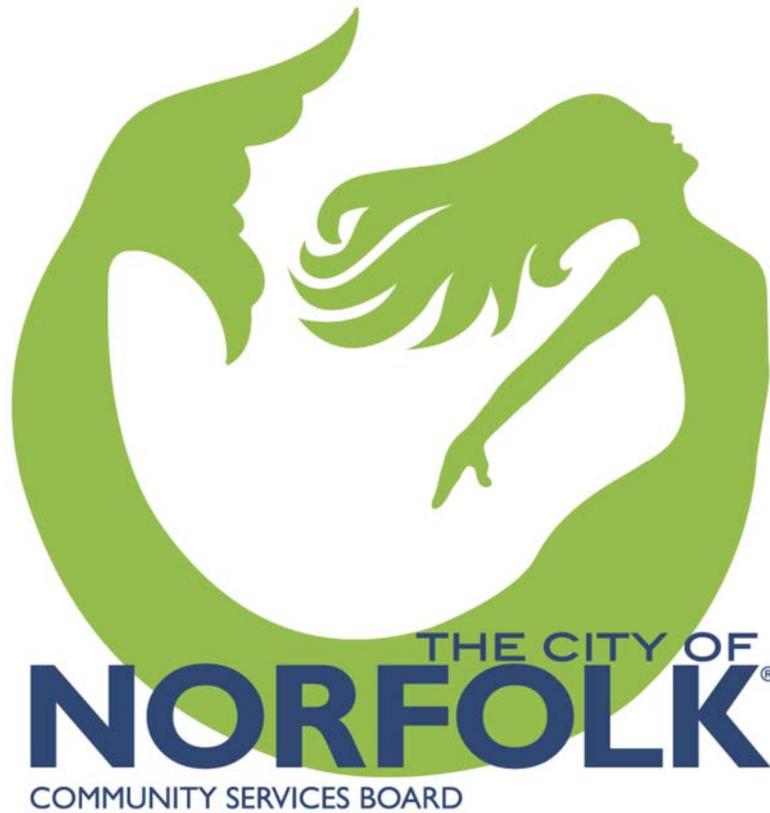

WELCOME!



NCSB HANDBOOK

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NCSB Executive Director

WELCOME TO OUR SERVICES!

We are very pleased that you have chosen the Norfolk Community Services Board as your behavioral health care provider and we look forward to working with you, in partnership, to achieve your goals. We understand that this is an important time in your life. In order to get the most benefit from services, we encourage and expect you to participate with your treatment team in developing an individualized service plan, which will identify your needs and preferences. This plan will be one of the many tools that will assist you while participating in services.

This handbook is designed especially for you! Please read it carefully and keep it for future reference. Do not hesitate to ask any staff member for help if you have questions about its content. This booklet provides an overview of the types of services available to you and your family at the Norfolk Community Services Board. It also provides information on your rights and responsibilities as an individual receiving services. Feel free to discuss any concerns or questions with your Care Coordinator, therapist, or case manager, at any time. You can be confident that you are working with an experienced and professional staff, who are trained to assist you.

In addition to your treatment team members, you may also contact the Office of Consumer Relations to get answers to questions or help with any concern related to your services. If, at any time, you believe your rights have been violated, we urge you to contact either the *Office of Consumer Relations* or the *Regional Human Rights Advocate*. Specific contact information is located later in this booklet.

Again, we welcome you to the Norfolk Community Services Board and we trust your experience with us will be rewarding and that you will be successful in meeting the goals you have set for your future.

Sincerely,



Sarah Paige Fuller
Executive Director

OUR MISSION

The mission of the Norfolk Community Services Board is to provide the citizens of Norfolk who experience behavioral health and developmental disabilities with quality services that instill hope and recovery.

OUR VISION

Our vision is that every citizen of Norfolk who experiences behavioral health and developmental disabilities will realize hope and recovery.

WE ALSO BELIEVE IN...

- Providing timely services in the least restrictive setting which are accessible, affordable, efficient, effective, and adaptable to the individual and family's needs.
- Ensuring a well-trained and culturally diverse staff.
- Evaluating our services regularly as they relate to consumer and community needs.
- Working cooperatively with other agencies and organizations to provide our community with fully integrated services.

OUR CODE OF ETHICS

You may request to receive a copy of the Norfolk Community Services Board's Code of Ethics from your Care Coordinator at any time while receiving services under our care. Our staff are committed to providing ethical and professional services to our consumers and to the community throughout your entire episode of care.

OUR FOUR SERVICE PRINCIPLES

- **Consumer Responsiveness:** We seek and incorporate feedback from our consumers to improve the effectiveness and quality of our services.
- **Quality Services:** We are committed to continuous improvement in order to increase the value of our services to our consumers and to our community.
- **Data Driven:** We collect and use accurate data to guide our decisions and to improve the efficacy and effectiveness of our services.
- **Cost Effective:** We utilize effective business practices to conserve funding and provide the most effective delivery of services to our consumers.

OUR CORE VALUES

In achieving our mission and vision, we value:

- **Respect:** Dignity and human rights protection is vital to our service philosophy. We encourage the feedback of our consumers so we can meet the standards of excellence that we strive to provide.
- **Service:** We offer a variety of comprehensive services by highly qualified and caring professionals who strive to assist our consumers to achieve their highest potential.
- **Partnership:** We believe that better outcomes and supports are achieved when we all work together. Partnership is a culture that encourages recovery, health, and independence.

OUR PLANNING GOALS

- Assist the individuals that we serve in managing their illness.
 - Improve the health status of the individuals that we serve.
 - Support the individuals that we serve in attaining a meaningful role in the community.
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IMPORTANT CONTACT NUMBERS

- **Do you have a question about your bill?**
Call our Reimbursement Office at (757) 756-5600
- **Do you need to find out about services for the Deaf, Blind, and Hard of Hearing?**
Please call TDD: (800) 552-7917
- **Emergency Services:** (757) 664-7690
- **Corporate Compliance Department**
Call: (757) 756-5600
- Are you aware of any possible fraud, waste, or abuse?
Call: **1-866-839-1229**
All calls are confidential and you may elect to remain anonymous!
- **For job openings and employment information, Job listings and applications are available online at:**
<http://agency.governmentjobs.com/norfolk/default.cfm>

Norfolk CSB Office of Consumer Relations

If you:

- Have questions, concerns or suggestions about our services,
- Have complaints of human rights violations, or
- Need to talk to someone about consumer advocacy issues, or
- Have an interest in joining other peers in volunteering for the agency...

WE CAN HELP!
(757) 823-1692

ABOUT YOUR PRIVACY

This Notice describes how medical records information about you may be used and disclosed and how you can get access to your medical information. Please review it carefully.

YOUR PRIVACY IS OUR PRIORITY:

The Norfolk Community Services Board understands your privacy is important. We are required by law to maintain the privacy of Protected Health Information (PHI) 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 law and agency policy, 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:

- Agency's Privacy Officer/Records Administrator;
- State Advocate;
- Secretary of Health and Human Services of the Federal government.

Addresses and phone numbers to use are listed at the end of this notice. (Each time you receive services from us, the provider maintains a record of the visit.) Typically, their documentation contains your assessment, service plan, progress notes, diagnoses, treatment, and plan for future care or treatment. These documents are kept in our Electronic Health Record (EHR) and/or a medical record.

YOUR FEDERALLY-DEFINED RIGHTS UNDER 45 CFR PARTS 160 AND 164, HIPAA, AND THE COMMONWEALTH OF VIRGINIA'S CODE 35-115-80 AND 35-115-90, HUMAN RIGHTS:

We want you to be aware of the following rights concerning your protected health information:

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- You have the right to access or to request copies of your electronic health record (EHR). This right is not absolute and may require a fee. In certain situations, we can deny access. You must make this request in writing to your Care Coordinator or the agency's Records Administrator/Privacy Officer. If denied access, you will receive a timely, written notice of the decision and reason, and a copy of this notice becomes a part of your EHR.
 - You have the right to request amendment of your EHR if you believe information in the record is inaccurate or incomplete. You must make this request in writing to your Care Coordinator or the agency's Records Administrator/Privacy Officer. We may deny the request for specific reasons but you will be provided with a written explanation of the denial.
 - 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 that were not otherwise authorized by you. You also have the right to be given the names of anyone, other than employees of the agency, who received information about you from the agency.
 - You have the right to request from your Care Coordinator a restriction the use or disclosure of your protected health information. This request will be given serious consideration by the Privacy Officer and you will be informed promptly whether we will be able to honor the requested 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 circumstances.

YOU HAVE THE RIGHT TO RECEIVE AN ACCOUNTING OF THE AGENCY'S INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR THAT CARE:

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

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 opportunity to agree or object.

These specific circumstances, such as by court-order or under the requirements of Virginia Public Health Information, are:

- Public Health activities (for example: reporting communicable diseases);
 - Judicial and Administrative proceedings (for example: an order from a court or administrative tribunal or legal counsel to the agency, or from the Inspector General);
 - Law Enforcement purposes (for example: reporting of gunshot wounds; limited information requested about suspects, fugitives, material witnesses, or missing persons; or witnesses of criminal conduct on premises);
 - To avert a serious threat to Health and Safety (for example: in response to a statement made by a person served to harm self or another);
 - Children or incapacitated adults who are victims of abuse, neglect or exploitation;
 - Specialized Government functions;
 - Military Services (for example: in response to appropriate military command to assure the proper execution of the military mission);
 - National Security and Intelligence activities (for example: in relation to protective services to the President of the United States);
 - State Department (for example: medical suitability for the purpose of security clearance);
 - Correctional Facilities (for example: to correctional facility about an inmate);
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- Workers Compensation to facilitate processing and payment;
 - Coroners and Medical Examiners for identification of a deceased person or to determine cause of death.

Documentation will be included in your EHR of information disclosed without consent to those who are not agency employees, The Department of Behavioral Health and Developmental Services (DBHDS), or other health providers involved in your services.

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 a *Authorization to Release Information* form that specifically states what 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 have acted on the authorization.

CHANGES TO PRIVACY PRACTICES:

Norfolk Community Services Board 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 service sites, and available upon request by mail or discussion with an agency representative or electronically or a combination of the three. Information of individuals served may also 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.

CONCERNS ABOUT PRIVACY RIGHTS?

- **Norfolk CSB Privacy Officer (Records Administrator):**
For additional Information concerning our privacy policy, or the federal and State laws pertaining to privacy, contact:
225 W. Olney Road, Norfolk, VA, 24510
Phone: (757) 756-5600
- **Norfolk CSB Compliance Office:** Phone: (757) 756-5600
- **Norfolk CSB Office of Consumer Relations:** Phone: (757) 823-1692
- **Secretary of Health and Human Services,**
Immediate Office of the Secretary,
Hubert Humphrey Bldg., 2000 Independence Ave. SW
Washington, DC, 20201,
Phone: (202) 690-7000

EMERGENCIES

What should I do if I have an emergency?

- If you need urgent assistance for medical or police issues, call 911.
- If you are having a mental health crisis, you can call 911 or Emergency Services and then your Care Coordinator. You should definitely call 911 or Emergency Services if you are thinking about harming yourself or someone else. You can also call Emergency Services to speak to a crisis counselor; this service is available 24 hours a day, 7 days a week. The **Emergency Services Hotline is (757) 664-7690.**

What is a Care Coordinator?

Your Care Coordinator should be your primary point-of-contact for all of your services at the Norfolk Community Services Board. This person will be your primary provider for face-to-face contact, and will be available to link you with appropriate services.

INDIVIDUAL'S ACKNOWLEDGEMENTS & CONSENT FOR TREATMENT

During your initial appointment with the NCSB and every year thereafter, you will be asked to sign an "Individual's Acknowledgements & Consent For Treatment" form, which will be stored in our electronic medical records. That form will address consumer rights, privacy, financial expectations, and other information that is relevant to the services you receive from the NCSB. This section will highlight specific items on that form that are not already addressed in another area of this handbook.

CONSENT FOR TREATMENT: You will be asked to authorize treatment by Norfolk Community Services Board and/or affiliated staff member(s) on behalf of yourself and any minor children in your custody and/or any person for whom you are the guardian.

RELEASE OF INFORMATION: You will be asked to authorize the release of any and all medical and/or charge information as is necessary for reimbursement from any third party or government agency involved in the payment of your treatment, including but not limited to: Insurance Payers, HMOs, Workers Compensation carriers, Medicare, Tricare, and Medicaid. You may also be asked to authorize the taking and use of photographs with the understanding that the photos will become part of your medical record.

If you have a minor receiving services at the NCSB, you may be asked to authorize the release of his or her immunization record to the school nurse or daycare center at which your child is enrolled, as applicable.

CONFIDENTIALITY: In accordance with state and federal laws, information maintained about you at this agency will be protected from unauthorized disclosure. No information will be sent to your employer, family members, friends, or anyone else, unless it is discussed with you ahead of time and permission is obtained. Disclosure is permitted under state and federal laws for situations which may be applicable to you such as:

- In the interest of public safety (life threatening situations);
- In response to a court order;
- Where state law requires that information be disclosed (e.g., suspected child or adult abuse, communicable disease, etc.)

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) requires reporting of individual consumer characteristic information under the Code of Virginia Section 37.1-198.D. This information is stored in a computerized record system for statistical, program planning, research, evaluation, and funding purposes. Violation of the Federal and State laws and regulations by a program is a crime. Suspected violations may be reported to the U.S. Attorney in the district where the violation occurs.

In accordance with 18VAC85-20-26, an individual's record shall be retained for a designated period of time per regulation. Records of a minor child shall be maintained until the child reaches the age of 18 (or becomes emancipated), with a minimum time for record retention of six years from the last encounter regardless of the age of the child. After such time, records may be destroyed. The Norfolk CSB shall conduct the destruction of consumer records in a manner that protects the confidentiality of the individual served.

The meaning of informed consent should be explained to you so that you understand the contents to be released, the need for information, and that there are statutes and regulations protecting the confidentiality of authorized information. We will ask you to acknowledge that this consent is truly voluntary. You may revoke, in writing, this consent at any time except to the extent that action based on this consent has been taken.

SERVICES TO MINORS: Mental Health services, except for the use of medication, may be provided to minors fourteen years of age and older under certain circumstances without a consent for treatment signed by the minor's parent or legal guardian.

RECEIPT OF SERVICES: You may choose to receive one or more of the services described below as well decline any and all of these services.

- Alternative services are available through other hospitals, behavioral health centers and health clinics. You are free to choose services through these resources instead of through this agency.
- The services of Norfolk CSB will be explained to you at Intake.
- We will ask you to give your informed consent for Norfolk CSB to provide service(s).

SERVICES PROVIDED BY THE NORFOLK CSB

- Assessments and Evaluations
 - Case Management
 - Medication Management
 - Medication Assisted Treatment
 - Court Liaisons
 - Crisis Interventions
 - Community Integration
 - Education
 - Detoxification and Residential Services
 - Developmental Disabilities Services
 - Program of Assertive Community Treatment
 - Housing and Homeless Services
 - Early Intervention Coordination and Developmental Services
(★ See page 17 for financial information)
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ACKNOWLEDGEMENT OF CHILD ABUSE/NEGLECT REPORTING

REQUIREMENT: All health and human service professionals are required by state law to report suspected abuse or neglect to the appropriate authorities. If you have any questions about this, please feel free to ask for a better understanding before you sign.

PROVIDER CHOICE: If your services are provided under Centers for Medicare & Medicaid Services (CMS) covered benefits, you have the right to choose the agency and individual service provider who will provide your services. Your choices may be limited to those services which are medically necessary and to those service providers who are available to accept your case. If you desire a change of provider, you should notify your Care Coordinator with the Norfolk Community Services Board. You may obtain information about other available agencies and providers by asking your Care Coordinator or contacting either the Department of Medical Assistance Services (DMAS) at (804) 786-7933 or Medicare at (800) 552-3423. It is possible that your Care Coordinator may refer you for additional services during your episode of care based on your treatment needs.

PERMISSION FOR OFF-SITE ACTIVITIES: During the course of your treatment, off-premises service may be provided in the community. In these instances, transportation may be provided by the program of services. This consent for transportation will remain valid until your discharge from the Norfolk CSB or by written termination of permission by the consumer/parent/guardian/ authorized representative.

ABILITY TO PAY (ATP): SLIDING FEE SCALE

FACTS FOR INDIVIDUALS RECEIVING NORFOLK CSB SERVICES:

- **What is “Ability to Pay?”** Ability to Pay (ATP) is the fee determined by your income to pay for services at NCSB. An assessment of your income will be completed so you will know what your fee for services will be prior to you accessing those services. This will benefit low income consumers who need services but are unable to afford them.
 - **How is ATP determined?** A sliding fee scale will offer discounted charges based upon factors such as residency in Norfolk, annual household income, and the number of dependents in the household. The minimum fee individuals will pay will be the greater of \$5.00 or 5% of the service fee. Individuals whose household income is below the Federal Poverty
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Guidelines (adjusted for household size) may qualify for a financial hardship waiver, which can allow service fees to be deferred for up to three (3) months.

- **Does the NCSB's ATP Scale Apply to Everyone Receiving Services?** Yes, the ability to pay scale will apply to everyone who receives developmental disability, mental health and/or substance abuse services from the NCSB on a self-pay basis (except children enrolled in the agency's Infant Development Program). It is the policy of the City of Norfolk's CSB to determine the ATP of each person based on set criteria and these requirements apply equally to everyone.
- **If my income is low, will I have to pay anything for my services?** Yes, the ATP Scale establishes a minimum fee, which is the greater of \$5.00 or 5% of your estimated service fee. Agency staff are required to ask individuals for applicable co-pays for co-insurances, Medicaid, and Medicare. Co-pays apply for clinic visits, physician office visits, and other physician visits. If you are unable to pay your established fees, please request a hardship form.
- **Who can I talk to if I have questions or concerns?** You should always feel free to contact your Care Coordinator whenever you have questions.

★ **Families enrolled in Early Intervention Services (Infant & Toddler Connection / ITC) have a sliding fee scale that is separate from the CSB. It can be located at www.infantva.org. Many ITC services are mandated to be provided at no cost to the family.**

ASSIGNMENT OF BENEFITS: We will ask you to authorize payment by your insurance company or Medicare/Medicaid to be paid directly to the Norfolk Community Services Board for services rendered. You are financially responsible to the Norfolk Community Services Board for charges applied to the insurance deductible and for all charges limited by the insurance carrier.

RELEASE OF INFORMATION FOR PAYMENT: You will be asked to authorize the Norfolk Community Services Board to release any necessary information from your record as requested to your insurance provider in order to receive payment for services rendered. This information will include dates of service, types of services, diagnosis, name of person providing services, and the relevant charges. Other information requested may also include any alcohol/ drug or HIV/AIDS related treatment records.

FINANCIAL DOCUMENTS REQUIRED TO BRING FOR INTAKE AND FINANCIAL REASSESSMENTS INCLUDE:

- Picture ID (consumer will need at least 1 of the following)
 - Driver's license
 - Military ID
 - DMV ID
 - Employer ID
 - Student ID
 - Release form from Jail that has a picture on it.
 - We will accept a Birth Certificate & Social Security card together in place of a picture ID
 - Proof of Residency (consumer will need at least 1 of the following)
 - Driver's license with current address
 - Car registration
 - Lease
 - Bank Statement
 - W-2 Form
 - Utility Bill
 - If staying with someone, a letter confirming residency will be accepted
 - Proof of household income (consumer will need at least 1 of the following for self and significant other)
 - Paycheck stub
 - Leave/Earning Statement (LES)
 - W-2 Form
 - Award letter from Social Services/Social Security
 - Bank Statement (current) if consumer has direct deposit for Pension Retirement or Social Security
 - Annuity statement
 - Retirement benefit statement
 - Statement of wages on company letterhead
 - If no income, need W-6 Wage Record Inquiry from Virginia Employment Commission
 - Insurance Card (Bring every time you receive services)
 - Note: If consumer has Payee, a Release of Information form will be
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RIGHT TO APPEAL AND FAIR HEARING

FOR MEDICAID & MEDICARE CONSUMERS

This notification provides you with information on your right to appeal any decision that affects your receipt of Medicaid or Medicare services. You may appeal any decision by notification within 30 days of receipt of this notice to:

Appeals Division, Department of Medical Assistance Services

(804) 786-4231

Appeals Division, Medicare

(800) 552-3423

Whenever a service is terminated or decreased, you will receive written notification from the provider within 10 days of the pending action. Your signature on the Individual's Acknowledgement and Consent for Treatment form indicates that you have received a copy of this notification and that you understand your right to appeal.

RESPONSIBILITIES OF SERVICE PARTICIPATION & CONDUCT

(AS APPROVED BY THE LOCAL HUMAN RIGHTS COMMITTEE)

As a consumer of the Norfolk Community Services Board, you can expect us to provide you with treatment that we expect will be beneficial and effective. In order for us to assist you, it will require that you work within a structured and specific framework to meet mutually agreed upon treatment goals. Your needs will be assessed and you will be referred to services expected to help you. You will be assigned a Care Coordinator who will work with you to develop an Individualized Service Plan. This plan will reflect the specific needs and goals you wish to accomplish in treatment. Your service provider will assist you in applying for other services that would benefit you, should you be eligible. In some circumstances, for some consumers, external providers may deliver

services to the Norfolk CSB under contract. In these cases, please be aware that the service provider is subject to change due to contractual requirements.

A Norfolk CSB representative will explain fees for services to you. Unless other arrangements have been made, it is expected that you will pay for services when services are rendered in accordance with our established fee schedule. Any changes in your financial status should be brought to the attention of one of our fiscal staff.

As a recipient (or the parent / guardian or Authorized Representative of a recipient) of services at Norfolk Community Services Board (Norfolk CSB), you are expected:

- To participate with your service provider(s) in the development of an Individual Services Plan (Treatment Plan). You understand that the goals initially established may be reached prior to your completion of the program and new goals may then be created. You also understand that the length of treatment depends on your individual needs and progress.
 - To participate in the programs and structured activities as scheduled by your service provider. If applicable, you agree to abide by all court and/or probation and/or parole stipulations.
 - Not to be, nor threaten to be, destructive to property belonging to the program, staff or other consumers.
 - To accept responsibility for any damage caused by negligence or maliciousness on your part.
 - To agree to speak, act and dress in an appropriate manner during any sessions with staff, in group meetings, and all program activities.
 - To agree not to bring alcohol, illegal drugs, or weapons (i.e. knives, firearms, and other potential weapons) to treatment centers or any meetings with your service provider.
 - To adhere to the agency's policy that prohibits the use of tobacco, alcohol, illegal drugs and weapons of any kind in agency vehicles.
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- To acknowledge that the Norfolk CSB is a non-smoking facility and that no smoking is allowed in its buildings or in its vehicles. If you smoke, you will smoke outside its buildings in designated smoking areas.
 - To agree that as a recipient of services, you will make sincere efforts to abstain from abuse of alcohol and/or illegal drugs and submit to breath/urine tests when requested by program staff.
 - To agree to respect the confidentiality of other participants you may encounter in services and group meetings or any other program activities.
 - To agree to the collection of administrative information to be placed in a computerized database for statistical and billing purposes and reporting requirements.
 - To understand that should you become enrolled in multiple programs within the Norfolk CSB, additional behavioral guidelines, if applicable, will be provided to you at time of program enrollment.
 - To attend appointments as scheduled.
 - To pay for all services when services are rendered or as agreed to and documented on the Individual Acknowledgement & Consent Form.
 - To call within 24 hours if you are unable to attend a scheduled appointment or group for any reason.
 - To work with your Care Coordinator on your Individual Service Plan and subsequent reviews. Be active in attempting to attain the goals and objectives as defined in your Individual Service Plan.
 - To be considerate and respectful. Verbal abuse, physical threats, violent gestures, sexual abuse or harassment toward peers, staff or property will not be tolerated.
 - To promptly notify appropriate agency personnel if you have problems or concerns regarding services. (Office of Consumer Relations, 757-823-1692)
 - To follow through with treatment recommendations such as prescribed medications or outside activities and promptly report problems with medications or if medications are stopped for any reason.
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KNOW YOUR RIGHTS

Norfolk Community Services Board strives to provide consumers with the best possible services. As a consumer of the Norfolk CSB, you have rights that are protected and authorized by the Code of Virginia § 37.2-400. Staff should explain your rights to you when you enter into services at Norfolk CSB, provide you with ongoing human rights resources as needed, and formally address your rights one time a year.



YOU HAVE THE RIGHT TO:

- Be treated with dignity and respect in the least restrictive setting;
 - Be included in making any decisions about your treatment and services;
 - Give or not give consent for treatment;
 - Give or not give consent before any information is shared about you, unless another law, federal regulation, or Human Rights Regulation requires or allows;
 - Have help in learning about, applying for, and using public service benefits;
 - Be protected from harm including abuse and neglect;
 - Have all your legal rights, unless the court restricts these rights;
 - Have all information that the Norfolk CSB maintains or knows about you remain confidential;
 - Ask questions and get help with your rights;
 - Receive a copy of the agency Human Rights Policy.
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ADDITIONALLY, IF YOU ARE A CONSUMER OF A RESIDENTIAL SERVICE, YOU HAVE THE RIGHT TO:

- Have suitable clothing;
- Receive services in a safe and clean environment;
- Have a nutritious and varied diet;
- Speak privately by phone or write letters to anyone, unless your treatment plan or program rules limit this;
- Have or refuse visitors;
- Meet or consult in private with your lawyer, clergy, authorized representative, and health care provider, as outlined in the Human Rights Regulations;
- Practice religion and participate in religious services as long as it does not pose a danger to you or others and does not infringe on the rights of other consumers.

IF YOU HAVE A QUESTION, CONCERN, OR BELIEF THAT YOU HAVE BEEN TREATED UNFAIRLY, OR YOUR RIGHTS HAVE NOT BEEN RESPECTED, YOU MAY CHOOSE TO DO ANY OF THE FOLLOWING:

- You may contact the Office of Consumer Relations (OCR) at (757) 823-1692. The OCR will review your complaint and explain the process of handling your complaint. The OCR will work with you to resolve the situation at the earliest possible step. If at any time you are not satisfied with the resolution, you have the option of appealing the outcome.
- You may also call or write to Reginald Daye, HPR V Regional Advocate:
Phone: (757) 253-7061, or toll-free at: (877) 600-7436
Address: Regional Advocate, Eastern State Hospital,
Office of Human Rights
4601 Ironbound Rd
Williamsburg, VA 23188-2652.
- If your complaint is not resolved to your satisfaction, you may request a formal hearing before the Local Human Rights Committee. Reginald Daye can assist you with this request.

COMPLAINTS MAY BE MADE WITHOUT FEAR OF RETALIATION.

HUMAN RIGHTS COMPLAINT PROCESS

We will help you work with the agency or, if necessary, with the Local Human Rights Committee to investigate your complaint and try to resolve it. Complaints may be voiced with appeals to follow in the order listed below. At each step, you will be given oral and written instructions concerning the next step in the appeal process, should the complaint remain unresolved.

EACH INDIVIDUAL HAS A RIGHT TO:

1. Make a complaint that the Norfolk CSB has violated any of the rights assured under the Human Rights Rules and Regulations.
2. Have a timely and fair review of any complaint according to 12VAC35-115-175 of the Human Rights Rules and Regulations.
3. Have someone file a complaint on your behalf.
4. Make a complaint under any other applicable law, including a complaint to a protection and advocacy agency, such as dLCV, the Disability Law Center of Virginia.

NORFOLK CSB DUTIES – THE NORFOLK CSB SHALL:

1. Adhere to the reporting requirements according to 12VAC35-115-230 and the regulations pertaining to the complaint process that begins with 12VAC35-115-150 and continues through 12VAC 35-115-210 of the Human Rights Rules and Regulations.
2. Make every attempt to resolve an individual's complaint at the earliest possible step in a format most easily understood by the individual.
3. Take all steps necessary to ensure that individuals involved in the complaint are protected from retaliation and harm.
4. Assist the individual making a complaint in understanding the human rights complaint process, the provider's complaint resolution policies and procedures, and the confidentiality of involved information.

Consumers are advised to clarify and/or discuss areas of concern about decisions made regarding the course of their treatment with their primary counselor, case manager, program manager, and/or treatment provider. Staff should make every attempt to resolve the complaint to the individual's satisfaction at the earliest possible step.

The Consumer Relations Specialist can also assist the individual, as needed, in understanding the full complaint resolution process, the provider's complaint resolution policies and procedures, and the confidentiality of involved information.

At each level, the consumer will be given oral and/or written instructions concerning the next step in the process, and how to appeal administrative decisions, should the complaint remain unresolved.

Consumers will be assured throughout the process that their complaint will not result in retaliation, nor prevent them from voicing their complaint under any other applicable law, including a complaint to a protection and advocacy agency, such as dLCV, the disABILITY Law Center of Virginia.

The following steps apply if the complaint is pursued through the complaint process, adhering to the reporting requirements in 12VAC35-115-230:

Step 1: The Norfolk CSB will try to resolve the complaint by meeting with the individual, any representative the individual chooses, the Consumer Relations Specialist, and others as appropriate. The Executive Director or designee will conduct an investigation of the complaint, if necessary, as soon as possible, ensuring that individuals involved in the complaint are protected from retaliation and harm. All available documentation will be utilized to assess all aspects of the complaint, to include electronic health records, staff/consumer interviews, program policies/procedures/manuals, and video surveillance. The investigator/Consumer Relations Specialist will assist the individual making the complaint in understanding the human rights complaint process, the providers complaint resolution policies and procedures, and the confidentiality of involved information.

Step 2: Based on the investigation summary, the Executive Director or designee will give the individual and his/her chosen representative a written decision and, where appropriate, an action plan for resolving the complaint within 10 working days of receiving the complaint.

Step 3: If the individual has accepted the decision/action plan offered by the Executive Director, the complaint is not subject to further review and the complaint will be closed.

Step 4: If the individual disagrees with the Executive Director's final decision or action plan, he/she may file a petition for a hearing by the Local

Human Rights Committee (LHRC) within 10 working days from receipt of written documentation by the Executive Director. At that point, the LHRC will follow the process according to Human Rights Regulations, 12VAC35-115-180.

Step 5: If at any time during the complaint process it is concluded that there is substantial risk that serious or irreparable harm will result if the complaint is not resolved immediately, the Consumer Relations Specialist shall inform the Executive Director, the Norfolk CSB’s governing body, and the LHRC. In that situation, the LHRC shall conduct a hearing according to the special procedures for emergency hearings as outlined in 12VAC35-115-190 of the Human Rights Rules and Regulations.

Step 6: Any party may appeal to the State Human Rights Committee (SHRC) if he/she disagrees with the LHRC’s final findings of facts, conclusions, and recommendations following a hearing. Steps and procedures for this process are stated in the Human Rights Regulations, 12VAC35-115-210. A copy of the regulations can be made available to you at any time.

NOTE: The Regional Advocate may assist and/or monitor the entire complaint procedure in accordance with Section 12VAC35-115-150 and continuing through 12VAC35-115-210 of the Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services. In addition, individuals may have the assistance and/or participation of a person of their choosing throughout this process.

CALL OR WRITE YOUR ADVOCATE:

LOCAL ADVOCATE	REGIONAL ADVOCATE
Sheila McElmurry, LCSW	Reginald T. Daye
Consumer Relations Coordinator	Regional Advocate, HPR V
Norfolk CSB Consumer Relations	Office of Human Rights
225 W Olney Road	Eastern State Hospital
Norfolk, VA 23510-1523	4601 Ironbound Rd, Williamsburg, VA 23188-2652
(757) 823-1692	(757) 253-7061

NOTICE OF DEEMED CONSENT

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

According to Virginia law Section 32.1-45.1: In the event that you are exposed to the body fluids of a staff member while receiving services from the Norfolk CSB, the staff member will be required to be tested for HIV or Hepatitis B or C. Also, you are entitled by state law to be informed of the staff member's test results. And, in the event that a staff member is exposed to your body fluids while you are receiving services from the Norfolk CSB, Virginia law Section 32.1-45.1 states that 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 that this occurs, the staff member is entitled by state law to be informed of your test results.

As a person receiving services at the Norfolk CSB, you will be asked 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.

According to Virginia law, Section 32.1-45.1 "whenever any health care provider, or any person directly exposed to body fluids of a person receiving services in a manner which, according to the then current guidelines of the Center for Disease Control, transmits human immunodeficiency virus (HIV) or Hepatitis B or C virus, the person receiving services whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with HIV or Hepatitis B or C. Such persons receiving services shall also be deemed to have consented to release of such tests results to the person who was exposed."

Section 32.1-45.1 also states that "whenever any *person receiving services* is directly exposed to body fluids of a health care provider...the person whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with HIV or Hepatitis B or C and the release of such test results to the *person receiving services* who was exposed."

YOUR RIGHT TO AN INTERPRETER DURING RECEIPT OF SERVICES

The Norfolk Community Services Board has resources to enable us to provide services for individuals with limited English proficiency. Should you require translation services or sign language interpreters, please inform your Care Coordinator or the administrative staff who schedule your initial appointment and they will make all the arrangements. We understand that you may want to use the services of a friend or family member, but in an effort to ensure your complete confidentiality and privacy, we will coordinate and pay for services on your behalf.

FOR A REGISTRY OF QUALIFIED SIGN LANGUAGE INTERPRETERS:

Virginia Department for the Deaf and Hard of Hearing (VDDHH)

1602 Rolling Hills Drive, Suite 203

Richmond, VA 23229-5012

Phone: 1-800-552-7917 / www.vddhh.org

SERVICE ANIMALS

The American with Disability Act (ADA) defines service animals as any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability. Service animals assist individuals by performing some of the functions or tasks that cannot be performed without one.

It is helpful for service animals to wear special collars or harnesses to assist with proper identification, but it is not required.

Service animals are welcome at Norfolk CSB.

ADVANCE DIRECTIVE

An Advance Directive is a legal document that directs your future health care if you become incapable of making an informed decision about your care. It combines historical documents like a Living Will and Health Care Power of Attorney into one document, which can be activated during:

- End-of-Life care;
- Mental health care;
- General health care.

It allows you to appoint a health care agent and give them instructions about the kind of care that you want. An Advance Directive can be revised at any time and does not need to be notarized or written by an attorney.

An Advance Directive should be developed when you are able to:

- Understand information, and
- Able to make decisions, and
- Can communicate decisions

Your wishes in the Advance Directive document become activated when/if you become incapable of making informed decisions, which is defined as:

- Being unable to understand the nature, extent, or probable consequence of the proposed health care decisions; or
- Unable to make a rational evaluation of the risks and benefits or alternative to that decision.

An Advance Directive is de-activated as soon as any physician finds that you are able to make informed decisions again.

This document gives you the power to make decisions about your care when you are unable to do so. It can tell us who we should contact about your care and what your wishes are in relation to your health care, to include psychiatric care. As a Community Service Board, we are responsible for implementing your Advance Directive if you have one and assisting you in creating one if you are interested in pursuing this option. Please contact your Care Coordinator for more information.

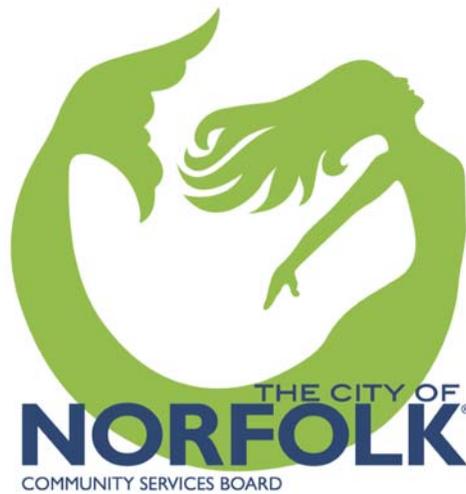
RESOURCES

- **FOR GENERAL INFORMATION ON INTERPRETING THE ADA:**
United States Department of Justice (US DOJ)
950 Pennsylvania Avenue, N.W.
Washington, DC 20530-0001
1-800-514-0301 (Voice) / 1-800-514-0383 (TTY)
www.usdoj.gov/crt/ada/=adahomthtm
- **DISABILITY LAW CENTER OF VIRGINIA (dLCV) [formerly Virginia Office for Protection and Advocacy (VOPA)]:**
dLCV helps persons with disabilities protect their rights. All callers receive information and referral and/or technical assistance services. People with a problem described in dLCV's current program priorities may get help with investigating complaints, negotiating solutions to disagreements, legal representation and/or advocacy services.
Richmond Office:
1910 Byrd Avenue, Suite 5, Richmond, Virginia 23230
1-804-225-2042 (Voice/TTY)
1-800-552-3962 (Toll-Free/(Voice & TTY)
Fax: 1-804-662-7057 / Email: info@dLCV.org

For more information about dLCV programs, investigations, publications, and upcoming events, log onto our web site at:
www:dLCV.org

Thank you for choosing the Norfolk CSB!

This handbook was produced by the Norfolk Community Services Board.
If you have any suggestions for or questions about the content of this
handbook, please call: **757-823-1692**



Norfolk Community Services Board
7447 Central Business Park, Norfolk VA 23513
757-756-5600
<http://www.norfolk.gov/NCSB/>

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