

Allen County Community Corrections
Clinical / CBT Division

MENTAL HEALTH SERVICES EXPLANATION AND DEFINITIONS

At some point during your supervision through Allen County Community Corrections (ACCC) or participation in ACCC programs, you may see a mental health clinician. In the event that you meet with, talk to, or are evaluated by someone from the Clinical / CBT Division, we would like you to understand the following information.

General Explanation of Mental Health Assessments, Crisis Stabilization, and Psychological Testing Services- The Clinical/CBT Division offers mental health and substance abuse assessments, crisis stabilization and well-being checks, and psychological testing services. All participants enrolled in CBT programs or pre-trial services through Allen County Community Corrections will be screened for mental health and substance use needs utilizing a variety of evidence-based instruments. Participants may also be required to complete a face-to-face interview to further assess for needs and assist with service recommendations if deemed appropriate by referral sources and/or testing results. If a participant presents in crisis they may be referred to a mental health clinician for a well-being check and crisis stabilization recommendations.

Risks and Benefits of Cognitive Behavioral Programming- The programming that is offered by Allen County Community Corrections consists of evidence-based cognitive behavioral approaches to aid in reducing recidivism and developing pro-social behavior. Some aspects of the programming involve discussing unpleasant aspects of one's life, which may result in participants experiencing uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. CBT programming also has numerous benefits including: better relationships, solutions to specific problems, and significant reductions in feelings of distress. In order to derive benefits from programming and complete supervision requirements in a timely manner, individuals are encouraged to actively participate. Lack of participation in recommended programming can have legal consequences. If participants have questions or concerns about our assessment and treatment or referral procedures, he/she should discuss them with an ACCC Clinical / CBT Division staff member whenever such questions or concerns arise. If their doubt persists, staff members will be happy to discuss them, at the ACCC Director's discretion, with other outside agency treatment professionals.

Substance Use Programming and Mental Health Service Referrals: - If significant mental health and/or substance abuse concerns are detected through the psychological testing, background checks, or face-to-face assessments conducted at Allen County Community Corrections, participants may be referred to a community mental health center for additional evaluation and treatment services. Please be aware that, regardless of whether services are recommended to be conducted at Allen County Community Corrections or at an outside agency or facility, ACCC, your Case Manager and the Courts will expect you to follow through with those recommendations for treatment. Failure to follow through with recommendations or expectations may ultimately result in legal consequences.

HIPAA- HIPAA refers to a law passed in 1996 designed to protect personal identification and privacy. Under this law we are still able to share information about you and your treatment here with others for the safety of you and our staff, case management, and the provision of your health care. You will receive a copy of the HIPAA regulations to read and/or keep with you based on your interest in knowledge of these regulations.

Informed Consent and Release of Information- To make sure you understand what information will be shared and with whom, we will provide those details to you and ask your cooperation in sharing the appropriate information about your care. If you have any concerns about the information being shared, you are encouraged to discuss this with someone from our Clinical / CBT Division.

Program Policies- Information regarding test taking policies and procedures, applicable fees and staff contact information is provided in this section.

Allen County Community Corrections
Clinical / CBT Division

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL, MENTAL HEALTH, AND DRUG/ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

General Information

Information about your treatment and care, including payment for care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 ("HIPAA")* and the Confidentiality Law**. Under these laws the program may not say to a person outside of the program that you attend the program, nor may the program disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by the federal laws referenced below.

The Use of Your Information

Generally, you must sign a written consent before the program can share information for treatment purposes or for health care operations. However, the law permits the program to disclose information in the following circumstances without your written permission. In order to provide you with the best care and to protect the safety and rights of yourself and others, ACCC may use your health and treatment information in the following ways:

- Communication among program staff (including students or other interns) for the purposes of treatment needs, treatment planning, progress reporting and review, staff supervision, incident reporting, medication administration, billing operations, medical record maintenance, discharge planning, and other treatment related processes.
- Communication with business associates such as clinical laboratories (blood work, urinalysis), agencies that provide on-site services (lectures, group therapy), long term record storage.
- Reporting data to the Indiana Department of Correction, Indiana Criminal Justice Institute, or U.S. Department of Justice.

The following describes situations in which we are legally obligated to take actions which are necessary to attempt to protect others or yourself from harm, in which cases we may have to reveal some information about your treatment:

- If we have reason to believe that a child is a victim of child abuse or neglect, the law requires that we file a report with the appropriate government program, usually the local child protection service. Once such a report is filed, we may be required to provide additional information if requested.
- If we have reason to believe that someone is an endangered adult, the law requires that we file a report with the appropriate government program, usually the adult protective services unit. Once such a report is filed, we may be required to provide additional information if requested. However, 42 CFR Part 2 does not permit disclosure of information regarding alcohol and drug abuse and cannot disclose this type of information in such cases.
- If a participant communicates an actual threat of physical violence against an identifiable victim, evidences conduct, or makes statements indicating imminent danger that the participant will use physical violence or other means to cause serious personal injury to others, we may be required to disclose information in order to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the participant. However, 42 CFR Part 2 permits disclosure of this type in only three instances, including when 1) there is a court order in compliance with federal regulations, 2) reporting occurs without identifying the person as a participant in alcohol or drug treatment, and/or 3) when a crime has taken place or is threatened on program premises or against program personnel.
- If a participant communicates an imminent threat of serious physical harm to him or herself, we may be required to disclose information in order to take protective actions. These actions may include initiating hospitalization or contacting family members or others who can assist in providing protection. However, 42 CFR Part 2 permits disclosure of this type in only three instances, including when 1) there is a court order in compliance with federal regulations, 2) reporting occurs without identifying the person as a participant in alcohol or drug treatment, and/or 3) when a crime has taken place or is threatened on program premises or against program personnel.

If any one of the above situations arises, we will make every effort to fully discuss it with you before taking any action, and we will make reasonable effort to limit our disclosure to only what is necessary.

NOTICE OF PRIVACY PRACTICES CONTINUED

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss with you any questions or concerns that you may have about the above information, both now and in the future. The laws governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

Before the program can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing. (NOTE: Revoking consent to disclose information to a court, probation department, parole office, etc. may violate an agreement that you have with that organization. Such a violation may result in legal consequences for you.)

Your Rights

- Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health and treatment information. The program is not required to agree to any restrictions that you request, but if it does agree with them, it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.
- You have the right to request that we communicate with you by alternative means or at an alternative location (e.g. another address). The program will accommodate such requests that are reasonable.
- Under HIPAA you also have the right to inspect and copy your own health and treatment information maintained by the program, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. Please be aware that ACCC owns and is responsible for its records and it is up to our discretion if we release information to participants.
- Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in the program's records, and to request and receive an accounting of disclosures of your health related information made by the program during the six (6) years prior to your request.
- If your request to any of the above is denied, you have the right to request a review of the denial by the Clinical / CBT Division Coordinator.
- Any requests under this section must be made in writing to the Clinical/CBT Coordinator.
- You also have the right to receive a paper copy of this notice.

ACCC Program Duties

The program is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. The program is required by law to abide by the terms of this notice. The program reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains.

Complaints and Reporting Violations

If you are concerned that we have violated your rights or you disagree with a decision ACCC made about access to your records, you may contact us to discuss the matter.

Clinical / CBT Coordinator or Program Section Chief
201 West Superior Street
Fort Wayne, IN 46802
Phone 260-449-7252 Fax 260-449-7308

If you wish to request a grievance hearing by an impartial board you may do so by submitting, in writing, a request to the Executive Director, who will in turn convene the board within 30 days of the receipt of the request. The board shall be made up of 3 impartial staff members or members of the treatment community, as attainable. The decision of the board shall be final and binding.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The Clinical / CBT Division Coordinator or Program Section Chief can provide that address upon request. You will not be retaliated against for filing such a complaint.

* 42 U.S.C. § 130d et. seq., 45 C.F.R. Parts 160 & 164

** 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2

ALLEN COUNTY COMMUNITY CORRECTIONS
Clinical / CBT Division

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT

DATE: _____

I acknowledge that I was provided with a copy of the Allen County Community Corrections Clinical / CBT Division Notice of Privacy Practices.

Client Name (Print) Client Signature

If completed by a client's personal representative, please print and sign your name in the space below

Personal Representative (Print) Personal representative's Signature

Relationship _____

For Allen County Community Corrections use only.
Complete this section if this form is not signed and dated by the Participant or Participant's Representative.
I have made a good faith effort to obtain a written acknowledgement of receipt of Allen County Community Corrections Notice of Privacy Practices but was unable to for the following reasons:

- Participant refused to sign
- Participant unable to sign
- Other _____

Employee Name Date

This form should be placed in the participant's record.

Allen County Community Corrections
Clinical / CBT Division

ACCC CBT MARKETPLACE INFORMED CONSENT

Mental Health and Substance Use Screening

- _____ I understand that I am being asked to complete mental health and substance use screening instruments for Allen County Community Corrections. The purpose of the screening process is to assess for potential mental health and substance abuse concerns.
- _____ I understand that the results of the screening instruments may be supplemented and/or superseded by relevant documentation and/or reports from my referring agent and/or the courts.
- _____ I understand that the screening instruments, along with relevant documentation and referring agent reports, may result in a referral to a community mental health agency for additional evaluation of identified concerns.
- _____ I understand that participation in the screening process is voluntary and may be stopped at any time. I also understand that there may be legal consequences if I choose to stop the evaluation and it may be in my best interest to speak with my referring agent prior to doing so.

Forensic Assessments

- _____ I understand that depending upon my criminal charges, mental health and/or substance use history, and the recommendations of my referring agent I may be required to participate in a follow-up face-to-face interview and additional testing through Allen County Community Corrections.

Cognitive Behavioral Programming

- _____ I understand that I was referred to participate in cognitive behavioral programs as part of my legal supervision requirements.
- _____ I understand that I have the right to refuse to participate in recommended programs, with the knowledge that such refusal may result in possible legal consequences such as, but not limited to violations, re-referral, and/or incarceration.

Release of Information

- _____ I understand that results of the screening instruments, forensic assessment, and attendance records in cognitive behavioral programs will belong to Allen County Community Corrections. I also understand that Allen County Community Corrections will require a signed release of information to my referring agent, the courts, and/or community service providers prior to sharing the aforementioned information.
- _____ I understand that in order to revoke a release of information I will need to sign a written intention of revocation.

By providing my signature and date below, I acknowledge that an appropriate representative of Allen County Community Corrections has verbally explained the above information to me, that I have read and acknowledge verbally that I understand the above information, and that I agree to the above.

Signature

Date

Witness

Date