



1 Elizabeth Place
Suite NWB40
Dayton, OH 45417
(p) 937.401.8672

CLIENT ORIENTATION BOOKLET

Your Primary Provider is: _____

Mission Statement

Miami Valley Recovery's mission is to offer clients outpatient services that promote long-term recovery and provides the tools necessary to reconstruct their lives free from alcohol and drugs. Miami Valley Recovery will set the standard in SUD treatment.

Description of Services Offered and Expectations

Miami Valley Recovery, LLC is a private agency that provides substance use disorder and prevention services to individuals, couples, families, and groups. Miami Valley Recovery, LLC provides an array of professional treatment services that include, but are not limited to assessments, individual, family, and group therapies, and drug and alcohol services. These services are provided by staff appropriately licensed by the State of Ohio as well as by community support providers (case managers).

We do not discriminate in the provision of service on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, lifestyle, socioeconomic status, language, handicap (physical, developmental or mental illness or disability including HIV infection, AIDS related complex, or AIDS). All staff is guided by an agency code of ethics and, if professionally licensed, the current ethical codes applicable to their license. This includes guidance related to conflicts of interest. Staff will encourage your growth and developments, foster your well-being, promote your independence and recovery, and respect your rights.

Assessment will be an ongoing process to help us determine the best services to meet your individual needs. Your active participation in the development of your goals and objectives is crucial to address the reasons that brought you to treatment. You will receive an explanation of your diagnosis and what you can expect while in treatment. At the beginning of your treatment you will be asked to complete an outcome survey and periodically thereafter. This will be used by you and your provider to identify problem areas and to later gauge progress.

You will receive a copy of your treatment plan. During the course of treatment, staff will work carefully with you to meet your goals and objectives and assist with a seamless transition to recommended services, additional resources and/or successful termination. Transition and discharge criteria will be identified during the development of your treatment plan. A planned discharge occurs when you have met all your goals in the treatment plan.

You will have a final session with your provider to review progress and discuss any referrals and/or recommendations. You will be provided with a Service Termination Summary/Continuing Care Plan. This plan will provide you with a summary of discharge recommendations. At times, an unplanned transition or discharge may occur if you leave service without plan or notice. If this occurs you will be contacted by phone and/or letter of the termination of services. You will receive information on how to reinstate services, if applicable.

There are some programs where motivational incentives may be used. This is determined by program administration to assist individuals in moving more quickly into desired results. Involvement of family members and/or other support persons is highly encouraged and expected in treatment. Family/Support persons can be actively involved in the assessment, development of individual treatment; ongoing evaluations of the services received, and can improve your progress and recovery. Your permission is needed to include family/support person in your treatment. Some individuals may be mandated to services by the court or other organizations. We will follow all legal requirements regarding reporting and follow-up. A Release of Information will be required to communicate with these organizations and will be discussed at your first session. We request that you do not record sessions with your providers. This can be disruptive to the therapeutic process and recordings can be vulnerable to access by unauthorized persons. If you have any questions regarding recording your sessions please talk with your service provider.

You are expected to attend all scheduled appointments and work as a team with our staff which may include your therapist, case manager, nurse, and/or physician. Recovery cannot happen without your active participation in all phases of treatment, including developing a treatment plan, asking questions, and discussing any concerns with your providers.

Adult Treatment

Assessment – The assessment provides a comprehensive overview of the client and his/her problems. Assessment includes the alcohol and other drug history, including past treatment or efforts to abstain, functioning in the areas of family, employment, health, mental health, legal, social and other life areas. Strengths available to support the recovery process, client motivation for recovery, and ability to abstain from alcohol and other drugs on an outpatient basis are also assessed. Recommendations for additional services, if appropriate, are also a part of the assessment process. The assessment usually takes two-hours. Some clients may require additional assessment time. Upon completion of the assessment, an **Individualized Treatment Plan** is developed. The plan is based on the results of the assessment and establishes the goals for treatment. The client is encouraged to participate in the development of the treatment goals and the treatment plan. ***A primary therapist will be assigned and will be responsible for service coordination.***

Non Intensive Outpatient Treatment (NIOP) – A treatment program for clients with a substance use disorder diagnosis that meets once or twice per week in a two hour session. Generally, the client will not have had prior treatment services, will have an external support system that is conducive to or tolerant of the recovery process and will have sufficient coping strategies to abstain in a less structured program. Self-help group attendance and abstinence are a requirement. Emphasis is on reducing denial of the alcohol or other drug problem, increasing positive coping skills, which will assist with abstinence after discharge, and the avoidance of another alcohol or other drug related arrest or problem. Individual sessions are a part of this program. The average length of this program is typically ongoing. Women’s specific groups are available also.

Intensive Outpatient Program (IOP) – This three hour, three day a week group program is designed for the client with a diagnosis of alcohol or other drug dependency and assessed as needing a highly structured program to support the recovery process. Often this client will have had previous treatment. Multiple life problems including more than one arrest, employment, health and relationship issues are present. The client may also have significant denial of the presence of an alcohol or other drug problem. The program usually lasts from eighteen to twenty-four weeks and transfer to step down care is based upon progress in treatment. Attendance at a self-help group and abstinence in non-prescribed medication is mandatory. Emphasis is placed on reducing denial, motivating the client to accept help from self-help groups, and the attainment of life skills such as communication, decision making, relaxation, etc. Individual treatment is part of this program.

Individual and Family Counseling: This service is available as a part of an existing group program or as a stand-alone service.

SUD Case Management – SUD Case management is provided to assist clients with obtaining necessary services to meet basic needs or to support the recovery process. While emphasis is placed on serving the dually diagnosed client, services can also be provided to clients who are experiencing difficulty with housing, medical care or other basic services.

Relapse Prevention - This group program is designed to provide support to those clients who have experienced a relapse after a period of sobriety. Clients in this program identify themselves as having an addiction and have established a recovery program in the past.

Hours of Operation / Access to Service After Program Hours

Miami Valley Recovery's office hours are Monday - Friday 8:00 a.m. to 8:00 p.m. If a crisis is sufficient to need immediate attention or occurs during non-business hours, call 9-1-1 or go to the nearest hospital emergency room.

Treatment Risks / Benefits

Substance Use Disorder treatment can be helpful in improving how you function and clients often have improvement in the symptoms that led you to seek treatment. Talking with a trained professional can help you better understand why you feel or behave the way you do. You can also learn how to deal with a specific problem or manage intense emotions. There are, however, some risks to treatment. These include experiencing uncomfortable feelings and emotions that result from discussing the difficult situations and life experiences that led you to treatment. Talking about and facing personal issues may be painful at times, but you should begin to feel better about yourself and have more skills to deal with issues in your life. Your therapist, case manager, nurse, and/or physician can discuss the risks and benefits associated with the specific treatment methods and interventions you will receive.

Advance Directive Declaration for Substance Use Disorder Treatment

An Advance Directive Declaration for Substance Use Disorder (SUD) is a legal document that empowers you to state your treatment preferences and name a person (proxy) to act for you when medical and mental health professionals determine that you are not able to make informed health care decisions.

What are the benefits of having an Advance Directive Declaration for Substance Use Disorder Treatment?

- You can give written instructions to your substance use disorder care providers about your choices for medication, treatment programs and providers if you choose to do so.
- You can name a proxy, if you choose, to advocate for your treatment choices or to make decisions in your place when you lack the capacity to do so.

How does an Advance Directive relate to recovery?

- It helps you to define and recognize "red flag" behaviors and actually may help you gain knowledge and control of your psychiatric condition while helping others recognize the signs.
- Developing an Advance Directive when healthy allows you the opportunity to openly discuss signs and symptoms of your illness, as well as your treatment preferences. When properly planned and implemented, it is a natural fit with empowerment and recovery.

If you would like more information and/or an Advance Directive form please talk to your clinician or case manager.

Quality Improvement

You may also be asked to provide input regarding the quality of your care, achievement of outcomes and your satisfactions with services throughout your treatment and after the completion of treatment. Your input is important and valuable to us. We utilize this information to improve services, develop new services and identify any problems. Quality Improvement activities and results are available upon request by contacting the QI Coordinator at 937-401-8672.

Appointments / Cancellations

The time established for your appointments is dedicated to serve you. You may occasionally need to reschedule due to unforeseen events. We ask that you provide a minimum of 24-hour notice when you need to reschedule an appointment; more time is greatly appreciated so that we may use your saved time for someone else. Three or more missed appointments without a 24-hour notice suggests a lack of investment in treatment and may result in termination of all services. As such, to re-engage or reschedule treatment after three or more missed appointments without a 24-hour notice, you must speak with your clinical provider to determine the appropriate course of services and to make a determination about scheduling additional appointments. Because of the nature of our work, there are times when critical situations demand our immediate attention. If we need to cancel an appointment you will be called immediately and given a chance to reschedule. We will attempt to return your phone calls within 24 hours and reschedule a canceled appointment, whenever possible, within 48 hours.

Miami Valley Recovery's Rules and Restrictions

Miami Valley Recovery does **not** use mechanical restraint, seclusion, chemical restraint, or major aversive behavioral interventions. Miami Valley Recovery's staff may utilize verbal de-escalation training procedures in order to intervene with a client experiencing behavioral difficulties. At no time will Miami Valley Recovery's staff utilize cruel and/or unusual punishment to manage a client, including physical and verbal abuse.

Miami Valley Recovery prohibits all tobacco products including electronic/vapor cigarettes inside agency buildings and request that any smoking be done away from the entrance. Use or possession of alcohol or illicit drugs is prohibited on Miami Valley Recovery's property. Any legal substances (ex. vitamins, supplements) and prescription drugs brought on Miami Valley Recovery's property must be kept in your possession at all times and not shared with any other person.

Weapons of any kind are prohibited on agency property. Only law enforcement officers in the performance of their duties are permitted to possess or carry firearms or weapons. Please be aware that weapons brought onto Miami Valley Recovery's property in violation of this policy may be turned over to the police department for disposition. Physical aggression and verbally threatening behavior is not permitted.

Failure to participate in treatment by behavior or by non-attendance may result in termination. If it is determined that your behavior is disruptive to others' treatment or to the welfare of the organization, with the Clinical Director and CEO's approval, you may be restricted from services or program for a temporary period of time. The details of this type of situation will be given to you in writing by your provider and their supervisor.

Any individual involved in criminal activity while on Miami Valley Recovery's premises or while in the community with Miami Valley Recovery's staff is subject to legal prosecution to the fullest extent of the law. A person who appears to be impaired by drugs and/or alcohol will be assisted in making other arrangements for transportation if they drove to agency. If a person should choose to leave and drive while impaired law enforcement may be contacted to ensure safety of the person and others in the community. Services may also be suspended or terminated. Clients who violate these policies will be informed of any suspension or termination and will receive information about how services may be reinstated, if applicable.

Financial Policies

Billing Information will be collected and verified when you call for your first appointment. Prior to your first appointment Miami Valley Recovery's Intake staff will meet with you to discuss financial coverage and complete all paperwork necessary to receive services. You will need to provide your insurance card(s), and if

applying for subsidized services, proof of gross monthly household income, and dependents. Verification of insurance coverage is your responsibility prior to your appointment. Until insurance coverage is verified, you are responsible for 100% of the charges. We strongly encourage you to contact your insurance company to verify your behavioral health coverage prior to receiving services!

Fees for Services: The fee for services is based on hourly charges. Sessions scheduled for shorter or longer periods will be billed accordingly. Co-pays and deductibles must be paid at the time of service.

Outstanding Balances: Although Miami Valley Recovery files insurance claims as a courtesy, you will receive a statement if your account has a balance due. Your insurance is a contract between you and the insurance company. It is very important that you understand the provisions of your policy.

Miami Valley Recovery is not guaranteed payment by the insurance companies and it is your responsibility to follow up on denied or unpaid claims. We encourage clients to keep their accounts paid. If financial problems affect your timely payment of the amount due, please contact our CEO for assistance. The CEO may contact those with outstanding accounts that are over 90 days past due.

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 carefully.

1. You have the right to receive a paper copy of the Notice and/or an electronic copy by email upon request. Miami Valley Recovery, LLC has the right to revise this Notice, and if revisions are made to this Notice, you have the right to receive a revised copy.
2. You have the right to file a complaint to our Privacy Officer: William Chrisovergis – (614) 307.6894

If you think we may have violated your privacy rights, or if you disagree with a decision we made, about access to your protected health information (PHI). You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C. 20201 or call 1-877-696-6775. There will not be any penalties against you if you make a complaint.

3. Miami Valley Recovery, LLC is required to maintain the privacy of the information in your file, and to abide by the terms of this notice.
4. Your protected health information refers to individually identifiable information relating to the past, present, or future physical or mental health care provided to you.
5. Miami Valley Recovery, LLC maintains a limited right to use and/or disclose your PHI for purposes of treatment, payment, and health care operations as follows:
6. Miami Valley Recovery, LLC maintains a right or is required by law to use and/or disclose your PHI in certain circumstances without your authorization. Refer to Miami Valley Recovery, LLC's HIPAA Policies and Procedures Manual for specific explanations regarding these cases. The following circumstances do not require your authorization: to employers (for medical surveillance activities); concerning victims of abuse, neglect, or domestic violence; to health oversight agencies; for judicial/administrative proceedings; for law enforcement purposes; for approved research; to correctional institutes; to avert a serious threat to health or safety; for workers' compensation purposes; and relating to descendants.

7. You have the right to revoke your authorization at any time to stop future uses and/or disclosures except to the extent that Miami Valley Recovery, LLC has already undertaken an action in reliance upon your authorization.
8. Miami Valley Recovery, LLC may send appointment reminders and other similar materials to your home unless you provide us with alternative instructions.
9. Miami Valley Recovery, LLC may contact you about treatment alternatives or other health related benefits and services.
10. You have the right to request the receipt of confidential communications by alternative means or at alternative locations as long as it is reasonably easy for Miami Valley Recovery, LLC to do so.
11. If Miami Valley Recovery, LLC informs you about the disclosure in advance and you do not object, Miami Valley Recovery, LLC may share with your family, friends, or others involved in your care, information directly related to their involvement in your care, or payment for your care. Miami Valley Recovery, LLC may also share PHI with these people to notify them about your location, general condition, or death.
12. **YOU HAVE THE RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES OF INFORMATION IN YOUR FILE.** Miami Valley Recovery, LLC is not required to agree to requested restrictions except when you request to restrict disclosures of protected health information to a health plan when the protected information pertains to a health care item or service for which you or other person has paid Miami Valley Recovery, LLC.
13. You have the right to receive confidential communications of PHI, and you also have the right to inspect, copy, and amend your PHI as permitted under the regulations of HIPAA.
14. You will be provided access to the protected health information in the form and format requested if it is readily producible in such form and format. If the protected health information is maintained in an electronic format you may request an electronic copy of the information. Miami Valley Recovery, LLC will provide this protected health information electronically if it is readily producible in that form. If not readily producible electronically, Miami Valley Recovery, LLC will provide the protect health information in a readable electronic form or format as agreed to by you and Miami Valley Recovery, LLC.
15. You have the right to receive a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure; for treatment, payment, and operations; to you, your family, or the facility director; pursuant to your written authorization. The list will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 14, 2003. Miami Valley Recovery, LLC will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as 6 years.
16. You have the right to be notified in the event there is a breach of Miami Valley Recovery, LLC's unsecured protected health information. Miami Valley Recovery, LLC is required by law to notify you in case of a breach of our unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired, used, or disclosed in violation of privacy regulations.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of patient records maintained by this agency is protected by Federal Law and Regulations (42 CFR Part B, Paragraph 2.22). Generally, the agency may not say to a person outside the agency that a patient attends the program, or disclose any information identifying the patient UNLESS:

- 1) The patient consents in writing
- 2) The disclosure is allowed by a court order
- 3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program, evaluation.
- 4) You are a physical threat to yourself or someone else. This includes if you drive your vehicle off Miami Valley Recovery's property and staff have reason to believe that you are impaired by alcohol or other drugs.
- 5) Suspected child abuse or neglect
- 6) Crime on premises – Law enforcement agencies can be notified if an immediate threat to the health or safety of an individual exists due to a crime on program premises or against program personnel. Only pertinent information is released (the circumstances of incident, including the individual's name, address, last known whereabouts, and status as a participant in the program).

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. To report violations contact:

US Attorney's Office
303 Marconi Boulevard, Suite 200
Columbus, OH 43215
Phone: 614-469-5715
Fax: 614-469-5653

Informed Consent

I understand the risks involved in each of the treatment modalities and that my participation in treatment is completely voluntary. I understand that I have the right to refuse specific procedures or treatments, but when I refuse treatment in accordance with professional standards, Miami Valley Recovery, LLC has the right to terminate the relationship with reasonable notice. I further understand that Miami Valley Recovery, LLC offers no guarantees or positive assurances regarding the outcome of therapeutic interventions. I understand that if I do not provide written consent I will not receive an assessment and treatment services at Miami Valley Recovery, LLC, but can receive a referral to another agency.

Client Rights Statement

Miami Valley Recovery implements policies and procedures to safeguard the rights of the persons served (5122-26-18). These policies and procedures address the following:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. The right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment.
3. The right to receive services in the least restrictive, feasible environment.
4. The right to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation.
5. The right to give informed consent to or to refuse any service, treatment or therapy, including medication and revision of one's own individualized treatment plan and receive a copy of it.
6. The right to participate in the development, review and revision of one's own individualized treatment plan and receive a copy of it.
7. The right to freedom from unnecessary or excessive medication and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others.

8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
9. The right to be advised and the right to refuse observation by others and techniques such as one-way mirrors, tape recorders, video recorders, television, movies, photographs, or other audio and visual technology. This right does not prohibit an agency from using closed circuit monitoring to observe seclusion rooms or common areas which does not include bathrooms or sleeping areas.
10. The right to confidentiality of communication and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for restriction, a goal to remove the restriction, the treatment being offered to remove the restriction.
12. The right to be informed a reasonable amount of time in advance of the reason for terminating your treatment, and to be provided a referral, unless the service is unavailable or not necessary.
13. The right to be informed of the reason for denial of service.
14. The right not to be discriminated against after receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.
15. The right to know the cost of services.
16. The right to be verbally informed of all client rights and to receive a written copy upon request.
17. The right to exercise one's own right without reprisal, except that no right extends so far as to supersede health and safety considerations.
18. The right to file a grievance in accordance with programs procedures.
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested.
20. The right to be informed of one's own condition; and
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.

Miami Valley Recovery also ensures organizational compliance with the following rights of persons served requirements for CARF:

1. Confidentiality of information;
2. Privacy;
3. Freedom from:
 - a. Abuse
 - b. Financial or other exploitation
 - c. Retaliation
 - d. Humiliation
 - e. Neglect
4. Access to:
 - a. Information pertinent to the person served in sufficient time to facilitate the person's decision making
 - b. Their own records
5. Informed consent or refusal or expression of choice and withdrawal of consent regarding:
 - a. Service delivery
 - b. Release of information
 - c. Concurrent services
 - d. Composition of the service delivery team

- e. Involvement in research projects, if applicable
- 6. Access or referral to:
 - a. Legal entities for appropriate representation
 - b. Self-help support services
 - c. Advocacy support services
- 7. Adherence to research guidelines and ethics when persons served are involved, if applicable.
- 8. Investigation and resolution of alleged infringement of rights.
- 9. Other legal rights.

Grievance Procedure

Upon admission, each client will be provided a copy of the client grievance procedures. Upon written request, any other person may receive a copy of the policy and procedure. Receipt of the client grievance procedure is documented by client's dated signature. When a client is seen in an emergency or crisis situation, the client will be verbally informed of pertinent rights, and a written copy and full explanation will be delayed until the next scheduled appointment. Any client filing a grievance may contact the Clients Rights Officer (CRO), William Chrisovergis, at (614) 307-6894. The alternate to the CRO is Abdul Shahid, Medical Director (937) 344-7569.

1. Any person who believes he/she has been discriminated against or has had a violation of their rights have the right to file a grievance. The filing of a grievance is not time-limited. You may attempt to discuss your complaint with your primary clinician first, if there is no resolution you may contact the CRO.
2. The grievance may be initiated either in writing by a client or by any other person on behalf of the client.
3. Grievances should be given to the Client Rights Officer and within three (3) working days of receiving the grievance the CRO will provide written acknowledgement of receipt of grievance, summary of grievance, an overview of the process and a written resolution within seven (7) working days.
4. If client is not satisfied, they may appeal to the Executive Director with five (5) working days of receiving the decision of the Client Rights Officer.
5. Within five (5) working days of the appeal, the Executive Director will schedule a time to meet with the client to discuss the complaint.
6. Within four (4) working days of your meeting with the Executive Director, the client will be provided, in writing, the Executive Director's determination regarding the complaint.
7. A final resolution decision will be made within twenty-one (21) calendar days of receipt of the complaint.

The grievant will be provided with the names and addresses of such offices, including:

Kiondria Robinson, Client Rights Officer
937.401.8672
1 Elizabeth Place
Suite NWb40
Dayton, OH 45417

kiondria.robinson@protonmail.com

Office Hours: 8 A.M. to 4:30 P.M. Monday through Friday

<p>Montgomery County Alcohol Drug Addiction & Mental Health Services 409 E. Monument Avenue, Suite 102 Dayton, OH 45402-1226 (937) 443-0416</p>	<p>The Ohio Department of Mental Health and Addiction Services 30 East Broad St. 33rd Floor Columbus, Ohio 43215-3430 1-614-466-2596</p>
<p>Office for Civil Rights Department of Health and Human Services 105 W. Adams St., 16th Floor Chicago, IL 60603 (312) 730-1560TDD: (614) 353-5693</p>	<p>Disability Rights Ohio 200 S. Civic Center Dr. Suite 300 Columbus, Ohio 43215-5923 (614) 466-7264 800-858-3542</p>
<p>State of Ohio Medical Board 30 E. Broad Street, 3rd Floor Columbus, Ohio 43216-6127 (614) 466-3934</p>	<p>Ohio Board of Nursing 17 S. High Street Columbus, Ohio 43215-7410 (614) 466-3947</p>
<p>U.S. Department of Health & Human Services Valerie Morgan-Alston, Regional Manager Office for Civil Rights Region V 200 Independence Ave. SW Medicaid Fraud Control Washington, D.C. 20201 1-877-696-6775</p>	<p>Ohio Counselor & Social Worker Marriage and Family Therapist Board Leveque Tower 50 West Broad St. Suite 1075 Columbus, Ohio 43215-5919 (614) 466-0912</p>
<p>CARF International 6951 East Southpoint Road Tucson, AZ 85756-9407 (520) 325-1044 (888) 281-6531</p>	

Infectious Disease Education

Viral Hepatitis B

What are the signs and symptoms of HBV infection?

The presence of signs and symptoms varies by age. Most children under age 5 years and newly infected immunosuppressed adults are asymptomatic, whereas 30%–50% of persons aged ≥5 years have initial signs and symptoms. When present, signs and symptoms can include

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| <ul style="list-style-type: none"> • Fever • Fatigue • Loss of appetite • Nausea • Vomiting | <ul style="list-style-type: none"> • Abdominal pain • Dark urine • Clay-colored bowel movements • Joint pain • Jaundice |
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How is HBV transmitted?

HBV is transmitted through activities that involve percutaneous (i.e., puncture through the skin) or mucosal contact with infectious blood or body fluids (e.g., semen, saliva), including

- Sex with an infected partner
- Injection drug use that involves sharing needles, syringes, or drug-preparation equipment
- Birth to an infected mother
- Contact with blood or open sores of an infected person
- Needle sticks or sharp instrument exposures
- Sharing items such as razors or toothbrushes with an infected person

Who is at risk for HBV infection?

The following populations are at increased risk of becoming infected with HBV:

<ul style="list-style-type: none">• Infants born to infected mothers• Sex partners of infected persons• Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., >1 sex partner during the previous 6 months)• Men who have sex with men• Injection drug users• Household contacts of persons with chronic HBV infection	<ul style="list-style-type: none">• Health care and public safety workers at risk for occupational exposure to blood or blood-contaminated body fluids• Hemodialysis patients• Residents and staff of facilities for developmentally disabled persons• Travelers to <u>countries with intermediate or high prevalence of HBV infection</u>
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Prevention

- Hepatitis B vaccine is the best protection
- If you are having sex, but not with one steady partner, use latex condoms correctly and every time if you have sex. The efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use may reduce transmission
- If you are pregnant, you should get a blood test for hepatitis B; infants born to HBV-infected mothers should be given HBIG (hepatitis immune globulin) and vaccine within 12 hours after birth.
- Do not shoot drugs, if you shoot drugs, stop and get into a treatment program; if you cannot stop, never share needles, syringes, water, or “works”, and get vaccinated against hepatitis A and B.
- Do not share personal care items that might have blood on them (razors, toothbrushes).
- Consider the risks if you are thinking about getting a tattoo or body piercing. You might be infected if the tools have someone else’s blood on them or if the artist or piercer does not follow standard health practices.
- If you have or had hepatitis B, do not donate blood, organs or tissue.
- If you are a health care or public safety worker, get vaccinated against hepatitis B, and always follow routine barrier precautions and safely handle needles and other sharps.

Vaccine Recommendations

- Hepatitis B vaccine available since 1982
- Routine vaccination of 0-18 year olds
- Vaccination of risk groups of all ages (see section on risk groups)

Treatment & Medical Management

- HBV Infected persons should be evaluated by their doctor for liver disease
- Alpha interferon and lamivudine are two drugs license for the treatment of persons with chronic hepatitis B. These drugs are effective in up to 40% of patients.
- These drugs should not be used by pregnant women.
- Drinking alcohol can make your liver disease worse.

Viral Hepatitis C

What is Hepatitis C?

Hepatitis C is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness that attacks the liver. It results from infection with the Hepatitis C virus (HCV), which is spread primarily through contact with the blood of an infected person. Hepatitis C can be either “acute” or “chronic.”

Acute Hepatitis C virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis C virus. For most people, acute infection leads to chronic infection.

Chronic Hepatitis C virus infection is a long-term illness that occurs when the Hepatitis C virus remains in a person’s body. Hepatitis C virus infection can last a lifetime and lead to serious liver problems, including cirrhosis (scarring of the liver) or liver cancer.

How is Hepatitis C spread?

Hepatitis C is usually spread when blood from a person infected with the Hepatitis C virus enters the body of someone who is not infected. Today, most people become infected with the Hepatitis C virus by sharing needles or other equipment to inject drugs. Before 1992, when widespread screening of the blood supply began in the United States, Hepatitis C was also commonly spread through blood transfusions and organ transplants.

People can become infected with the Hepatitis C virus during such activities as

- Sharing needles, syringes, or other equipment to inject drugs
- Needlestick injuries in health care settings
- Being born to a mother who has Hepatitis C

Less commonly, a person can also get Hepatitis C virus infection through

- Sharing personal care items that may have come in contact with another person’s blood, such as razors or toothbrushes
- Having sexual contact with a person infected with the Hepatitis C virus

Can Hepatitis C be spread through sexual contact?

Yes, but the risk of transmission from sexual contact is believed to be low. The risk increases for those who have multiple sex partners, have a sexually transmitted disease, engage in rough sex, or are infected with HIV. More research is needed to better understand how and when Hepatitis C can be spread through sexual contact.

Can you get Hepatitis C by getting a tattoo or piercing?

A few major research studies have not shown Hepatitis C to be spread through licensed, commercial tattooing facilities. However, transmission of Hepatitis C (and other infectious diseases) is possible when poor infection-control practices are used during tattooing or piercing. Body art is becoming increasingly popular in the United States, and unregulated tattooing and piercing are known to occur in prisons and other informal or unregulated settings. Further research is needed to determine if these types of settings and exposures are responsible for Hepatitis C virus transmission.

Who is at risk for Hepatitis C?

Some people are at increased risk for Hepatitis C, including:

<ul style="list-style-type: none"> • Current injection drug users (currently the most common way Hepatitis C virus is spread in the United States) • Past injection drug users, including those who injected only one time or many years ago • Recipients of donated blood, blood products, and organs (once a common means of transmission but now rare in the United States since blood screening became available in 1992) • People who received a blood product for clotting problems made before 1987 	<ul style="list-style-type: none"> • Hemodialysis patients or persons who spent many years on dialysis for kidney failure • People who received body piercing or tattoos done with non-sterile instruments • People with known exposures to the Hepatitis C virus, such as <ul style="list-style-type: none"> ○ Health care workers injured by needlesticks ○ Recipients of blood or organs from a donor who tested positive for the Hepatitis C virus • HIV-infected persons • Children born to mothers infected with the Hepatitis C virus
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What are the symptoms of acute Hepatitis C?

Approximately 70%–80% of people with acute Hepatitis C do not have any symptoms. Some people, however, can have mild to severe symptoms soon after being infected, including:

<ul style="list-style-type: none"> • Fever • Fatigue • Loss of appetite • Nausea • Vomiting 	<ul style="list-style-type: none"> • Abdominal pain • Dark urine • Clay-colored bowel movements • Joint pain • Jaundice (yellow color in the skin or eyes)
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Who should get tested for Hepatitis C?

Testing for Hepatitis C is recommended for certain groups, including people who:

- Currently inject drugs
- Injected drugs in the past, even if it was just once or occurred many years ago
- Have HIV infection
- Have abnormal liver tests or liver disease
- Received donated blood or organs before 1992
- Have been exposed to blood on the job through a needle stick or injury with a sharp object
- Are on hemodialysis

How is Hepatitis C diagnosed?

Doctors can diagnose Hepatitis C using specific blood tests that are not part of blood work typically done during regular physical exams. Typically, a person first gets a screening test that looks for “antibodies” to the Hepatitis C virus. Antibodies are chemicals released into the bloodstream when a person becomes infected. The antibodies remain in the bloodstream, even if the person clears the virus. If the screening test is positive for Hepatitis C antibodies, different blood tests are needed to determine whether the infection has been cleared or has become a chronic infection.

How is Hepatitis C treated?

Since acute Hepatitis C rarely causes symptoms, it often goes undiagnosed and therefore untreated. When it is diagnosed, doctors recommend rest, adequate nutrition, fluids, and antiviral medications. People with chronic Hepatitis C should be monitored regularly for signs of liver disease. Even though a person may not have symptoms or feel sick, damage to the liver can still occur. Antiviral medications can be used to treat some people with chronic Hepatitis C, although not everyone needs or can benefit from treatment. For many, treatment can be successful and results in the virus no longer being detected.

HIV (Human Immunodeficiency Virus)

What is HIV?

HIV stands for human immunodeficiency virus. It is the virus that can lead to acquired immunodeficiency syndrome, or AIDS. Unlike some other viruses, the human body cannot get rid of HIV. That means that once you have HIV, you have it for life.

No safe and effective cure currently exists, but scientists are working hard to find one, and remain hopeful. Meanwhile, with proper medical care, HIV can be controlled. Treatment for HIV is often called antiretroviral therapy or ART. It can dramatically prolong the lives of many people infected with HIV and lower their chance of infecting others. Before the introduction of ART in the mid-1990s, people with HIV could progress to AIDS in just a few years.

Today, someone diagnosed with HIV and treated before the disease is far advanced can have a nearly normal life expectancy. HIV affects specific cells of the immune system, called CD4 cells, or T cells. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. When this happens, HIV infection leads to AIDS.

Where did HIV come from?

Scientists identified a type of chimpanzee in West Africa as the source of HIV infection in humans. They believe that the chimpanzee version of the immunodeficiency virus (called simian immunodeficiency virus, or SIV) most likely was transmitted to humans and mutated into HIV when humans hunted these chimpanzees for meat and came into contact with their infected blood. Studies show that HIV may have jumped from apes to humans as far back as the late 1800s. Over decades, the virus slowly spread across Africa and later into other parts of the world. We know that the virus has existed in the United States since at least the mid- to late 1970s.

What are the stages of HIV?

HIV disease has a well-documented progression. Untreated, HIV is almost universally fatal because it eventually overwhelms the immune system—resulting in acquired immunodeficiency syndrome (AIDS). HIV treatment helps people at all stages of the disease, and treatment can slow or prevent progression from one stage to the next.

A person can transmit HIV to others during any of these stages:

Acute infection: Within 2 to 4 weeks after infection with HIV, you may feel sick with flu-like symptoms. This is called acute retroviral syndrome (ARS) or primary HIV infection, and it's the body's natural response to the HIV infection. (Not everyone develops ARS, however—and some people may have no symptoms.)

During this period of infection, large amounts of HIV are being produced in your body. The virus uses important immune system cells called CD4 cells to make copies of itself and destroys these cells in the process. Because of this, the CD4 count can fall quickly. Your ability to spread HIV is highest during this stage because the amount of virus in the blood is very high. Eventually, your immune response will begin to bring the amount of virus in your body back down to a stable level. At this point, your CD4 count will then begin to increase, but it may not return to pre-infection levels.

Clinical latency (inactivity or dormancy): This period is sometimes called asymptomatic HIV infection or chronic HIV infection. During this phase, HIV is still active, but reproduces at very low levels. You may not have any symptoms or get sick during this time. People who are on antiretroviral therapy (ART) may live with clinical latency for several decades. For people who are not on ART, this period can last up to a decade, but some may progress through this phase faster. It is important to remember that you are still able to transmit HIV to others during this phase even if you are treated with ART, although ART greatly reduces the risk. Toward the middle and end of this period, your viral load begins to rise and your CD4 cell count begins to drop. As this happens, you may begin to have symptoms of HIV infection as your immune system becomes too weak to protect you.

AIDS (acquired immunodeficiency syndrome): This is the stage of infection that occurs when your immune system is badly damaged and you become vulnerable to infections and infection-related cancers called opportunistic illnesses. When the number of your CD4 cells falls below 200 cells per cubic millimeter of blood (200 cells/mm³), you are considered to have progressed to AIDS. (Normal CD4 counts are between 500 and 1,600 cells/mm³.) You can also be diagnosed with AIDS if you develop one or more opportunistic illnesses, regardless of your CD4 count. Without treatment, people who are diagnosed with AIDS typically survive about 3 years. Once someone has a dangerous opportunistic illness, life expectancy without treatment falls to about 1 year. People with AIDS need medical treatment to prevent death.

How can I tell if I am infected with HIV?

The only way to know if you are infected with HIV is to be tested. You cannot rely on symptoms to know whether you have HIV. Many people who are infected with HIV do not have any symptoms at all for 10 years or more. Some people who are infected with HIV report having flu-like symptoms (often described as “the worst flu ever”) 2 to 4 weeks after exposure. Symptoms can include:

- Fever
- Enlarged lymph nodes
- Sore throat
- Rash

These symptoms can last anywhere from a few days to several weeks. During this time, HIV infection may not show up on an HIV test, but people who have it are highly infectious and can spread the infection to others.

However, you should not assume you have HIV if you have any of these symptoms. Each of these symptoms can be caused by other illnesses. Again, the only way to determine whether you are infected is to be tested for HIV infection. For information on where to find an HIV testing site,

- Visit National HIV and STD Testing Resources and enter your ZIP code.
- Text your ZIP code to KNOWIT (566948), and you will receive a text back with a testing site near you.
- Call 800-CDC-INFO (800-232-4636) to ask for free testing sites in your area.

These resources are confidential. You can also ask your health care provider to give you an HIV test.

Two types of home testing kits are available in most drugstores or pharmacies: one involves pricking your finger for a blood sample, sending the sample to a laboratory, then phoning in for results. The other involves getting a swab of fluid from your mouth, using the kit to test it, and reading the results in 20 minutes. Confidential counseling and referrals for treatment are available with both kinds of home tests.

If you test positive for HIV, you should see your doctor as soon as possible to begin treatment.

Is there a cure for HIV?

For most people, the answer is no. Most reports of a cure involve HIV-infected people who needed treatment for a cancer that would have killed them otherwise. But these treatments are very risky, even life-threatening, and are used only when the HIV-infected people would have died without them. Antiretroviral therapy (ART), however, can dramatically prolong the lives of many people infected with HIV and lower their chance of infecting others. It is important that people get tested for HIV and know that they are infected early so that medical care and treatment have the greatest effect.

Tuberculosis

What is Tuberculosis?

TB, or tuberculosis, is a disease caused by bacteria called *Mycobacterium tuberculosis*. The bacteria can attack any part of your body, but they usually attack the lungs. TB disease was once the leading cause of death in the United States.

In the 1940's, scientists discovered the first of several drugs now used to treat TB. As a result, TB slowly began to disappear in the United States. But TB has come back. Between 1985 and 1992, the number of TB cases increased. The country became complacent about TB and funding of TB programs was decreased. However, with increased funding and attention to the TB problem, we have had a steady decline in the number of persons with TB. But TB is still a problem; more than 16,000 cases were reported in 2000 in the United States. People who are infected with latent TB do not feel sick, do not have any symptoms, and cannot spread TB. But they may develop TB disease at some time in the future. People with TB disease can be treated and cured if they seek medical help. Those who have latent TB infection but are not yet sick can take medicine so they will never develop TB.

How is Tuberculosis Spread?

TB is spread through the air from one person to another. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected. When a person breathes in TB bacteria, the bacteria can settle in the lungs and begin to grow. From there, they can move through the blood to other parts of the body, such as the kidney, spine and brain. TB in the lungs or throat can be infectious. This means that the bacteria can be spread to other people. TB in other parts of the body, such as the kidney or spine, is usually not infectious. People with TB are most likely to spread it to people they spend time with every day. This includes family members, friends and co-workers.

What is Latent Tuberculosis Infection?

In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. The bacteria become inactive, but they remain alive in the body and can become active later. This is called latent TB infection. People with latent TB infection

- Have no symptoms
- Do not feel sick
- Cannot spread TB to others
- Usually have positive skin test reaction
- Can develop TB disease later in life if they do not receive treatment for latent TB infection

Many people who have latent TB infection never develop TB disease. In these people, the TB bacteria remain inactive for a lifetime without causing disease. But in other people, especially people who have weak immune systems, the bacteria become active and cause TB disease.

What is Tuberculosis Disease?

TB bacteria become active if the immune system cannot stop them from growing. The active bacteria begin to multiply in the body and cause TB disease. Some people develop TB disease soon after becoming infected, before their immune system can fight the TB bacteria. Other people may get sick later, when their immune system becomes weak for some reason. Babies and young children often have weak immune systems. People infected with HIV, the virus that causes AIDS, have very weak immune systems. Other people can have weak immune systems, too, especially people with any of these conditions.

- Substance abuse • Diabetes mellitus
- Silicosis • Cancer of the head or neck
- Leukemia or Hodgkin's disease • Severe kidney disease
- Low Body Weight • Certain Medical Treatments (such as corticosteroid treatment or organ transplants)

Symptoms of TB depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs.

TB in the lungs may cause:

- A bad cough that lasts longer than 2 weeks
- Pain in the chest
- Coughing up blood or sputum (Phlegm from deep inside the lungs)

Other symptoms of TB disease are

- Weakness or fatigue

- Weight loss
- No Appetite
- Chills
- Fever
- Sweating at night

Difference Between Latent TB Infection and TB Disease

<p>Latent TB Infection</p> <p>Have no symptoms</p> <p>Do not feel sick</p> <p>Cannot Spread TB to others</p> <p>Usually have a positive skin test</p> <p>Chest X-Ray and Sputum test normal</p>	<p>TB Disease</p> <p>Symptoms include:</p> <ul style="list-style-type: none"> • A bad cough that lasts longer than 2 weeks • Pain the chest • Coughing up blood or sputum • Weakness or fatigue • Weight loss • No appetite • Chills • Fever • Sweating at night <p>May spread TB to others</p> <p>Usually have a positive skin test</p> <p>May have abnormal chest X-Ray and/or positive sputum smear or culture</p>
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How can I keep from spreading Tuberculosis?

The most important way to keep from spreading TB is to take all your medicine, exactly as directed by your doctor or nurse. You should also keep all of your clinic appointments! Your doctor or nurse need to see how you are doing. You may need another chest x-ray or a test of the phlegm you may cough up. These tests will show whether the medicine is working. They will also show if you can still give TB bacteria to others. Be sure to tell the doctor about anything you think is wrong.

If you are sick enough with TB to go to a hospital, you may be placed in a special room. These rooms use air vents that keep TB from spreading. People who work in these rooms must wear a special facemask to protect themselves from TB bacteria. You must stay in the room so that you will not spread TB bacteria to other people. Ask a nurse if you need something that is not in your room.

If you are infectious while you are at home, there are certain things you can do to protect yourself and others near you. Your doctor may tell you to follow these guidelines to protect yourself and others:

- The most important thing is to take your medication.
- Always cover your mouth with a tissue when you cough, sneeze, or laugh. Put the tissues in a closed paper sack and throw it away
- Do not go to school or work. Separate yourself from others and avoid close contact with anyone. Sleep in a bedroom away from other family members.
- Air out your room often to the outside of the building (if it is not too cold outside). TB spreads in small closed spaces when air does not move. Put a fan in your window to blow out (exhaust) air that may be filled with TB bacteria. If you open other windows in the room, the fan also will pull in fresh air. This will reduce the chances that TB bacteria stay in the room and infect someone who breathes the air.

Remember, TB is spread through the air. People cannot be infected with TB bacteria through handshakes, sitting on toilet seats, or sharing dishes and utensils with someone who has TB. After you take medicine for about 2-3 weeks, you may no longer be able to spread TB bacteria to others. If your doctor or nurse agrees, you will be able to go back to your normal routine. Remember, you will get well only if you take your medicine exactly as your doctor or nurse tells you.

Think about people who may have spent time with you, such as family members, close friends and co-workers. The local health department may need to test them for latent TB infection. TB is especially dangerous for children and people with HIV infection. If infected with TB bacteria, these people need preventative therapy right away to keep from developing TB disease.

What is multi-drug resistant Tuberculosis (MDR TB)?

When TB patients do not take their medicine as prescribed, the TB bacteria may become resistant to a certain drug. This means the drug can no longer kill the bacteria. Drug resistance is more common in people who:

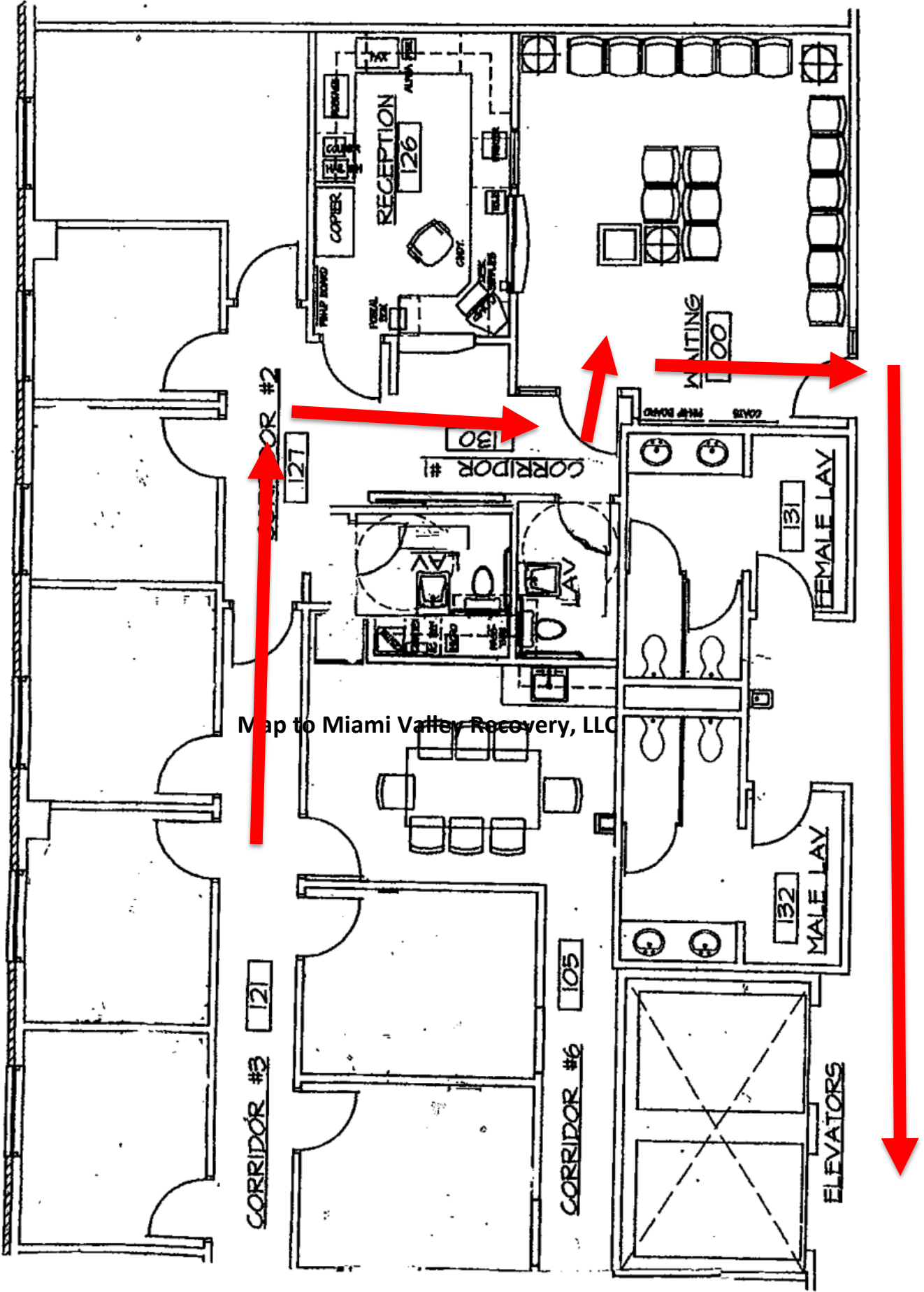
- Have spent time with someone with drug resistant-TB
- Do not take their medicine regularly
- Do not take all of their prescribed medicine
- Develop TB disease again, after having taken TB medicine in the past
- Come from areas where drug resistant TB is common

Sometimes the bacteria become resistant to more than one drug. This is called multi-drug resistant TB, or MDR TB. This is a very serious problem. People with MDR TB must be treated with special drugs. These drugs are not as good as the usual drugs for TB and they may cause more severe side effects. Also, some people with MDR TB must see a TB expert who can closely observe their treatment to make sure it is working. People who have spent time with someone sick with MDR TB can become infected with TB bacteria that are resistant to several drugs. If they have a positive skin test reaction, they may be given preventative therapy. This is very important for people at high risk of developing MDR TB, such as children and HIV infected people.

Risk Factors for TB:

- Living or working in close contact with a large group of people (a hospital ward, homeless shelter or jail) increases TB risk
- History of intravenous drug use increases TB risk
- Living or working with someone who has active TB increases risk
- HIV infection increases risk for TB

Miami Valley Recovery Evacuation Plan



Map to Miami Valley Recovery, LLC

