

OLENTANGY SCHOOLS
STUDENT WELL-BEING SERVICES

POLICY
AND
PROCEDURE
MANUAL

2023

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Board of Education Policies and Procedures for Reference

(All Board of Education policies and procedures can be found on [BoardDocs](#) – this is a limited set of policies that may be routinely viewed and utilized by Student Well-Being Services Staff)

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Policy #	100
Section:	General Services
Title:	Requirements for Services
Authorized/Approved By:	

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Effective Date:

Review Date:

Policy

Student Well-Being Services shall provide general services that are assessment activities, medical activities, and counseling and therapy activities as defined in Ohio Administrative Code 5122-29-03.

Procedure

1. General services shall be provided by the professional credentials listed in Appendix A of Ohio Administrative Code 5122-29-03 within the scope of practice of those credentialed professionals.
2. Assessment Activities:
 - a. When the assessment is to be provided to a student, it should be started prior to the initiation of other services, except for emergency situations.
 - b. An assessment is the clinical devaluation of a person which is individualized and age, gender, and culturally appropriate.
 - c. An initial assessment must, at minimum, include an evaluation of:
 - i. The presenting problem;
 - ii. The risk of harm to self and others;
 - iii. The use of alcohol and drugs;
 - iv. The treatment history for mental illness or substance use/abuse; and,
 - v. A medical history and examination (mental status or physical).
 - d. A comprehensive assessment shall expand on the initial assessment and obtain additional information that is required to establish and implement a comprehensive treatment plan and must be completed within thirty (30) days of the initial assessment encounter and shall include:
 - i. Home atmosphere
 - ii. Educational history
 - iii. Employment history (as applicable)
 - iv. Military history (as applicable)
 - v. Current and historical information regarding any legal involvement (typically arrests, adjudications, incarcerations, and details of current status).

- vi. Financial and social services (typically includes the need financial assistance and current involvement or need for social services involvement).
 - vii. Family and significant others' current and historical mental illness and/or drug and alcohol abuse and treatment.
 - viii. History of trauma that is experienced or witnessed (e.g., abuse, neglect, exploitation, violence, family violence, sexual assault or human trafficking)
 - ix. Individual's assessments, vulnerabilities, and supports (typically includes supportive or detrimental social relationships, spiritual beliefs, cultural influences, peer support group or faith-based attendance)
 - x. Resultant clinical impression and summary (impact of mental illness or substance abuse on various areas e.g. school, work, family, etc. treatment needs or similar.)
 - xi. Determines diagnosis
 - xii. Determines treatment needs and establishes a treatment plan
 - e. The comprehensive assessment must be individualized.
 - f. A person is not required to have an initial assessment prior to receiving a comprehensive assessment.
 - g. Providers may accept initial or comprehensive assessments from other providers as long as they have been completed within the preceding twelve months. Prior assessments shall be reviewed and updated.
3. Counseling and Therapy:
- a. Counseling and therapy are interactions with a person or persons where the focus is on achieving treatment objectives related to alcohol and other substances; or the persons mental illness or emotional disturbance.
 - b. Counseling and therapy involve a face-to-face encounter between a student, group of students, student and family members, or family members and a behavioral health professional.
 - c. Group counseling and therapy encounters may not exceed a one-to-twelve behavioral health professional to student ratio.
4. Medical Activities:
- a. Medical activities are those activities that are performed within professional scope of practice by staff that are licensed or certified by the state medical board of Ohio. the state of Ohio board of nursing, or a pharmacist licensed by the state of Ohio

board of pharmacy; and are intended to address the behavioral and other physical health needs of students receiving treatment for psychiatric symptoms or substance use disorders.

- i. Medical activities include, but are not limited to:
 - 1. Performing health care screenings, assessments, and exams;
 - 2. Checking vital signs;
 - 3. Ordering laboratory tests and reviewing the results; and,
 - 4. Medication prescribing, administering, and monitoring.
- ii. Medical activities are not currently offered through Student Well-Being Services and any identification of need for medical activities and services will be referred to an appropriate external provider.

Policy #	101	Page 1 of 1
Section:	Student Well-Being Services	Effective Date:
Title:	Individual Record Requirements	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services shall maintain individual student records in accordance with Ohio Administrative Code 5122-27-02.

Procedure

1. Student Well-Being Services shall maintain a complete and adequate individual student record for each student.
2. An individual student record shall mean the account compiled by health and behavioral health care professionals of information pertaining to student health, addiction, and mental health; including, but not limited to, assessment of findings and diagnosis, treatment details, and progress notes.
3. Documentation of consent for treatment, refusal to consent, or withdrawal of consent, shall be kept in the individual student record.
4. Consent by minors shall be in accordance with sections 5122.04 and 3719.012 of the Revised Code.
5. Student Well-Being Services shall include documentation in the student record regarding:
 - a. Service fees;
 - b. The individuals, or individuals' parent or guardian, responsibility for payment.
 - i. Responsibility for payment includes any portion not covered by insurance or other funding source.
6. Documentation to reflect that the student was given a copy of the following:
 - a. Service or program expectations of students, if applicable. Examples include required attendance, or maintaining a sober environment, and consequences if student does not meet expectations.
 - b. Summary of the federal laws and regulations that indicate the confidentiality of student records are protected as required by 42 C.F.R. part B, paragraph 2.22, if applicable.
7. Each authorization for release of information form signed by the student.
8. If provided, documentation verifying the student's attendance at alcoholism and drug addiction student-education.
9. Student Well-Being Services shall maintain treatment records for at least seven years after a student has been discharged from a program or services are no longer provided, and prevention records for at least three years.

Policy #	102	Page 1 of 3
Section:	General Services	Effective Date:
Title:	Treatment Planning	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services complete treatment planning in accordance with Ohio Administrative Code 5122-27-03.

Procedure

1. Student Well-Being Services is required by Chapter 5122-27 of the Administrative Code to maintain an individual student record (ICR) for certified services and shall also develop an individualized treatment plan (ITP) for each student.
2. The development of the ITP is a collaborative process between the student and service provider based on a diagnostic assessment, a continuing assessment of needs, and the identification of interventions and services appropriate to the individual's diagnosis and other related needs.
 - a. Providers may accept an assessment from another provider as long as the assessment was completed with the preceding twelve months. Prior assessments shall be reviewed and updated prior to developing the case management plan.
3. The ITP shall document, at minimum, the following:
 - a. A description of the specific mental health or addiction services and supports needs of the student;
 - b. Anticipated treatment goals and objectives based upon the needs identified during the assessment process.
 - i. Such goals shall be mutually agreed upon by the provider and the student. If these goals are not mutually agreed upon, the reason needs to be fully documented.
 - c. Name or description of all services being provided, with the exception of crisis intervention service provided in accordance with rule 5122-29-10 of the Administrative Code;
 - d. Frequency of treatment services, and anticipated duration (e.g., sixty days, six months, a future date) of treatment services. Providers are not required to update a treatment plan solely because the anticipated period of treatment has passed;
 - e. Documentation that the plan has been reviewed with the active participation of the student, and, as appropriate, with involvement of family members, parents, legal guardians or custodians or significant others;
 - f. As relevant, the inability or refusal of the student to participate in service and treatment planning and the reason given;

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Title: Treatment Planning
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- g. The dated signature of the Student Well-Being Services staff member responsible for developing the ITP, and documented evidence of clinical supervision of staff developing the plan, as applicable.
 - i. Evidence of clinical supervision may be by supervisor signature on the ITP or other documentation by the supervisor in the ICR.
- 4. An initial ITP may be developed. An initial ITP is one which documents the immediate clinical needs of the student, and includes the items required of an ITP in paragraphs (C)(1),(C)(3), and (C)(7) of OAC 5122-27-03 to meet those immediate needs.
- 5. Schedule of completion of ITP:
 - a. An initial ITP developed in accordance with paragraph (E) of OAC 5122-27-03, if the provider chooses to develop an initial plan, shall be developed within seven days of completion of the assessment or at the time of the first face-to-face contact following assessment, whichever is later. A provider is not required to develop an initial ITP.
 - b. A comprehensive ITP must be completed within five sessions or one month of admission, whichever is longer, excluding crisis intervention service provided in accordance with rule 5122-29-10 of the Administrative Code. This requirement is applicable regardless of whether the provider first developed an initial ITP in accordance with paragraph (E) of OAC 5122-27-03.
- 6. Schedule of review.
 - a. An ITP shall be reviewed:
 - i. When a service is added or terminated.
 - ii. When clinically indicated.
 - iii. When there is a change in the addiction treatment level of care, excluding a change in sub-levels, e.g., a change from level 3.5 to level 3.1 does not require a review of the treatment plan.
 - iv. When requested by the student.
 - v. At least every twelve months.
- 7. Documentation of ITP shall contain:
 - a. Results of the review:
 - i. Updates to the ITP, e.g., new goals, discontinued or completed goals, adjusted anticipated duration, etc.; or
 - ii. Documentation that a review occurred without changes to the ITP.

- b. Evidence that the plan has been reviewed with the active participation of the student, and, as appropriate, with involvement of family members, parents, legal guardians or custodians or significant others;
- c. As relevant, the inability or refusal of the student to participate and the reason given; and
- d. The signature of the Student Well-Being Services staff member responsible for completing the review, the date on which it was completed; and documented evidence of clinical supervision of staff completing the review, as applicable.

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Section:	General Services	Effective Date:
Title:	Progress Notes	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services complete progress notes in accordance with Ohio Administrative Code 5122-27-04.

Procedure

1. Student Well-Being Services shall document the progress or lack of progress toward the achievement of specified treatment goals identified on the ITP and the continuing need for services.
2. Documentation of progress shall be done through brief narrative or checklists. Such documentation shall provide sufficient detail to address all required components.
3. Progress notes shall be documented either on a per provision of the service basis, or on a daily or weekly basis.
4. Service level progress notes shall include, at a minimum, the following:
 - a. Student identification (name or identification number);
 - b. The date, time of day, and duration of the service contact;
 - c. The location of the service contact;
 - d. A description of the service rendered;
 - e. The assessment of the student's progress or lack of progress, and a brief description of progress made, if any;
 - f. Significant changes or events in the life of the student, if applicable;
 - g. Recommendation for modifications to the ITP, if applicable; and,
 - h. The signature and credentials of the provider of the service and the date of the signature.
5. Daily or weekly progress notes shall include, at a minimum, the following:
 - a. Student identification (name or identification number);
 - b. For daily progress notes, the calendar day the progress note is applicable to;
 - c. For weekly progress notes, the weekly period, i.e., the continuous seven-day period to which the progress note is applicable;
 - d. The assessment of the student's progress or lack of progress, and a brief description of progress made, if any;
 - e. Significant changes or events in the life of the student, if applicable;
 - f. Recommendation for modifications to the ITP, if applicable; and,

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Section:	General Services
Title:	Progress Notes
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- g. Date, original signature and credential of the staff member writing the daily or weekly progress note. The staff member must be qualified to provide all of the services documented in the daily or weekly service log.
- 6. Student records utilizing daily, or weekly progress notes must contain a service log that includes, at a minimum, the following:
 - a. The date, time of day and duration of each service contact;
 - b. The location of each service contact;
 - c. A description of the service rendered; and,
 - d. The signature and credential of each clinician who provided services during the day or week.

Policy #	104	Page 1 of 1
Section:	General Services	Effective Date:
Title:	Discharge Summary	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services complete a discharge summary in accordance with Ohio Administrative Code 5122-27-05.

Procedure

1. Student Well-Being Services shall complete a discharge summary as required.
2. The discharge summary shall include, but not be limited to, the following information:
 - a. Date of admission of the student;
 - b. Date of the last service provided to the student;
 - c. Outcome of the service provided, i.e. amount of progress or the level of care;
 - d. ASAM level of care at discharge, if applicable;
 - e. Recommendations made to the student, as appropriate to the ITP, including referrals made to other community resources unless the student discontinued services without notice to the provider;
 - f. Medications prescribed by the agency upon the student's termination from service, if applicable;
 - g. Upon involuntary termination from service, documentation that the student was informed of their right to file an appeal; and
 - h. Dated signature and credentials of the staff member completing the summary.

Policy #	105
Section:	General Services
Title:	Release of Information
Authorized/Approved By:	

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Effective Date:
Review Date:

Policy

Student Well-Being Services complete a Release of Information, as applicable, in accordance with Ohio Administrative Code 5122-27-06.

Procedure

1. Each request for information regarding a current or previous student shall be accompanied by an authorization for release of information, except as specified in sections 5119.27, 5119.28, and 5122.31 of the Ohio Revised Code.
2. The authorization for release of information shall include, but not be limited to, the following:
 - a. The full name of the student.
 - b. Date of birth of the student.
 - c. The specific information to be disclosed, and the purpose of the disclosure.
 - d. The name of the person or entity disclosing the information.
 - e. The name of the person or entity receiving the information.
 - f. The date, event, or condition upon which the authorization shall expire.
 - g. Statement that the consent is subject to revocation at any time except to the extent the provider or person who is to make the disclosure has already acted in reliance on it.
 - h. Either a statement that the provider will not condition treatment, payment, enrollment, or eligibility on student's authorization for the release of information, or a statement of the consequences to the student if student refuses to sign an authorization for the release of information.
 - i. The dated signature of the student or, as appropriate, a legally authorized agent and the agent's relationship to the student.
 - j. For students receiving addiction services treatment, the either of the following statements:
 - i. "This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a student as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is not sufficient

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Section:	General Services	Effective Date:
Title:	Release of Information	Review Date:
Authorized/Approved By:		

for this purpose (see 42 CFR 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any student with a substance use disorder, except as provided at 42 CFR 2.12(c)(5) and 42 CFR 2.65."; or,

- ii. "42 CFR part 2 prohibits unauthorized disclosure of these records."
- k. For records relating to mental health services, information from other providers that is contained in the individual student record may be released from the individual student record with the written authorization provided in accordance with the provisions of this rule. For records relating to addiction services, information from other providers that is contained in the individual student record may be released from the individual student record only if the written authorization provided in accordance with this rule explicitly authorizes both the disclosure of providers records and the re-disclosure of the other providers records.
- 3. If the student is a minor, the release of information shall either:
 - a. Be signed by the student's parent or legal guardian;
 - b. In the case of providers who are certified to provide mental health services, may be signed by a student of fourteen years of age or older if all other requirements of section 5122.04 of the Ohio Revised Code are met;
 - c. In the case of providers who are certified to provide addiction treatment services, be signed by the student and the students parent or legal guardian; or,
 - d. In the case of providers who are certified to provide addiction treatment services and minor students providing consent to treatment pursuant to section 3719.012 of the Ohio Revised Code, the student shall sign the release of information.
- 4. In the case of providers who are certified to provide addiction treatment services, when providing services to students who are minors but who are not providing consent pursuant to section 3719.012 of the Ohio Revised code; the provider must either obtain the students authorization to contact the students parent or legal guardian or find the minor lacks in capacity to make a rational choice in accordance with 42 C.F.R. part 2.14(c)(2).

Policy #	106	Page 1 of 1
Section:	Community Psychiatric Supportive Treatment	Effective Date:
Title:	Community Psychiatric Supportive Treatment Services	Review Date:
Authorized/Approved By:		

Policy

It is the policy of Student Well-Being Services to provide community psychiatric supportive treatment (CPST) to students as appropriate and applicable.

Procedure

1. Community psychiatric supportive treatment (CPST) services provide an array of services delivered by community based, mobile individual and/or multidisciplinary teams of professionals and trained employees.
2. CPST services address the individualized mental health needs of the student and are directed towards adults, children, adolescents and families.
3. CPST services vary with respect to hours, type and intensity of services, depending on the changing needs of each individual.
4. The purpose of CPST services is to provide specific, measurable, and individualized services to each person served.
5. CPST services will be focused on the individual's ability to succeed in the community; to identify and access needed services; and to show improvement in school, work, and family, and integration and contributions within the community.

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Section:	Community Psychiatric Supportive Treatment	Effective Date:
Title:	CPST Activities	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services shall provide community psychiatric supportive treatment (CPST) activities in accordance with Ohio Administrative Code 5122-29-17.

Procedure

1. Activities of CPST services shall consist of one or more of the following:
 - a. Ongoing assessment of needs;
 - b. Assistance in achieving personal independence in managing basic needs as identified by the individual and/or parent or guardian;
 - c. Facilitation of further development of daily living skills, if identified by the individual and/or parent or guardian;
 - d. Coordination of the individual service plan (ISP), including:
 - i. Services identified in the ISP;
 - ii. Assistance with accessing natural support systems in the community; and
 - iii. Linkages to formal community services/systems;
 - e. Symptom monitoring;
 - f. Coordination and/or assistance in crisis management and stabilization as needed;
 - g. Advocacy and outreach;
 - h. As appropriate to the care provided to individuals, and when appropriate, to the family, education and training specific to the individual's assessed needs, abilities and readiness to learn;
 - i. Mental health interventions that address symptoms, behaviors, through processes, etc., that assist an individual in eliminating barriers to seeking or maintaining education and employment; and
 - j. Activities that increase the individual's capacity to positively impact his/her own environment.
2. CPST service delivery shall consist of:
 - a. Service delivery to the person served and/or any other individual who will assist in the person's mental health treatment.

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Section:	Community Psychiatric Supportive Treatment	Effective Date:
Title:	CPST Activities	Review Date:
Authorized/Approved By:		

- i. Service delivery may be face-to-face, by telephone, and/or by video conferencing; and
 - ii. Service delivery may be to individuals or groups.
- 3. CPST services are not site specific, however, they must be provided in locations that meet the needs of the persons served.

Policy #	108	Page 1 of 3
Section:	Community Psychiatric Supportive Treatment	Effective Date:
Title:	CPST Staffing	Review Date:
Authorized/Approved By:		

Policy

In order to maintain certification as community psychiatric supportive treatment provide, Student Well-Being Services must maintain staffing in accordance with Ohio Administrative Code 5122-29-17 requirements.

Procedure

1. Student Well-Being Services must have one CPST staff who is clearly responsible for case coordination.
 - a. This staff person must be an employee of Student Well-Being Services.
 - b. This staff person may delegate CPST services to eligible providers internal and/or external to Student Well-Being Services as long as the following requirements and/or conditions are met:
 - i. All delegated CPST activities are consistent with the rules defined in OAC 5122-29-17;
 - ii. The delegated CPST services may be provided by an entity not certified by the Ohio Department of Mental Health and Addiction Services (OMHAS) to provide CPST services as long as there is a written agreement between Student Well-Being Services and the non-certified agency that defines the service expectations, qualifications of staff, program and financial accountability, health and safety requirements, and required documentation; and
 - iii. An entity that is not certified by OMHAS for CPST service may only seek reimbursement for CPST services through Student Well-Being Services and with a written agreement as required in OAC 5122-29-17.
2. Providers of CPST services at Student Well-Being Services shall have a staff development plan based upon identified individual needs of CPST staff. Documentation of the staff development plan shall be maintained in the employee's personnel file. The plan shall address, at a minimum, the following:
 - a. An understanding of systems of care, such as natural support systems, entitlements and benefits, inter- and intra-agency systems of care, crisis response systems and their purpose, and the intent and activities of CPST;
 - b. Characteristics of the population to be served, such as psychiatric symptoms, medications, culture, and age/gender development; and
 - c. Knowledge of CPST purpose, intent and activities.

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3. CPST services shall be provided and supervised by staff who are qualified according to rule 5122-29-30 of the Administrative Code as follows:
 - a. Individuals are eligible to provide and supervise within their professional scope of practice those services certified by the Ohio department of mental health and addiction services and listed and described in Chapter 5122-29 of the Administrative Code.
 - b. Licensed, certified or registered individuals shall comply with current, applicable scope of practice, supervisory, and ethical requirements identified by appropriate licensing, certifying or registering bodies.
 - c. Individuals providing the following services who are not otherwise credentialed by the Ohio chemical dependency professionals board; Ohio counselor, social worker and marriage and family therapist board; state medical board of Ohio; Ohio board of nursing, Ohio board of pharmacy, or Ohio board of psychology shall not provide any service or activity for which a credential by one of these boards is required by the Revised Code or Administrative Code and shall meet the requirements of a qualified behavioral health specialist in paragraph (D) of this rule:
 - i. Mental health day treatment in accordance with rule [5122-29-06](#) of the Administrative Code.
 - ii. SUD case management services in accordance with rule [5122-29-13](#) of the Administrative Code.
 - iii. Mobile response and stabilization service in accordance with rule [5122-29-14](#) of the Administrative Code.
 - iv. Community psychiatric supportive treatment in accordance with rule [5122-19-17](#) of the Administrative Code.
 - v. Therapeutic behavioral services and psychosocial rehabilitation in accordance with rule [5122-19-18](#) of the Administrative Code.
 - vi. Intensive home based treatment (IHBT) service in accordance with rule [5122-29-28](#) of the Administrative Code.
 - vii. Assertive community treatment (ACT) service in accordance with rule [5122-29-29](#) of the Administrative Code.
 - d. Qualified behavioral health specialist.
 - i. Qualified behavioral health specialist (QBHS) means an individual who has received training for or education in either mental health or substance use disorder competencies; and who has demonstrated, prior to or within

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ninety days of hire the minimum competencies in basic mental health or substance use disorder and recovery skills listed in this rule. The individual shall not otherwise be required to perform duties covered under the scope of practice according to Ohio professional licensure.

- ii. Basic competencies for each QBHS shall include, at a minimum, an understanding of:
 1. Either mental illness or substance use disorder treatment and recovery;
 2. The community behavioral health system, social service systems, the criminal justice system, and other healthcare systems;
 3. Psychiatric and substance use disorder symptoms and their impact on functioning and behavior,
 4. How to therapeutically engage either with a person with mental illness or a person in substance use disorder treatment and recovery;
 5. Crisis response procedures; and,
 6. De-escalation techniques and an understanding of how the individual's own behavior can impact the behavior of others.
- iii. The employing provider shall establish additional competency requirements, as appropriate, for each QBHS based upon the services to be performed, characteristics and needs of the persons to be served, and skills appropriate to the position.
- iv. A QBHS must be supervised by an individual qualified to supervise the provisions of services within in their scope of practice.
- v. QBHS includes both a qualified mental health specialist and a care management specialist.

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Section:	Prevention	Effective Date:
Title:	Prevention Services	Review Date:
Authorized/Approved By:		

Policy

It is the policy of Student Well-Being Services to offer prevention services which are culturally relevant, evidence-based strategies, designed to reduce the likelihood of or delay the onset of mental, emotional, and behavioral disorders.

Procedure

1. Prevention services offered by Student Well-Being Services shall:
 - a. Be intentionally designed to reduce risk or promote health before the onset of a mental, emotional, and/or behavioral disorder; and,
 - b. Be population-focused and targeted to specific levels of risk.
2. Prevention services shall be reserved only for interventions designed to reduce the occurrence of new cases of mental, emotional and behavioral disorders and shall not be used for clinical assessment, treatment, recovery support services, relapse prevention or medications of any type.
3. Student Well-Being Services will demonstrate that prevention interventions are:
 - a. Culturally relevant;
 - b. Age appropriate;
 - c. Gender appropriate; and,
 - d. Targeted toward multiple settings within the community.

Policy #	110
Section:	Prevention
Title:	Levels of Risk
Authorized/Approved By:	

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Effective Date:
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Policy

Prevention services shall be targeted to specific levels of risk.

Procedure

1. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a mental, emotional, or behavioral disorder. Risk factors may be at the individual level for non-behavioral characteristics (e.g., biological characteristics such as low birth weight), at a family level (e.g., children with a family history of substance abuse but who do not have any history of use), or at the community/population level (e.g., schools or neighborhoods in high-poverty areas).
2. Prevention services levels of risk are:
 - a. Universal: targeted to the general public or a whole population group that has not been identified on the basis of individual risk. Interventions for this level of risk are desirable for everyone in the group.
 - b. Selective: targeted to individuals or to a subgroup of the population whose risk of developing mental, emotional, and behavioral disorders are significantly higher than average. The risk may be imminent, or it may be a lifetime risk.
 - c. Indicated: targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow mental, emotional, behavioral disorders, as well as biological markers which indicate a predisposition in a person for such a disorder but who does not meet diagnostic criteria at the time of the intervention.

Policy #	111
Section:	Prevention
Title:	Prevention Strategies
Authorized/Approved By:	

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Effective Date:

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Policy

In order to maintain certification as prevention provider, Student Well-Being Services must provide at least one specific prevention strategy.

Procedure

Student Well-Being Services will provide at least one of the following prevention strategies:

1. Education: this strategy will focus on the delivery of services to target audiences with the intent of influencing attitude of behavior. Education involves two-way communication and is distinguished from information dissemination by the fact that interaction between facilitator and participants is the basis of the activities. Education activities influence critical life skills and social or emotional learning including, but not limited to, attachment, emotional regulation, empathy, family and social connectedness, decision-making, refusal skills, critical analysis and systematic judgement abilities.
2. Environmental: this strategy seeks to establish or change standards or policies to influence the incidence and prevalence of behavioral health problems in a population. Activities address family, social, neighborhood, school or community norms and seek to reduce identified risk factors and increase protective factors; this is accomplished through media, messaging, policy and enforcement activities conducted at multiple levels.
3. Supporting: In addition to the strategies listed above (education and environmental), Student Well-Being Services will also provide at least one of the following strategies required for certification:
 - a. Community-based process: this strategy focuses on enhancing the ability of the community to provide prevention services through organizing, training, planning, interagency collaboration, coalition building or networking.
 - b. Alternatives: this strategy focuses on providing opportunities for positive behavior support as a means of reducing risk taking behavior and reinforcing protective factors. Alternative programs include a wide range of social, cultural and community service or volunteer activities.
 - c. Information dissemination: this strategy focuses on building awareness and knowledge of behavioral health and the impact on individuals, families and communities, as well as the dissemination of information about prevention services. It is characterized by one-way communication from source to audience.
 - d. Problem identification and referral: this strategy focuses on referring individuals who are currently involved in primary prevention services and who exhibit behavior that may indicate the need for behavioral health or other assessment. This strategy does not include assessment or treatment for behavioral health and also does not include SBIRT.

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Section:	Prevention	Effective Date:
Title:	Prevention Referrals	Review Date:
Authorized/Approved By:		

Policy

In order to maintain certification as prevention provider, Student Well-Being Services must document procedures when referring students.

Procedure

1. Student Well-Being Services will document when students are referred to the following services:
 - a. Alcohol addiction, drug addiction, mental health, gambling addiction and primary care health services;
 - b. Social services; and,
 - c. Community resources.
2. Student Well-Being Services will provide students with a copy of an approved referral list and shall aid students in locating certified programs near the student's home.
3. Student Well-Being Services will send information from the student file if requested by the program the student is being referred too, as long as the student has signed and authorization for release of information.

Policy #	113	Page 1 of 1
Section:	Prevention	Effective Date:
Title:	Documentation of Prevention Services	Review Date:
Authorized/Approved By:		

Policy

In order to maintain certification as prevention provider, Student Well-Being Services must document the evaluation process for students.

Procedure

1. Student Well-Being Services is not required to keep records of individuals who receive prevention services; however, some evaluations and other processes do require that documentation be completed.
2. Student Well-Being Services will document an evaluation process for the following:
 - a. Prevention interventions
 - b. Prevention workforce development activities
3. Any records which are kept shall be kept in a manner compliant with the confidentiality requirements of 42 C.F.R. and HIPAA.

Policy #	114	Page 1 of 2
Section:	Crisis Intervention Services	Effective Date:
Title:	Crisis Intervention Services	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services will provide crisis intervention services in compliance with OMHAS standards.

Definitions

Crisis Intervention service involves a face-to-face response to a crisis or emergency situation experienced by a student, family member and/or significant other.

Procedure

1. Crisis intervention services can be provided at Student Well-Being Services office or in the student's natural environment.
2. The goal of crisis intervention services is to provide or assist the person(s) in obtaining those services necessary to stabilize the crisis situation.
3. Individuals who have unstable medical problems shall be referred to a medical facility.
4. Individuals who have unstable psychiatric problem shall be referred to a psychiatric facility.
5. Individuals who are experiencing withdrawal symptoms from use of alcohol and/or other drugs shall be referred to an entity that can provide the appropriate level of detoxification services.
6. An urgent evaluation of the following elements will occur when clinically indicated:
 - a. Understanding what happened to initiate the crisis and the individual's response or responses to it;
 - b. Risk assessment of lethality, propensity of violence, and medical/physical condition including alcohol or drug use;
 - c. Mental status;
 - d. Information about the individual's strengths, coping skills, and social support network, including face-to-face contact with family and collateral informants; and,

- e. Identification of treatment needs and appropriate setting of care.
7. A crisis plan shall be developed to de-escalate the crisis, stabilize the student, restore safety, provide referral, and linkages to appropriate services, and coordination with other systems.
 8. Individual service providers of crisis intervention services shall have current training and/or certification, with documentation of same in their personnel files, in the following:
 - Cardio-pulmonary resuscitation techniques
 - First Aid
 - De-escalation techniques

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Section:	Interactive Video Conference/Telehealth	Effective Date:
Title:	Telehealth	Review Date:
Authorized/Approved By:		

Policy

It is the policy of the Student Well-Being Services to ensure that students who participate in services receive appropriate and timely access to services. Student Well-Being Services provides through the use of telehealth equipment, clinical information, and expertise from one site to another via electronic communications to address student's clinical needs using an encrypted communications package that includes voice and video transmission. Telehealth services will be in compliance with all applicable federal and state statutes and regulations.

It is the policy of Student Well-Being Services to provide direct clinical services via the internet including pharmacologic management, diagnostic assessment, alcohol and drug treatment, case management, and individual and group counseling services for individuals and family members experiencing alcohol, drug, and co-occurring disorders.

Definition

Telehealth: means the use of real-time audiovisual communications of such quality as to permit accurate and meaningful interaction between at least two persons, one of which is a certified provider of the service being provided pursuant to chapter 5122-25 of the Administrative Code. Asynchronous modalities that do not have both audio and video elements are considered telehealth.

Originating site: means the site where a student is located at the time at which the service is furnished. Student Well-Being Services locations certified by OMHAS will be the standard location of the originating site.

Distant site: means the site where the eligible provider furnishing the service is located at the time the service is furnished.

Procedure

1. No initial in-person visit is necessary to initiate services using telehealth modalities. The decision of whether or not to provide initial or occasional in-person sessions shall be based upon student choice, appropriate clinical decision-making, and professional responsibility, including the requirements of professional licensing, registration or credentialing boards.
2. The following are the services that may be provided via telehealth interactive:
 - A. General services as defined in rule 5122-29-03 of the Administrative Code;
 - B. CPST service as defined in rule 5122-29-17 of the Administrative Code;
 - C. Therapeutic behavioral services and psychosocial rehabilitation services as defined in rule 5122-29-18 of the Administrative Code

- D. Peer recovery services as defined in rule 5122-29-15 of the Administrative Code;
 - E. SUD case management service as defined in rule 5122-29-13 of the Administrative Code;
 - F. Crisis intervention service as defined in rule 5122-29-10 of the Administrative Code;
 - G. Assertive community treatment service as defined in rule 5122-29-29 of the Administrative Code; and,
 - H. Intensive home-based treatment service as defined in rule 5122-29-28 of the Administrative Code.
- 3. Progress notes shall include documentation to reflect that the service was provided by telehealth.
 - 4. Student Well-Being Services has a written policy and procedure describing how they ensure that staff assisting students with telehealth services or providing telehealth services are adequately trained in equipment usage.
 - 5. Prior to providing services to a student by telehealth, a credentialed Student Well-Being Services staff shall describe to the student the potential risks associated with receiving telehealth services and document that the student was provided with the risks and agreed to assume those risks.
 - 6. The risks to be communicated to the student must address at a minimum the following and the following must be provided in the form of written documentation to the student as well:
 - A. Clinical aspects of receiving telehealth services;
 - B. Security considerations when receiving telehealth services; and,
 - C. Confidentiality considerations when receiving telehealth services.
 - 7. It is the responsibility of Student Well-Being Services to the extent possible, to assure contractually that any entity or individuals involved in the transmission of the information guarantee that the confidentiality of the information is protected. When the student chooses to receive services by telehealth at a student site that is not arranged for by the provider, e.g., at their home or that of a family or friend, the provider is not responsible for any breach of confidentiality caused by individuals present at the student site.
 - 8. Student Well-Being Services has a contingency plan for providing services to students

Policy #**Section:** Interactive Video Conference/Telehealth **Effective Date:****Title:** Telehealth **Review Date:****Authorized/Approved By:**

when technical problems occur during a telehealth session.

9. Student Well-Being Services maintains, at a minimum, the following local resource information. Local means the area where the student indicates they reside and where they are receiving services.

A. The local suicide prevention hotline if available or national suicide prevention hotline.

B. Contact information for the local police and fire departments. The provider shall provide the student information on how to access assistance in a crisis, including one caused by equipment malfunction or failure.

10. Student Well-Being Services shall require that the student provide the street address and city where they are receiving services prior to the first session utilizing Telehealth and update the address whenever the student site changes. It is

11. Student Well-Being Services shall assure that equipment meets standards sufficient to:

A. To the extent possible, assure confidentiality of communication;

B. Provide for Telehealth communication between the practitioner and the student; and

C. Assure videoconferencing picture and/or audio are sufficient to assure real-time interaction between the student and the provider and to assure the quality of the service provided.

12. All services provided by telehealth shall:

A. Begin with the verification of the student through a name and password or personal identification number when services are being provided with a student(s); and

B. Be provided, to the greatest extent possible, in accordance with the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules, the "notification of enforcement discretion for telehealth remote communications during the COVID-19 nationwide public health emergency" (Notification) issued by the office for civil rights at the Department of Health and Human Services, 42 C.F.R. Part 2, and any subsequent notification or guidance issued by SAMHSA regarding 42 C.F.R. Part 2 during the COVID-19 nationwide public health emergency.

13. Student Well-Being Services has physical locations within Olentangy Local School District where individuals may opt to receive services that are being provided by telehealth modalities.

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Section:	Administrative	Effective Date:
Title:	Provision of Services	Review Date:
Authorized/Approved By:		

Policy

It is the policy of the Director of Student Well-Being Services to maintain overall direction and control of the services providing by Student Well-Being Services under the oversight of the Superintendent and School Board.

Procedure

1. The provision of services provided by Student Well-Being Services is outlined in the Professional Services Plan.

Policy #	117	Page 1 of 1
Section:	Administrative	Effective Date:
Title:	Mission & Vision Statements	Review Date:
Authorized/Approved By:		

Policy

It is the policy of the Board of Education to maintain, review, and approve the mission and vision statements on an annual basis with input from applicable staff.

Procedure

1. The Board of Education will provide input into the continued development of the mission and vision statements as part of the annual planning activities. Input provided by the Director of Student Well-Being will be presented for the annual review and approval process.
2. A person-centered philosophy shall be demonstrated by Student Well-Being Services leadership and personnel that guides the service delivery and is communicated to stakeholders in an understandable manner.

Policy #	118	Page 1 of 2
Section:	Administrative	Effective Date:
Title:	Director of Student Well-Being	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services will maintain a written job description containing the qualifications, duties and the responsibilities of the Director of Student Well-Being. This description is updated as needed.

Procedure

1. The Director of Student Well-Being shall be given full authority/responsibility for operation of the organization.
2. The Director of Student Well-Being shall delegate responsibilities within the organization as he/she deems appropriate.
3. The Director of Student Well-Being will have a working knowledge of the programs provided.
4. The Director of Student Well-Being is accessible to the persons served and personnel.
5. The responsibilities of the Director of Student Well-Being include, but are not limited to the following:
 - a. Integrating the core values and Mission Statement into daily operations.
 - b. Gathering input from persons served, all levels of personnel and stakeholders.
 - c. Maintaining a focus on the persons served.
 - d. Maintaining financial management, including budget development.
 - e. Utilizing resources and maintaining safety.
 - f. Accomplishing the strategic plan.
 - g. Demonstrating an organized system of information management.
 - h. Ensuring the flow of pertinent information to appropriate parties.
 - i. Ensuring Compliance with all applicable legal and regulatory requirements.
 - j. Maintaining a positive therapeutic environment.
6. The Director of Student Well-Being is responsible for the overall day-to-day operation of the program.

7. The qualifications for the Director of Student Well-Being include at least the following knowledge and skills requirements:
 - a. Master's Degree and a minimum of five years' experience in Behavioral Health and/or AOD services or an allied profession to include a minimum of two years as a supervisor, or;
 - b. Minimum of five years' experience in behavioral health, alcohol and other drug addiction services or an allied profession to include a minimum of three years as a supervisor; or
 - c. Minimum of five years' business administration experience to include a minimum of two years as a supervisor.
8. Annually, the School Board or designee will conduct a review and evaluation of the Director of Student Well-Being.

Reference: Director of Student Well-Being Position Description.

Policy #	119	Page 1 of 1
Section:	Administrative	Effective Date:
Title:	Prohibitions	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services will not place an individual in a key leadership capacity that, within the past five years provided oversight to a program whose certification was denied or revoked by the Ohio Department of Mental Health and Addiction Services (OMHAS).

Procedure

1. The Director of Student Well-Being will not allow a person to serve in a key leadership capacity if that person was a governing authority member or program director of a program whose certification was denied or revoked by OMHAS within the past five years.
2. The program is prohibited from hiring an individual as the Director of Student Well-Being if that person was a governing authority member or a program director of a program whose certification was revoked or denied by OMHAS within the past five years.

Policy #	120	Page 1 of 1
Section:	Administrative	Effective Date:
Title:	Absence of Director of Student Well-Being	Review Date:
Authorized/Approved By:		

Policy

It is the policy of Student Well-Being Services to provide appropriate management of Student Well-Being Services in the absence of the Director of Student Well-Being.

Procedure

1. In the Director of Student Well-Being's absence, the individual designated to act in his/her place shall be the Supervisor of Student Well-Being services.
2. Should the Director of Student Well-Being resign or be granted a leave of absence, an Acting Director of Student Well-Being will be appointed.

Policy #	121	Page 1 of 1
Section:	Administrative	Effective Date:
Title:	Table of Organization	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services shall maintain an accurate Table of Organization reflecting the current structure and reporting responsibilities within the program. This table reflects that Student Well-Being Services is a functioning entity of Olentangy Local School District.

Procedure

1. The Table of Organization and Staff Listing will be updated and approved on an annual basis or more frequently as required.
2. The Table of Organization will:
 - a. Reflect the relationship of the program to the governing authority.
 - b. Identify each position, including employee, contract staff, student interns and volunteers.
 - c. Include the date and original signature of the Director of Student Well-Being.
3. A current organizational chart is made available to the persons served and all personnel.

Policy #	122	Page 1 of 1
Section:	Administrative	Effective Date:
Title:	Annual Reviews	Review Date:
Authorized/Approved By:		

Policy

The Director of Student Well-Being will conduct annual reviews of the overall quality of operations of the program and report these reviews and any updates/revision to the School Board for approval.

Procedure

1. As scheduled, the Director of Student Well-Being will conduct annual reviews to include the following:
 - a. Overall Quality of Operations
 - b. Mission, Vision and Goal Statements
 - c. Professional Service Plan
 - d. Performance Improvement Plan
 - e. Corporate Compliance Plan
 - f. Updated Policies and Procedures and Table of Organization
 - g. Summary of Client Rights activities and any actions taken as a result of the annual review

Policy #	123	Page 1 of 2
Section:	Administrative	Effective Date:
Title:	Corporate Compliance Program	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services is dedicated to the delivery of behavioral healthcare in an environment characterized by strict conformance with the highest standards for accountability for administration, clinical, business, marketing, and financial management. Student Well-Being Services leadership is fully committed to the need to prevent and detect fraud, fiscal management and misappropriation of funds and therefore, to the development of a formal corporate compliance program to ensure ongoing monitoring and conformance with all legal and regulatory requirements. Further, the organization is committed to the establishment, implementation, and maintenance of a corporate compliance program that emphasizes (1) prevention of wrongdoing—whether intentional or unintentional, (2) immediate reporting and investigation of questionable activities and practices without consequences to the reporting party, and (3) timely correction of any situation which puts the organization, its leadership or staff, funding sources or students at risk.

Procedure

1. The Director of Student Well-Being will formally designate Student Well-Being Services Corporate Compliance Officer (CCO) by formal resolution placed in the employee's personnel file. The CCO will monitor the organization's corporate compliance program and provide periodic and regular reports to the Director of Student Well-Being on matters pertaining to the program.
2. The CCO shall (1) chair the organization's corporate compliance team and serve as the organization's primary point of contact for all corporate compliance issues, including scheduling team meetings, reporting on team activities, and making recommendations to the Director of Student Well-Being as required; (2) develop, implement, and monitor—on a regular basis—the organization's corporate compliance plan, including all internal and external monitoring, auditing, investigative and reporting processes, procedures and systems; (3) prepare, submit, and present periodic reports to the Director of Student Well-Being as compliance oversight; and (4) coordinate development of the organization's formal corporate compliance plan.

3. The CCO shall submit an annual report to the Director of Student Well-Being. Annual reports will include, at a minimum: (1) a summary of allegations, investigations, and/or complaints processed in the preceding 12 months in conjunction with the corporate compliance program; (2) a complete description of all corrective action(s) taken; and (3) any recommendations for changes to the organization's policies and/or procedures.
4. The CCO shall provide a synopsis report on any litigation, allegations of wrongdoing, malpractice, violations of Student Well-Being Services' Code of Ethics within the last three (3) years to the Director of Student Well-Being.
5. In the performance of his/her duties, the CCO shall have direct and unimpeded access to the Director of Student Well-Being, and the organization's accounting firm and/or legal counsel for matters pertaining to corporate compliance.
6. As part of corporate compliance plan development, the CCO shall schedule, coordinate, and monitor regular and periodic reviews of risk areas by competent persons external to the organization. Such reviews will be conducted as a way to ensure ongoing conformance with billing, accounting, and collection regulations imposed by the federal government and other "third party" funding sources. More critically, these reviews will augment the organization's annual audit of its accounting system and provide an additional, internal measure to ensure conformance with billing and coding policies and practice that will withstand the scrutiny of any regulatory audit or examination.

(Reference: Corporate Compliance Plan)

Policy #	123A
Section:	Administrative
Title:	No Reprisal System
Authorized/Approved By:	

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Effective Date:
Review Date:

Policy

It is the policy of Student Well-Being Services to maintain a No Reprisal system for employees to use for the reporting of waste, fraud, abuse, and other questionable activities, practices, or allegations of violations of ethical codes that includes adequate timeframes for prompt consideration and results in timely decisions.

Procedure

1. Upon Director of Student Well-Being approval, the No Reprisal system policy and procedure shall be communicated to all staff and other stakeholders. Staff will be required to sign and date upon receipt of the No Reprisal system policy and procedure.
2. Investigations of alleged waste, fraud, abuse, and/or other wrongdoing will occur within 48 hours from the time the incident was reported.
3. There are legal and administrative consequences for violation of the ethical code of conduct, which range from counseling through termination.
4. There are legal and administrative consequences for violation of the corporate compliance program, which range from counseling through termination.
5. Student Well-Being Services maintains procedures to guide staff on responding to subpoenas, search warrants, investigations, and other legal actions. They are as follows:
 - a. Director of Student Well-Being and the designated Corporate Compliance Officer are to be notified within 2 hours of receiving such a document.
 - b. Director of Student Well-Being and the designated Corporate Compliance Officer are responsible for speaking on behalf of the organization.
 - c. Student Well-Being Services' will obtain an attorney for legal representation, in matters regarding subpoenas, search warrants, investigations, and other legal actions.

Student Well-Being Services shall consistently apply / approach a no reprisal system for all personnel reporting allegations of corporate waste, fraud, abuse, or other wrongdoing.

Policy #	124	Page 1 of 2
Section:	Administrative	Effective Date:
Title:	Policy and Procedure Guidelines	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services will maintain current standard operating policies and procedures. Published policies and procedures are the rules and regulations by which the agency operates, and adherence thereto is mandatory on the part of all who are associated with the organization.

Procedure

1. Numbered policies and procedures, which establish standard operating procedures for Student Well-Being Services, will be prepared by the Director of Student Well-Being, or designee.
2. Policies will be numbered in accordance with a list of base numbers. The base numbers reflect the various organizational elements of Student Well-Being Services. The program will have established policies and procedures for planning, program evaluation, management information, fiscal administration, affirmative action, personnel management, drug free workplace, physical plant and safety, infection control, student abuse and staff neglect.
3. The Director of Student Well-Being must review and approve all organizational policies. The policies shall be reviewed in accordance with the schedule established or a minimum of every five years. The Director of Student Well-Being will have the responsibility of reviewing all numbered policies to ensure proper coordination and understanding by the various program elements.
4. A numbered policy may be rescinded by the issuance of an updated policy, which covers the specific area of concern. All original copies of the replaced policy will be removed from the Policy and Procedure Manual and archived, while any additional copies will be destroyed.
5. The Director of Student Well-Being will be the primary custodian of Student Well-Being Services' official Policy and Procedure Manual and will be responsible for distribution of copies of the Manual.

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Section:	Administrative	Effective Date:
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Authorized/Approved By:		

6. New policies and procedures and/or changes to existing ones (operational and personal) will be communicated to staff at all sites through established organizational channels.
7. The manual will be kept in loose-leaf and / or electronic form accessible to all staff.
8. All Student Well-Being Services employees shall have access to the Policy and Procedures Manual upon commencement of employment.
9. All new employees are required to read the policy and procedure manual during their orientation and documentation shall be contained in their personnel file. In addition, each employee is given an employee handbook that contains many of the policies and procedures.

Policy #	125	Page 1 of 1
Section:	Administrative	Effective Date:
Title:	Participation in Information Survey	Review Date:
Authorized/Approved By:		

Policy

It is the policy of Student Well-Being Services to participate in information surveys conducted or sponsored by the Ohio Department of Mental Health and Addiction Services (OMHAS).

Procedure

1. All surveys sent to Student Well-Being Services in hard copy or electronic format will be forwarded to the Director of Student Well-Being for disposition.
2. The Director of Student Well-Being at his/her discretion may assign the completion of the survey to any staff member.

Policy #	126	Page 1 of 1
Section:	Administrative	Effective Date:
Title:	Compliance and Continued Use	Review Date:
Authorized/Approved by:		

Policy

It is the policy of Student Well-Being Services to maintain compliance with all applicable federal, state, and local laws and regulations.

Procedure

1. Student Well-Being Services shall remain certified / licensed until the expiration of its current license.
2. If Student Well-Being Services wants to continue to operate as a behavioral health and/or addiction outpatient program, it shall apply to the Ohio Department of Mental Health and Addiction Services Board (OMHAS) for program re-certification/re-licensure when required.

Policy # 127
Section: Administrative
Title: MITS
Authorized/Approved By:

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Effective Date:
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Policy

Student Well-Being Services will participate in the Ohio information systems that are relevant to its services.

Procedure

1. Student Well-Being Services will participate in the Medicaid Information Technology System (MITS) when applicable.

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Section:	Administrative	Effective Date:
Title:	Provider Closing or Acquisition	Review Date:
Authorized/Approved By:		

Policy

If Student Well-Being Services discontinues operations or is taken over or acquired by another entity, it shall comply with 42 C.F.R., Part 2, Subsection 2.19, which governs the disposition of records by discontinued programs. If Student Well-Being Services voluntarily closes, it shall give a thirty-day advance written notice to each of its current students which specifies the date that the program will close. If a student is a minor, the program shall send notice to the minor student's parent or legal guardian, and to the minor in accordance with section 3719.012 of the Ohio Revised Code (ORC).

Procedure

1. A copy of this notice shall be placed in each student's clinical record.
2. A copy of this notice shall be sent to the:
 - a. Department's legal and regulatory service office responsible for compliance and certification of agencies.
 - b. The boards for the counties in which the provider offers services.
3. A program close-out audit shall be conducted which shall meet the department's guidelines and federal office of management and budget circulars.
4. If a student will require ongoing services after the projected closing date, the provider shall:
 - a. Refer the student to another provider certified by the department or to an individual in private practice who is qualified to provide the services needed; and,
 - b. Have documentation to ascertain that the provider or private practice has accepted the student for admission. A progress note by a case manager or clinician stating the date, time and place that the student is scheduled for an intake interview will meet the requirements of this standard.
5. If a program discontinues operations or is taken over or acquired by another entity, it shall comply with division (A) (15) of section 5119.28 of the Ohio Revised Code and 42 C.F.R., part 2, subsection 2.19 which govern the disposition of records by discontinued programs.

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Section:	Administrative
Title:	Social Media
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Effective Date:
Review Date:

Policy

This policy provides guidance for employee use of social media, which should be broadly understood for purposes of this policy to include blogs, wikis, microblogs, message boards, chat rooms, electronic newsletters, online forums, social networking sites, and other sites and services that permit users to share information with others in a contemporaneous manner. The following principles apply to professional use of social media on behalf of Student Well-Being Services, as well as personal use of social media when referencing Student Well-Being Services.

Procedure

1. Employees need to know and adhere to the Student Well-Being Services' Code of Conduct, Employee Handbook, and other company policies when using social media.
2. Employees should be aware of the effect their actions may have on their images, as well as Student Well-Being Services' image. The information that employees post or publish may be public information for a long time.
3. Employees should be aware that Student Well-Being Services may observe content and information made available by employees through social media. Employees should use their best judgment in posting material that is neither inappropriate nor harmful to Student Well-Being Services, its employees, or customers.
4. Although not an exclusive list, some specific examples of prohibited social media conduct include posting commentary, content, or images that are defamatory, pornographic, proprietary, harassing, libelous, or that can create a hostile work environment.
5. Employees are forbidden to post any comments or images of past or present students who have received services from Student Well-Being Services.
6. Employees are forbidden to have relationships with current students on any form of social media.
7. Employees should get appropriate permission before you refer to or post images of current or former employees, members, vendors, or suppliers.

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8. Employees should get appropriate permission before you refer to or post images of current or former employees, members, vendors, or suppliers. Additionally, employees should get appropriate permission to use a third party's copyrights, copyrighted material, trademarks, service marks or other intellectual property.
9. Social media use shouldn't interfere with employee's responsibilities at Student Well-Being Services. Student Well-Being Services computer systems are to be used for business purposes only. When using Student Well-Being Services' computer systems, use of social media for business purposes is allowed (ex: Facebook, Twitter, blogs, and LinkedIn), but personal use of social media networks or personal blogging of online content is discouraged and could result in disciplinary action.

Policy #	130	Page 1 of 2
Section:	Performance Improvement	Effective Date:
Title:	Performance Improvement Plan	Review Date:
Authorized/Approved By:		

Policy

It is the policy of Student Well-Being Services to adopt a philosophy of Performance Improvement for the organization and a program to insure the practice of a PI philosophy and continuous improvements to the organization.

Procedure

1. The Performance Improvement / Quality Assurance program generates a plan that analyzes collected data and is used to address critical customer needs and results in ongoing performance improvement and quality assurance.
2. At a minimum, performance improvement methodologies must address the following areas: (a) Business operations; (b) Student satisfaction; (c) Stakeholder satisfaction; (d) Student outcomes; (e) The quality of service delivery, including appropriateness, and efficiency; and (f) Student protections, including seclusion and restraint, if applicable, student rights, complaints and grievances, and incident notification.
3. Data outcomes are collected and analyzed that provides accurate information including:
 - a. Identify areas of needed improvement;
 - b. Develop an action plan;
 - c. Implement improvements, and monitor and evaluate their effectiveness; and
 - d. Activities which evaluate the effectiveness of the provider's overall performance improvement process.
4. The organization shall include in its performance improvement plan the frequency of data collection and analysis.
5. The organization shall collect and analyze data at least annually.
6. The information shall be used to review the implementation of the mission and core values of the organization, to improve the quality of programs and services and to facilitate organizational decision-making.
7. All data collected by the organization shall demonstrate appropriateness, efficiency, reliability, validity, completeness, and accuracy.

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8. Collection of information shall occur at the beginning of services and the end of services.
9. Input on service progress and outcomes, including satisfaction, is gathered from the students and other stakeholders.
10. Each agency provider shall use a system to measure consumer outcomes for children, youth and adults, as applicable.
 - a. Data to be collected shall include whether treatment plan goals were met, and satisfaction with services.
 - b. The frequency of data collection shall be beginning of services, end of services; and at intervals as defined in agency policies.
11. The agency provider shall include attention to student population and needs in determining the appropriate intervals at which to collect data. The agency provider may describe different intervals based on varying population characteristics.
12. The PI Coordinator shall report all PI activities to the Director of Student Well-Being. At least, annually, the PI Coordinator shall inform the Director of Student Well-Being, and management and staff through training/all staff meeting of the findings of the student and referral source satisfaction surveys and shall provide recommendations on ways to Student Well-Being Services improve performance. Documentation shall be contained within the minutes of the Director of Student Well-Being and/or training records and all staff meeting minutes.

(Reference: Student Well-Being Services Performance Improvement Plan)

Policy #	131	Page 1 of 1
Section:	Performance Improvement	Effective Date:
Title:	Program Evaluation	Review Date:
Authorized/Approved By:		

Policy

It is the policy of Student Well-Being Services to monitor the integrity of programs and services by conducting ongoing program evaluation activities.

Procedure

1. Program evaluation activities shall include, but not be limited to peer review, utilization reviews, outcomes management program reviews, and the annual review of all service and treatment program audits, both internal and external, results and recommendations will be utilized as part of Student Well-Being Services' program evaluation activities.

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Section:	Performance Improvement	Effective Date:
Title:	Research	Review Date:
Authorized/Approved By:		

Policy

When applicable, Student Well-Being Services shall ensure that research and evaluation activities are conducted in an ethical manner, that each participant's rights regarding such activities are respected and protected, and that evaluation activities enhance the overall performance of the provider.

Procedure

1. Research activities shall be evaluated by and adhere to the requirements of an independent institutional review board.
2. Evaluation activities shall be conducted in accordance with the requirements of a nationally recognized accrediting body, such as the American Evaluation Association.

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Section:	Performance Improvement	Effective Date:
Title:	Input From Persons Served Plan	Review Date:
Authorized/Approved By:		

Policy

To ensure ongoing input from persons served personnel and other relevant stakeholders. As an organization providing substance abuse treatment Student Well-Being Services has embraced a philosophy of self-help. We recognize the dignity and self-worth of every individual we serve, and we highly value their input into shaping the programmatic content we offer. We solicit and incorporate their input into our planning in a variety of ways. The input shall be analyzed and used in program planning, performance improvement, strategic planning, organizational advocacy, financial planning, and resource planning.

Procedure

1. Satisfaction Surveys. We survey all of our students at least annually. Referral source satisfaction surveys are completed annually as well. The survey looks at issues of satisfaction with programmatic content, respect for the individual and his/her privacy, accessibility, safety, communication, the development, monitoring, and evaluation of programs, and whether the student would refer friends to Student Well-Being Services for assistance.
2. Complaint, Grievance, and Incident Summaries
3. Student Exit Interviews. Students and families terminating from Student Well-Being Services will be asked to complete a questionnaire focusing on their input regarding the quality and effectiveness of Student Well-Being Services programming.
4. Student Suggestion Box. A suggestion box will be made available for the expressed purpose of obtaining additional input from persons served and their family members.
5. The mechanisms to obtain input from persons served will be communicated to the student during the orientation process.
6. Review of Input by the Leadership includes:

Input from those served, personnel and other stakeholders will be reviewed in a variety of ways, including:

- a. Managing Partner's meetings
- b. Performance Improvement Team meetings
- c. Annual Organizational Plan

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This input will be used to:

- a. Direct ongoing process for quality improvement Develop or revise individual service plans
 - b. Change service delivery designs
 - c. Develop, improve or eliminate services
 - d. Make short and long-range planning
 - e. Prioritize staff training and needs
 - f. Identify procedures that should be improved.
7. If a protocol is identified as possibly needing improvement, the PI Committee will create an activity to improve said procedure and monitor results of student satisfaction surveys for improved satisfaction regarding specific procedure.
8. Procedures will be changed appropriately if PI activities show improvement.
9. The Performance Improvement Committee is responsible for implementing, monitoring for the above-mentioned activities with the Student Satisfaction Surveys.
10. Aggregate survey data is placed on the bulletin board for students to see the results.
11. A suggestion box is placed in the waiting area for students to provide feedback and suggestions. The suggestions are reviewed by the PI Committee.

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Section:	Client Rights	Effective Date:
Title:	Client Notification	Review Date:
Authorized/Approved By:		

Policy

The Student Well-Being Services Director of Student Well-Being will serve as the Client Rights Advocate. The Client Rights Advocate will be responsible for ensuring the implementation and maintenance of the client rights activities within the agency, including the client grievance procedure.

Procedure

1. Upon admission, each client will be provided with a copy of the Student Well-Being Services' Client Rights and Grievance Procedure that is communicated in a way that is understandable to the client prior to the beginning of service delivery. Upon request, anyone may receive an additional copy of this policy and procedure statement.
2. In crisis or emergency situations, the client will, at a minimum be advised of their immediate relevant rights.
3. The Student Well-Being Services Client Rights Statement and the Client Grievance Procedure will be posted in a prominent area where clients and visitors may review them.
4. Upon the client's written request, the Student Well-Being Services will forward information concerning the client's grievance to any outside agent with approved signed releases, usually in the lobby area.
5. All staff will receive a copy of and instruction in the client rights policy and the grievance procedures upon employment with the organization through their new employee orientation process. Each Student Well-Being Services' employee's personnel file, including contract staff, volunteers and student interns shall include evidence that each staff member has received a copy of the client rights policy and the client grievance procedure and has agreed to abide by them.
6. A copy of both the grievance procedures and client's rights, dated and signed by the client, will be kept in each file to indicate receipt.

7. Student Well-Being Services will maintain records of written grievances for at least two (2) years. These records will include:
 - a. Copy of the grievance.
 - b. Documentation reflecting process used and resolutions/remedy of the grievance.
 - c. Copy of the letter to the client reflecting resolution of the grievance.
 - d. Documentation, if applicable, of extenuating circumstances for extending time period for resolving grievance beyond 21 calendar days.
 - e. Posting of the grievance procedure.
9. The program shall demonstrate knowledge of the legal status of the client and when applicable, will provide information to the client regarding resources related to their legal status.
10. Client rights will be communicated to each client at least annually for those in services for longer than one (1) year.

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Section:	Client Rights	Effective Date:
Title:	Client Rights Statement	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services will comply with all state and regulatory requirements for client rights.

Procedure

1. Student Well-Being Services ensures organizational compliance with the following client rights requirements for OMHAS:
 - a. The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
 - b. The right to reasonable protection from physical, sexual, or emotional abuse and inhumane treatment;
 - c. The right to receive services in the least restrictive, feasible environment;
 - d. 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;
 - e. The right to give informed consent to or to refuse any service, treatment or therapy, including medication absent an emergency;
 - f. The right to participate in the development, review, and revision of one's own individualized treatment plan and receive a copy of it;
 - g. 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;
 - h. The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
 - i. The right to be advised and the right to refuse observation by others and by techniques such as one way vision 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;

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- j. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;
 - k. 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 the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction;
 - l. The right to be informed a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary;
 - m. The right to be informed of the reason for denial of a service;
 - n. The right not to be discriminated against for 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;
 - o. The right to know the cost of services;
 - p. The right to be verbally informed of all client rights, and to receive a written copy upon request;
 - q. The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
 - r. The right to file a grievance;
 - s. The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
 - t. The right to be informed of one's own condition; and,
 - u. The right to consult with an independent treatment specialist or legal counsel at one's own expense.
3. Upon admission each client will be provided with a copy of the client rights. Upon written request any other person may receive a copy of the policy and procedure regarding client rights. Documentation is maintained with dated signatures by the clients, which is kept in each client's record to indicate receipt.
 4. The client rights procedure will be posted. This policy and procedure is posted

prominently at each Student Well-Being Services location where clients and visitors may review them.

5. In a crisis or emergency situation, or when the client does not present for services in person such as through a hotline; the provider may verbally advise the client of at least the immediately pertinent rights only, such as the right to consent to or to refuse the offered treatment and the consequences of that agreement or refusal. Full verbal explanation of the client rights policy shall be provided at the first subsequent meeting.
6. When persons served participate in research, Student Well-Being Services adheres to all governmental regulations, professional ethics, and is approved by the Director of Student Well-Being. Student Well-Being Services ensures that the confidentiality of the person served is protected. Written consent from each client participating is required. Documentation that the client made an informed choice and that he/she had the right to cease participation with no penalty is required. A written consent from clients to use, disposition, and release of the data is required.
7. Student Well-Being Services provides policies and procedures governing the rights of the person served that apply to all applicable federal and state regulations. This adherence is demonstrated in its clinical records, code of ethics, and other practices.

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Section:	Client Rights	Effective Date:
Title:	Grievance Procedure	Review Date:
Authorized/Approved By:		

Policy

It is the policy of Student Well-Being Services to have an established mechanism in addition to grievance procedures to resolve conflicts which may arise between client and Student Well-Being Services concerning treatment issues based on OMHAS requirements.

Procedure

Upon admission, each client will be provided with 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 in his/her individual client record.

1. All grievances must be written, dated and signed by the client, the individual filing the grievance on behalf of the client, or have an attestation by the client advocate or designee that the written grievance is a true and accurate representation of the client's grievance and should include, if available, the date, approximate time, description of the incident and names of the individuals involved in the incident or situation being grieved.
2. Grievances should be given to the student's counselor, or in the event the counselor is not on premises, the grievance can be given to the Director of Student Well-Being. Any counselor will assist in filing a grievance upon request and grievances may be made verbally and the client advocate or designee shall be responsible for preparing a written text of the grievance.
3. All grievances, including a copy of the grievance, documentation reflecting the process used and resolution/remedy of the grievance and documentation, if applicable, of extending the time period for receiving the grievance beyond twenty (20) calendar days will be kept on file two years from resolution and will include a copy of the grievance, documentation reflecting the process used and resolution/remedy of the grievance and documentation, if applicable, of extenuating circumstances for extending the time period for resolving the grievance beyond twenty (20) calendar days. If conflict between a client and Student Well-Being Services arises the primary counselor will first attempt to facilitate a resolution.
4. If conflict between a client and Student Well-Being Services arises the primary counselor will first attempt to facilitate a resolution. If at any time, grievance is against staff involved in grievance procedure, client has the right to skip step and move to next grievance step.
5. Within three (3) working days of receiving the grievance, the Counselor will meet with the client and receive all the information and provide the client with written acknowledgement that includes:
 - a. The date the grievance was received
 - b. A summary of the grievance

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- c. An overview of the grievance investigation process
 - d. A timetable for completing the investigation and notification of the resolution, and
 - e. The treatment provider contact person's name, address and telephone number
 - f. And the findings and decision made by the Counselor.
- 6. Should a resolution at this level not occur, the Director of Student Well-Being will intervene and assist in seeking a resolution.
- 7. The Director of Student Well-Being and counselor will again meet with the grievant and attempt to bring about a resolution to the complaint and provide a written explanation of the resolution within seven (7) working days of the initiation of the complaint.
- 8. If after following this step the grievant is still not satisfied, the grievant may appeal to the Director of Student Well-Being within three (3) working days of receiving the decision of the Director of Student Well-Being and Counselor.
- 9. Within three (3) working days of the appeal, the Director of Student Well-Being will schedule a time to meet with the grievant to discuss the complaint.
- 10. Within four (4) working days of the meeting with the Director of Student Well-Being, the grievant will be provided, in writing, the Director of Student Well-Being determination regarding the complaint.
- 11. A final resolution decision will be made within twenty (20) calendar days of receipt of the complaint.
- 12. Any exceptions that cause this time period to be extended will be documented in the grievance file and written notification will be given to the client filing the grievance. Upon the client's written request to the Counselor, the client has the option of filing a grievance with an outside organization. (Reference: Grievance Procedure).
- 13. Student Well-Being Services will maintain for two years the records of written grievances. These records will include a copy of the grievance, documentation of the grievance resolution, and a copy of the letter to a grievant reflecting the resolution. Grievances and appeals filed are reviewed annually by the Director of Student Well-Being to determine trends in complaints and identify areas for performance improvement.
- 14. Both client and his/her family members may utilize the existing grievance procedures if desired.
- 15. Clients of Student Well-Being Services have the option to file a grievance with outside organizations, that include, but are not limited to, the following:
 - a. Delaware-Morrow Mental Health & Recovery Services Board
 - b. Ohio Department of Mental Health and Addiction Services

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- c. Disability Rights Ohio or
- d. U.S. Department of Health and Human Services, Civil Rights Regional office in Chicago.

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Section:	Client Rights	Effective Date:
Title:	Duty to Protect	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services has a duty to protect against a threat made by a client who communicates an explicit threat of serious harm against a readily identifiable individual or structure and there is reason to believe the client or client has the intent to carry out the threat including means and ability. Staff will choose options which least abridge the rights of clients while protecting public safety. Staff will not take actions that would physically endanger staff, or the agency or increase the danger to a potential victim or client.

Definitions

Knowledgeable person is an immediate family member or someone who personally knows the client, and who believes the person has the intent and ability to carry out a clear threat of death or serious physical harm now or in the very near future.

Procedure

The duty to protect policy is applicable under the following conditions:

- A client makes a clear threat to cause the death of, or serious physical harm to, a clearly identified person or occupied building; and
 - A staff member believes the person has the intent and ability to carry out the threat now or in the very near future.
 - Either the client or a knowledgeable person can communicate the threat to staff.
1. When a staff person believes the duty to protect conditions exist, the Director of Student Well-Being must be contacted immediately.
 2. If the Director of Student Well-Being is unavailable, the staff person may seek an outside second opinion without identifying the client at issue. Communications that do not identify the individual as a substance abuser or client receiving AOD services are permitted.
 3. The Director of Student Well-Being and the staff person will further evaluate whether the threat presents a substantial risk of harm.
 4. When the determination is made that there is substantial risk, the following actions must be considered under the supervision of the Director of Student Well-Being:
 - a. Initiate a referral for psychiatric evaluation and possible hospitalization.
 - b. Establish and follow a documented Individual Treatment Plan that makes it unlikely the client will carry out the threat.

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- c. Warn law enforcement in the area where either the victim or structure is located or where the client resides and, if feasible, each potential victim: the nature of the threat, the identity of the person who made the threat, and the identity of each potential victim.
5. Take action based on the choices made unless it is believed taking any action would put them in physical danger or would increase the danger to the potential victim or the client.
6. If a client threatens Student Well-Being Services personnel or threatens to harm or kill someone on program premises, the staff will call 9-1-1 and may disclose client information to law enforcement officials.
7. Staff may also seek a court order to authorize disclosure of client information when an "extremely serious" crime is involved, such as threatening to cause death or serious bodily injury. This action will be taken upon the decision of the Director of Student Well-Being under advice from agency legal counsel.

Policy #	138	Page 1 of 2
Section:	Client Rights	Effective Date:
Title:	Communication with Sensory – Impaired Persons & Limited English Persons	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services will provide assistance, as appropriate according to the person's needs, at no additional cost to persons served, to persons requesting or receiving services, and their families or significant others who are individuals with a communication barrier, such as deafness or hearing impairment. Such assistance shall include availability of appropriate telecommunication relay services (TRS). A TRS is a telephone service that allows persons with hearing or speech disabilities to place and receive telephone calls, such services include but are not limited to text to speech relay and signing to speech relay. In situations when a client expresses a preference to communicate by use of a particular type of TRS, then the provider shall ensure one is available at the provider.

Student Well-Being Services will also provide assistance, as appropriate according to the person's needs, at no additional cost to persons served, to persons requesting or receiving services, and their families or significant others, who speak a language other than standard English as a primary means of communication.

Access to these services will be provided through the Olentangy Local School District as per organizational policy or through the appropriate referrals.

Procedure

1. Auxiliary aids and services may include qualified interpreters, listening devices, Braille, or large-print materials provided to Student Well-Being Services for language translation and interpreter services.
2. The clinical staff will be informed of the client's initial contact and needs. Clinical Staff will notify Director of Student Well-Being and with approval arrange for services as needed. This includes setting appointments providing appropriate auxiliary aids.
3. Contractual services, or staff adjustments i.e., written notes, or oral/taped communication as deemed appropriate, will be determined as needed throughout client's involvement with the organization.
4. Language translators and interpreters, upon the absence of organization bilingual staff, will be provided through contractual agreements.

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5. Other assistance to be provided according to the needs of persons served shall apply to all forms of communication and shall include:
 - a. Interpreters fluent in the first vernacular language of the person served, and with demonstrated ability and/or certification;
 - b. Services provided by a professional who is able to communicate in the same vernacular language as the person served; and
 - c. Referral to a service that provides interpreters.
 - d. Providing culturally sensitive and responsive treatment planning and service delivery; and
 - e. Addressing addiction and mental health service needs of the relevant community(ies) as described in the community plan(s) of the community board(s).

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Section:	Client Rights	Effective Date:
Title:	Accessibility, Availability, Appropriateness, and Acceptability of Services	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services shall be accessible, available, acceptable, and appropriate to all clients and stakeholders. Student Well-Being Services is a resource for the successful development of opportunities for people with disabilities. Student Well-Being Services will maintain compliance with minimum handicap accessibility standards for meeting these requirements that has been approved by the OMHAS equal employment opportunity regional program administrator. Student Well-Being Services shall identify any structural or other barrier which limits access to the building and will develop a plan to remove / address the barrier.

Procedure

Minimum Criteria for Accessibility of Services Shall Include, but not be Limited to:

1. Student Well-Being Services programs will accept and serve only those persons whose needs are compatible with the services provided by Student Well-Being Services and those that meet program admission criteria. If the person's needs are more appropriately addressed by another service provider, a referral will be facilitated.
2. Student Well-Being Services complies with relevant federal and state regulations, including "Section 504" of the "Rehabilitation Act of 1973."
3. Student Well-Being Services addresses all geographic, physical, finances, environment, attitudes, employment, communication, technology, transportation, and community integration, and any other barriers to services identified for all clients served through the establishment and implementation of a plan to remove the barriers.
4. Coordinating discharge planning and mental health services for persons leaving state operated inpatient settings and participating in discharge planning for persons leaving private psychiatric inpatient settings and referred to the provider.

Assuring continuity of care for persons discharged from psychiatric inpatient settings and referred to the provider through the provision of necessary services as determined by the provider in consultation with the person served and the referral source. Such necessary services shall be provided upon discharge whenever possible and no later than two weeks post discharge if it has been concluded that these services are required within two weeks.

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5. Providing assistance, as appropriate according to the client's needs, at no additional cost to the client, to clients requesting or receiving services, and their families or significant others, who speak a language other than standard English as a primary means of communication, or who have a communication disorder, such as deafness, or hearing impairment. Such assistance shall include availability of appropriate communication devices. Other assistance to be provided according to the needs of persons served shall apply to all forms of communication and shall include: (a) interpreters fluent in the first vernacular language of the person served, and with demonstrated ability and/or certification, (b) services provided by a professional who is able to communicate in the same vernacular language of person served, and (c) referral to a service that provides interpreters.
6. Student Well-Being Services shall develop a referral system to ensure that the persons served may use other resources that are accessible.
7. Providing culturally sensitive and responsive Individual Treatment Plan development and service delivery while taking attitudinal barriers by staff and persons served into account.
8. Financial barriers to services encountered by persons served will be identified at the beginning of the intake process and addressed appropriately.
9. Student Well-Being Services will identify and remove any physical, environmental, or architectural barriers that impede access to services by persons served. Safety Officer will annually complete an environment of care inspection with the purpose of identifying access problems and corrective action plan development and follow-up.
10. Input from clients regarding accessibility is gained from the client satisfaction survey results and the timely response to clients' recommendations for improvement. A referral source satisfaction survey will also be conducted to gain input from community stakeholders.
11. Student Well-Being Services will conduct an annual organization-wide self- evaluation to identify accessibility barriers both within the organization and community.
12. Student Well-Being Services shall review annually the effectiveness of its efforts to ensure accessibility, availability, appropriateness, and acceptability of services. The review shall be documented.

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Section:	Client Rights	Effective Date:
Title:	Accessibility, Availability, Appropriateness, and Acceptability of Services	Review Date:
Authorized/Approved By:		

13. The Director of Student Well-Being will be responsible for implementation of the client satisfaction survey and the organizational self-evaluation related to accessibility. Student Well-Being Services leadership will analyze the results of the surveys and make recommendations for improvement and/or correction.
14. Student Well-Being Services shall be a resource for the successful development of opportunities for persons with disabilities including employment, recreational, volunteer, housing, and social opportunities. Student Well-Being Services staff will make concerted efforts to identify, link, and refer clients to opportunities for their successful development in these areas from initial contact, assessment, treatment through to discharge from care.
15. Student Well-Being Services strive to provide reasonable accommodations to enable all persons served to participate in Student Well-Being Services program activities. If clients are not able to access services due to transportation or physical difficulty, either transportation will be arranged, or the services will be provided through an alternative site. If transportation or other site options are not available or feasible, a referral to other community resources or to a provider that can be accessed effectively by the client will be made and documented. Student Well-Being Services will be responsible for maintaining contact with the client until acceptance/admission of the client to the other provider is completed.
16. Entrances, hallways, spaces where services are provided and office space for clients shall be handicapped accessible.
17. Student Well-Being Services shall have accessibility to at least one handicapped accessible bathroom.

Student Well-Being Services shall designate handicapped accessible parking space(s) based on the Americans with Disabilities Act accessibility guidelines.
18. At least one drinking fountain that is handicapped accessible will be available.

Minimum Criteria for Acceptability of Services Shall Include, but not be Limited to:

1. Sensitivity to ethnic and cultural differences among people.
2. Promoting freedom of choice among therapeutic alternatives for the person receiving service.

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3. As clinically appropriate, provision that no person served shall be denied access to any service based on their refusal to accept other services recommended by Student Well-Being Services.

Minimum Criteria for Appropriateness of Services Shall Include, but not be Limited to:

1. Provision of services in the least restrictive setting.
2. Delivery of services in the natural environment of the person receiving services as appropriate.
3. Continuity of therapeutic relationships.
4. Perceived needs of the person receiving services.
5. Cultural sensitivity assessment.

Minimum Criteria for Appropriateness of Services for Persons with a Disability Shall Also Include Assessment of Needs and Advocacy with Other Systems or Organizations to Meet Those Needs if Student Well-Being Services does not provide such services. Such Needs and Advocacy shall include, but not be limited to:

1. Mental Health Service Needs
2. Housing
3. Employment and/or Educational Status
4. Health
5. Income
6. Cultural Characteristics
7. Spiritual Needs
8. Family
9. Social

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	HIPAA Compliance	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to comply with all Confidentiality / HIPAA Requirements as well as FERPA, and the US Department of Education confidentiality requirements and standards.

PROCEDURE:

1. Student Well-Being Services shall maintain records to demonstrate compliance with HIPAA regulations and standards in accordance with mandates from the Secretary of Health and Human Services as well as in accordance with FERPA and US Department of Education.
2. Student Well-Being Services shall cooperate with investigations and compliance reviews of the policies, procedures, or practices of the provider in regard to HIPAA and protected health information.
3. Student Well-Being Services shall provide access at all sites to all records and other information that pertain to compliance during normal business hours. As necessary, Student Well-Being Services will provide access at any time without notice.
4. Regard to the minimum necessary requirement is not necessary when a use or disclosure of protected health information is made under a related compliance or review.
5. If any information required of Student Well-Being Services is unobtainable due to the refusal of another entity to furnish that information, Student Well-Being Services must document and report its efforts to obtain this information.

Policy #	141	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Mitigation	Review Date:
Authorized/Approved By:		

POLICY: To comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Student Well-Being Services defines mitigation as the act of causing an event or circumstance to become less harsh or hostile or making an event or circumstance less severe or painful.

PROCEDURE:

1. Student Well-Being Services shall take positive reasonable action to minimize any known harmful effects resulting from the unauthorized use or disclosure of protected health information by Student Well-Being Services or its business associates and shall take steps to correct known instances of harm.
2. Business associates shall be contractually obligated to notify Student Well-Being Services of any unauthorized use or disclosure of PHI and any harmful effects known to them. Business associates shall also bear the financial burden of any misuse of PHI by their employees or agents.
3. Determination of the need for mitigation when PHI has been used or disclosed without authorization shall be determined on a case-by-case basis the Privacy Officer of Student Well-Being Services with or without consultation with other senior leaders or legal counsel.

POLICY: Student Well-Being Services shall insure the privacy of all clients at all sites.

PROCEDURE:

1. Student Well-Being Services shall inform all clients of the Notice of Privacy Practices and make available upon request to all individuals as specified in this policy.
2. Student Well-Being Services shall retain copies of the notices. Student Well-Being Services issues, including the original and subsequent revisions. Copies may be printed or electronic and shall be retained for at least six years from the date the notice was created or was last in effect, whichever is later.
3. Student Well-Being Services shall not use or disclose protected health information in a manner inconsistent with Student Well-Being Services Notice of Privacy Practices or those practices described in Student Well-Being Services HIPAA Policies and Procedures Addendum.
4. Student Well-Being Services shall promptly revise and distribute the Notice whenever there is a material change in a privacy practice as stated in the Notice. This could include a change to uses or disclosures, the individual's rights, Student Well-Being Services legal duties, or other privacy practices.
5. Revisions to the Notice shall not be implemented prior to the effective date of the revised notice, except as required by law.
6. Student Well-Being Services shall make the Notice available on request to any person all individuals as specified in this policy.
7. Student Well-Being Services shall provide the notice to clients:
 - a. No later than the date of first service delivery, including services delivered electronically.
 - b. If the individual is a client prior to the compliance date of the HIPAA regulations, no later than the date of first service delivery after the compliance date.
 - c. In an emergency treatment situation, as soon as reasonably practicable after the emergency treatment situation.

8. Student Well-Being Services shall make a good faith effort to obtain written acknowledgment of receipt of the Notice. If not obtained, Student Well-Being Services shall document his/her good faith efforts to obtain written acknowledgment and the reason why it was not obtained.
9. In an emergency treatment situation Student Well-Being Services is not required to obtain written acknowledgment of receipt of the Notice.
10. Student Well-Being Services shall post the notice in a clear and prominent location where individuals seeking services can reasonably read the Notice.
11. Whenever the Notice is revised, the revised Notice shall be made available and posted as described in this policy.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Safeguarding Protected Health Information	Review Date:
Authorized/Approved By:		

POLICY: Student Well-Being Services shall protect and safeguard health information within the organization at all sites.

PROCEDURE:

1. Student Well-Being Services requires the implementation of satisfactory administrative, physical, and technical safeguards to protect the privacy of protected health information.
2. When making a use or disclosure that otherwise is permitted or required under these policies Student Well-Being Services shall make reasonable efforts to limit incidental uses or disclosures of protected health information.
3. All employees of Student Well-Being Services will keep in mind the policy of using reasonable safeguards to protect the privacy of PHI at all times.
4. Student Well-Being Services shall safeguard protected health information against any use or disclosure that violates the standards and regulations of HIPAA.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Waiver of Rights	Review Date:
Authorized/Approved By:		

POLICY: Student Well-Being Services does not require clients to waive their rights in order to comply with HIPAA.

PROCEDURES:

1. In compliance with HIPAA regulations, Student Well-Being Services shall not require clients to waive their rights concerning treatment, payment, or health care operations.
2. Any incidents of the above shall be reported immediately to the Director of Student Well-Being for corrective action and employee disciplinary measures.

Policy #	145	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Duties of the Privacy Officer	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to designate an individual as the Privacy Officer who is responsible for the knowledge and the implementation of the policies and procedures created as required by HIPAA regulations.

PROCEDURES:

1. Student Well-Being Services shall post a notice declaring the individual designated as the Privacy Officer in all sites or make this declaration in the posted Notice of Privacy Practices.
2. The Privacy Officer will be responsible for Student Well-Being Services HIPAA compliance.
3. The Privacy Officer's duties will include the following at minimum:
 - Obtaining and maintaining knowledge with current HIPAA regulations.
 - Maintaining HIPAA compliant policies and procedures and updating these as required due to HIPAA modifications made by the Secretary of HHS.
 - Educating and training current employees who have not received HIPAA training and training new employees within 30 days of new hire.
 - Maintaining an ongoing list of employees who have received HIPAA training.
 - Dealing with all complaints and grievances (both employee and client) in relation to protected health information and HIPAA.
 - Providing additional information on Student Well-Being Services Notice of Privacy Practices as requested.
4. Another member of Student Well-Being Services staff may be designated to carry out the duties of the Privacy Officer. The qualifications of this person must be verified and documented by the Privacy Officer.
5. Any complaints received by the Privacy Officer will be dealt with according to the process set forth in the grievance policies and procedures or any other applicable policies and procedures.

Policy #	146	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Disposal of Client Records and Confidential Materials	Review Date:
Authorized/Approved By:		

POLICY: The storage and destruction of client records shall be accomplished in a manner to ensure the confidentiality of all records. These records must be maintained a minimum of seven (7) years.

PROCEDURE:

1. When deemed necessary, i.e., retention guidelines, time limitations, etc. Student Well-Being Services will engage a paper shredding company, if Student Well-Being Services is not capable of shredding the documents on its own, to destroy client records and confidential information on an as needed basis.
2. All client records and HIPAA related information shall be maintained for a minimum of seven (7) years from the date it was created or from the date that it was last in effect, whichever is later.

POLICY: It is the policy of Student Well-Being Services to manage access to and the use of client information by employees.

PROCEDURE:

1. Student Well-Being Services shall identify those employees who need access to specified types of protected health information (i.e., client records, treatment information, diagnosis or other protected health information) to carry out their duties.
2. Student Well-Being Services follows the policy that personnel are only permitted access to protected health information on a need-to-know basis.
3. Student Well-Being Services shall make reasonable efforts to limit the access of such persons to only those categories of protected health information that have been so identified. Categories are as follows:

<u>Category</u>	<u>Access</u>
Director of Student Well-Being	Full client record (required to provide clinical supervision and oversight)
Physicians/Nurses/Counselors	Full client record (only clients served as needed to carry out treatment)
Support Staff	Client demographic/identification information (required to carry out functions of position)
Other Staff	None

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Employee Disclosures Concerning Misconduct	Review Date:
Authorized/Approved By:		

POLICY: If employees or business associate have a reason to believe that Student Well-Being Services has made a negligent use of protected health information, employees or business associates may disclose protected health information under the provisions of this policy.

PROCEDURE:

1. Student Well-Being Services employees and/or business associates may disclose protected health information if it is believed in good faith that Student Well-Being Services has conducted itself in an unlawful manner or has violated any standards of the agency, or if it is believed in good faith that services, care, or conditions provided by Student Well-Being Services is placing any clients, employees, or the public in a potentially dangerous situation.
2. Such disclosures must be made to one of the following:
 - Health oversight agency; OR
 - Public health authority; OR
 - Appropriate health care accreditation organization; OR
 - An attorney on behalf of the employee or business associate.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Employee Disciplinary Measures	Review Date:
Authorized/Approved By:		

POLICY: Student Well-Being Services will comply with HIPAA regulation requirements to fulfill our duty and protect the confidentiality and integrity of confidential protected health information as required by law, professional ethics, and accreditation requirements.

PROCEDURE:

1. Student Well-Being Services and its officers, employees, and agents will protect the integrity and confidentiality of protected health information and other sensitive information pertaining to our clients.
2. Student Well-Being Services will not tolerate violations of the policies and procedures put in place to comply with HIPAA regulations. This includes any violation of the security measures implemented by Student Well-Being Services in accordance with HIPAA regulations. Violations of these policies and procedures constitute grounds for disciplinary action. The Director of Student Well-Being or other designated authority will make a final decision concerning the disciplinary action.
3. Any officer, employee, or agent of Student Well-Being Services who believes another officer, employee, or agent of Student Well-Being Services has breached the agency's policies concerning security and/or HIPAA and protected health information should report directly to the Director of Student Well-Being or other designated authority.
4. The Director of Student Well-Being will conduct a thorough and confidential investigation into the allegations. Student Well-Being Services will inform the complainant of the results of the investigation and any corrective action taken. Student Well-Being Services will not retaliate against or permit reprisals against a complainant.
5. In the discretion of management, Student Well-Being Services may terminate an employee for the first breach of Student Well-Being Services security policy or individual policies and standards if the seriousness of the offense warrants such action. An employee could expect to lose his or her job for a willful or grossly negligent breach of confidentiality, willful or grossly negligent destruction of computer equipment or data, or knowing or grossly negligent violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), its implementing regulations, or any other federal or state law protecting the integrity and confidentiality of client protected health information and may lose his or her job for negligent breach of Student Well-Being Services standards for protecting the integrity and confidentiality of client information.

6. Violation of Student Well-Being Services individual policies and standards may constitute a criminal offense under HIPAA, other federal laws, such as the Federal Computer Fraud and Abuse Act of 1968, 18 U.S.C 1030, or state laws. Such violations may also constitute violations of professional ethics and can be a basis for professional discipline. Any employee or contractor who violates such a criminal law or professional ethics may expect that Student Well-Being Services will provide information to the correct authorities and will cooperate with any law enforcement investigation, prosecution, or disciplinary proceedings.

Policy #	150	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Employee Training	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to provide HIPAA and PHI training to all employees.

PROCEDURE:

1. Student Well-Being Services shall provide training to all employees on the policies and procedures with respect to protected health information, as necessary and appropriate for the employees to carry out their functions.
2. Student Well-Being Services shall provide HIPAA training as part of the employee orientation program within a thirty (30) day period after the person joins the workforce.
3. Student Well-Being Services shall provide additional training to each employee as changes in law or policies or procedures are required. Such training shall be provided within thirty (30) days after the change becomes effective.
4. Student Well-Being Services shall document in written form that the required training has been provided, who has attended and retain this documentation for six years from the date of its creation or the date when it was last in effect, whichever is later.

Policy #	151	Page 1 of 4
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Notification in Case of a Breach	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to provide notification in the case of a breach of unsecured protected health information.

Breach is defined under HIPAA as the acquisition, access, use, or disclosure of protected information in a manner not permitted under subpart E (Privacy of Individually Identifiable Health Information) of Part 164 which compromises the security or privacy of the protected health information.

PROCEDURE:

1. Breach excludes:
 - a. Any unintentional acquisition, access, or use of protected health information by a member of Student Well-Being Services or person acting under the authority of Student Well-Being Services, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under subpart E of Part 164.
 - b. Any inadvertent disclosure by a person who is authorized to access protected health information at Student Well-Being Services or a business associate to another person authorized to access protected health information within Student Well-Being Services or business associate and the information received as a result of the disclosure is not further used or disclosed in a manner not permitted under subpart E of Part 164.
 - c. A disclosure of protected health information where Student Well-Being Services or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain the information.
2. Student Well-Being Services may determine that a disclosure of protected health information is not a breach by demonstrating that there is a low probability that the protected health information has been compromised based on a risk assessment of the following factors:
 - a. The nature and extent of the protected health information involved, including the types of identifiers and the likeliness of re-identification.

- b. The unauthorized person who used the protected health information or to whom the disclosure was made.
 - c. Whether the protected health information was actually acquired or viewed; and
 - d. The extent to which the risk to the protected health information has been mitigated.
3. When Student Well-Being Services has determined that a breach of unsecured protected health information has occurred Student Well-Being Services is responsible to notify individuals, and/or Secretary of Health and Human Services depending on the extent of the breach. Additionally, notification to a prominent media outlet serving the state or jurisdiction must be made if the breach involves the unsecured PHI of more than 500 individuals.

Notification to Individuals

- 1. Following the discovery of a breach of unsecured protected health information Student Well-Being Services will notify each individual whose information has been disclosed as a result of the breach. When Student Well-Being Services is unsure of which individuals should be notified Student Well-Being Services will contact those individuals reasonably believed to have been affected by the breach.
- 2. Student Well-Being Services shall provide notification to individuals without unreasonable delay after discovery of the breach. In no case will notification occur later than 45 calendar days after discovery of the breach.
- 3. Student Well-Being Services shall include in the notification to individuals:
 - a. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.
 - b. A description of the information that was involved in the breach.
 - c. Any steps the individual should take to protect themselves from potential harm resulting from the breach.
 - d. A brief description of what Student Well-Being Services is doing to investigate the breach, to mitigate harm to individuals, and to protect against further breaches; and
 - e. Contact procedures for individuals to ask questions or learn additional information which shall include a toll-free telephone number, an e-mail address, Website, or postal address.

4. Whenever possible, Student Well-Being Services will make a written notification by first-class mail to the individual at the last known address. In the case of a deceased individual notification will be made to the next of kin of personal representative.
5. When there is insufficient or out-of-date contact information for fewer than 10 individuals substitute notification shall be provided by an alternative form of written notice, telephone, or other means.
6. When there is insufficient or out-of-date contact information for more than 10 individuals substitute notification shall be provided by either a conspicuous posting for a period of 90 days on the home page of Student Well-Being Services website or a conspicuous posting in major print or broadcast media in the geographic areas where the affected individuals likely reside. The posting will include a toll-free telephone number for at least 90 days where the individual can learn whether their unsecured protected health information may have been included in the breach.

Notification to Media

1. When the breach of unsecured protected health information involves more than 500 individuals Student Well-Being Services following discovery of the breach will notify prominent media outlets serving the area in the geographic areas where the affected individuals likely reside.
2. Student Well-Being Services shall provide notification to media without unreasonable delay after discovery of the breach. In no case will notification occur later than 45 calendar days after discovery of the breach.
3. Student Well-Being Services shall include in the notification to the media:
 - a. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.
 - b. A description of the information that was involved in the breach.
 - c. Any steps the individual should take to protect themselves from potential harm resulting from the breach.
 - d. A brief description of what Student Well-Being Services is doing to investigate the breach, to mitigate harm to individuals, and to protect against further breaches; and

- e. Contact procedures for individuals to ask questions or learn additional information which shall include a toll-free telephone number, an e-mail address, Website, or postal address.

Notification to the Secretary

1. Student Well-Being Services will notify the Secretary following the discovery of a breach of unsecured protected health information.
2. When the breach of unsecured protected health information involves more than 500 individuals Student Well-Being Services following discovery of the breach will notify the Secretary in the manner specified on the HHS Website.
3. When the breach of unsecured protected health information involves less than 500 individuals Student Well-Being Services will maintain a log or other documentation of such breaches and not later than 45 days after the **end of the calendar year** provide notification to the Secretary in the manner specified on the HHS Website.

Law Enforcement delay

1. If a law enforcement official states to Student Well-Being Services that a notification, notice, or posting would impede a criminal investigation or cause damage to national security Student Well-Being Services shall:
 - a. If the statement is in writing and specifies the time for which a delay is required, Student Well-Being Services will delay the notification, notice, or posting for the time period specified by the official.
 - b. If the state is made orally, Student Well-Being Services will document the statement, including the identity of the official making the statement and delay the notification, notice, or posting temporarily but no later than 30 days from the date of the oral statement, unless a written statement is received.

Notification by a Business Associate

1. Business Associates are required to notify Student Well-Being Services and make notifications to individuals, the media, and the Secretary according to HIPAA Part 164.xxx subpart D.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Prior Consents or Authorizations	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to use or disclose PHI in compliance with Confidentiality / HIPAA Requirements.

PROCEDURES:

1. Student Well-Being Services will continue to use or disclose protected health information received pursuant to an authorization for release of Information or other express legal permission if such permission was obtained prior to the compliance date.
2. Student Well-Being Services may use or disclose protected health information created or received prior to the compliance date for purposes other than research, if the prior authorization specifically permits such use or disclosure.
3. Student Well-Being Services has the right to use or disclose protected health information created or received prior to or after the compliance date for research purposes. This is provided that Student Well-Being Services has obtained the individual's authorization or informed consent for use and disclosure for the research study.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Requesting PHI Verification Requirements	Review Date:
Authorized/Approved By:		

POLICY: Student Well-Being Services shall verify the identity of all persons requesting protected health information.

PROCEDURE:

1. Prior to any disclosure permitted, Student Well-Being Services shall verify the identity of the person requesting the protected health information and the authority of any such person to access that information, if that person's identity is not known to Student Well-Being Services.
2. Prior to any disclosure permitted Student Well-Being Services shall obtain any documentation, statements, or representations (oral or written) from the person requesting the protected health information.
3. When Student Well-Being Services receives an order/release that appears to meet all requirements, Student Well-Being Services may rely on that order as meeting the specified requirements.
4. When Student Well-Being Services receives a request for uses or disclosure of protected health information for research purposes, Student Well-Being Services may be satisfied that verification requirements are met only if Student Well-Being Services receives one or more written statements that the requirement for individual authorization has been waived, provided that the statement identifies the Institutional Review Board (IRB) or privacy board that granted the alteration or waiver, gives the date on which it was approved, and is signed by the chair or designated member of the IRB or privacy board.
5. Student Well-Being Services may also rely on any of the following to verify identity when the disclosure of protected health information is to a public official or to a person acting on behalf of the public official:
 - a. Presentation of an agency identification badge or other credentials; OR
 - b. A written request using the appropriate government letterhead; OR
 - c. Any document that establishes that the person is acting on behalf of a government official, such as a contract for services, memorandum of understanding, or purchase order.

6. Student Well-Being Services may rely, if reasonable under the circumstances, on any of the following to verify authority when disclosing protected health information to a public official or a person acting on behalf of the public official:
 - a. A written statement of the legal authority under which the information is requested, OR
 - b. If a written statement would be impractical, an oral statement of the legal authority under which the information is requested, OR
 - c. A legal warrant, subpoena, order, or other legal process issued by a grand jury, court, or administrative tribunal.
7. Verification requirements are met if Student Well-Being Services relies on the exercise of professional judgment when making use or disclosure in accordance with policy.
8. Verification requirements are met if Student Well-Being Services acts on a good faith belief when making a disclosure in accordance with policy.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Authorization for Use and Disclosure of PHI	Review Date:
Authorized/Approved By:		

POLICY: Student Well-Being Services shall not use or disclose protected health information without completion of Release of Information form or other valid authorization except as otherwise permitted or required under law.

PROCEDURE:

1. In compliance with HIPAA regulations, all uses and disclosures of protected health information beyond those otherwise permitted or required by law and specified in the policies related to disclosure of PHI require a signed authorization according to the provisions of this policy. An authorization is required for each entity that is to receive PHI.
2. Upon receipt of a valid Authorization for Release of Information Form, Student Well-Being Services will ensure that any use or disclosure of protected health information is consistent with such authorization.
3. An authorization (Release of Information) is not valid, if any one of the following are true:
 - a. The expiration date has passed.
 - b. Student Well-Being Services knows the expiration event has occurred.
 - c. Student Well-Being Services knows the authorization has been revoked.
 - d. Any required element is not included.
 - e. Any information required in the authorization is not filled out completely.
 - f. Student Well-Being Services knows that any information in the authorization is false.
4. These authorizations are for any use or disclosure of protected health information for purposes other than those limited cases related to treatment, payment, and health care operations where authorization is not required as defined by policy, and for all purposes other than treatment, payment, or related health care operations.
5. Proper utilization of a Release of Information will grant permission for this agency, another agency, organization or individual to release the appropriate personal client information for a time period not to exceed ninety (90) days.

6. Upon release of information, Student Well-Being Services staff should respond with documentation in the client's account of disclosures, release of only the specific information requested in compliance with HIPAA minimum necessary requirements if applicable, the date and the name of the person or agency to whom information was released, and the signature of the staff member releasing the protected health information.
7. In most cases, a summary of relevant information will be the most optimal approach. Copies of entire records may not always be considered an acceptable means of supplying information.
8. An original copy of the request for release of information shall be maintained in the Individual Client Record. The information forwarded shall also be included in the ICR.
9. Staff shall not disclose information if there is reasonable doubt as to the validity of the Authorization form. For example, if it has been over ninety days since the client's signature, if the signature is not an original, if the signature is not witnessed or parts of the document appear unofficially altered.
10. When requesting information from other sources, the agency should specify exactly what information is to be disclosed before the client adds his/her signature to the Request for Information form.
11. In the case of a life-threatening situation, or where the individual's condition or situation precludes the possibility of obtaining written consent, Student Well-Being Services may release pertinent medical/clinical information to the medical personnel responsible for the individual's care without the client's authorization and without administrative authorization from the Director of Student Well-Being or her designee, if obtaining such authorization would cause an excessive delay in delivering treatment to the individual.
 - a. In the event information has been released without initial authorization, the staff member responsible shall notify the Director of Student Well-Being as well as enter documentation of all details pertinent to the situation in the ICR within 24 hours. This documentation shall include but be limited to:

- Date and time the information was released.
- Person's name and title to whom the information was released.
- Justification for the release of the information.
- Reason written authorization could not be duly obtained.
- Nature and details of the information given.

b. After the release of such information, the client shall be informed as soon as possible by the Director of Student Well-Being, that such information was released and was document in the ICR.

9. The provision of treatment, payment, enrollment in a health plan or eligibility for benefits may not be conditioned on the individual's provision of an authorization for the use or disclosure of PHI unless it is relating to the provision of research related treatment or relating to health care that is solely for the purpose of creating PHI for disclosure to a third party.

CONTENT OF THE AUTHORIZATION FORM

1. Each authorization for the use or disclosure of an individual's PHI shall be written in plain language and shall include at least the following information:
 - a. A specific and meaningful description of the information to be used or disclosed.
 - b. The name or identification of the person or class of person(s) authorized to make the use or disclosure.
 - c. The name or identification of the person or class of person(s) to whom the requested use or disclosure may be made.
 - d. Purpose of the disclosure or statement that disclosure is at request of the individual.
 - e. An expiration date, condition or event that relates to the individual or the purpose of the use or disclosure; the authorization shall state that it will expire after ninety (90) days unless the individual has opted for a shorter or longer time. An individual may specify a longer period of time for the duration of the authorization only if the person:
 - Is part of an approved research study and has given authorization for a longer period of time, OR

- Is expected to continue receiving services beyond ninety (90) days and has given authorization for a longer period of time which may be up to one hundred and eighty (180) days.
- f. A statement of the individual's right to revoke the authorization in writing, and exceptions to the right to revoke, together with a description of how the individual may revoke the authorization. Upon written notice of revocation, further use or disclosure of PHI shall cease immediately except to the extent that the office, facility, program or employee has acted in reliance upon the authorization or to the extent that use, or disclosure is otherwise permitted or required by law.
- g. Other statement that treatment, payment, enrollment eligibility in a health plan cannot be conditioned on the individual signing the authorization or statement setting forth consequences of not signing.
- h. A statement that the information may only be re-released with the written authorization of the individual, except as required by law.
- i. The dated signature of the individual, and if the authorization is signed by a personal representative of the individual, a description of the representative's authority to act on behalf of the individual.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Use and Disclosure to Carry Out Treatment, Payment, or Health Care Operations	Review Date:
Authorized/Approved By:		

POLICY: Student Well-Being Services may use or disclose protected health information to carry out Student Well-Being Services own treatment, payment, or related operations.

PROCEDURE:

1. Student Well-Being Services may use or disclose protected health information for treatment activities of another health care provider as defined in policy. Treatment is defined as the provision, coordination or management of health care (care, services or supplies related to the health of an individual) and related services by or among providers, providers and third parties, and referrals from one provider to another provider.
2. Student Well-Being Services may use or disclose protected health information to another covered entity or health care provider for the payment activities of the entity that receives the information. Payment is defined as activities undertaken by a health plan to obtain premiums or determine responsibility for coverage, or activities of a health care provider or health plan to obtain reimbursement for the provision of health care. Payment activities include billing, claims management, collection activities, eligibility determination and utilization review.
3. Student Well-Being Services may use or disclose protected health information to another covered entity or health care provider for the health care operations activities of the entity that receives the information, provided that both Student Well-Being Services disclosing the information and the entity receiving the information has or had a relationship with the individual who is the subject of the protected health information, the protected health information pertains to such relationship, and the disclosure is for the purpose of:
 - a. Quality assessment or improvement activities; OR
 - b. Population-based activities related to improving health or reducing health care costs.
 - c. Protocol development; OR
 - d. Case management and care coordination; OR

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- e. Contacting of health care providers and clients with information about treatment alternatives; OR
 - f. Reviewing the competence or qualifications of health care professionals; OR
 - g. Evaluating provider performance; OR
 - h. Conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills, OR
 - i. Training of non-health care professionals; OR
 - j. Accreditation, certification, licensing, or credentialing activities; OR
 - k. Health care fraud and abuse detection or compliance.
4. Student Well-Being Services shall make a good faith effort to obtain the individual's written acknowledgement of receipt of the Notice of Privacy Practices. In routine care, this shall be done at the time the Notice of Privacy Practices is given to the individual, at the time Student Well-Being Services first sees the client.
 5. Student Well-Being Services is not required to make a good faith effort to obtain the individual's written acknowledgement of receipt of the Notice of Privacy Practices in emergency treatment situations but is encouraged to do so as soon as practicable after the emergency situation is resolved.
 6. Student Well-Being Services retains the right to choose to obtain a written authorization from the individual in all circumstances.
 7. Psychotherapy notes may not be disclosed under the provisions of this policy. A separate authorization would be required for their use or disclosure.
 8. PHI may be shared on a need-to-know basis with personnel within the Behavioral Health Organization for activities related to treatment, payment, or health care operations.

Limited PHI (medication history, physical health status and history, summary of course of treatment, summary of treatment needs, and discharge summary) may be used or disclosed for TPO without authorization if disclosure is to another program or facility of Student Well-Being Services, or to community mental health agencies and/or ADAMH Boards with which there is a current agreement for the individual's care or

services, and an attempt has been made to obtain the individual's consent to the disclosure.

9. Limited PHI (medication information, summary of diagnosis and prognosis, list of services and personnel available for assistance) may be disclosed to family members, or other relatives or friends involved in the individual's care, or payment for that care, if the individual is notified and does not object to the disclosure.
10. Limited PHI may be disclosed that identifies the individual as a client in the Behavioral Health Organization and to disclose his/her location within the facility, and to report a general description of his/her condition to individuals who inquire about him/her by name and to identify his/her religious affiliation to members of the clergy, if the individual is notified and does not object to the disclosure.
11. In emergency treatment situations, necessary information for treatment may be disclosed if an attempt is made to obtain consent to the disclosure as soon as reasonably practicable after the delivery of treatment.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Use and Disclosure of Psychotherapy Notes	Review Date:
Authorized/Approved By:		

POLICY: Psychotherapy notes may not be used or disclosed without written authorization except as otherwise permitted or required by this policy.

PROCEDURE:

1. Student Well-Being Services may only combine an authorization for use or disclosure of psychotherapy notes with another authorization for use or disclosure of psychotherapy notes.
2. Student Well-Being Services will keep psychotherapy notes in a clearly defined separate section within the Individual Client Record.
3. Psychotherapy notes may be used by the originator without authorization in the course of treatment.
4. Student Well-Being Services may use or disclose psychotherapy notes without authorization in its own training programs, in which students, trainees, or practitioners learn under supervision to practice or improve their skills in group, joint, family, or individual counseling.
5. Student Well-Being Services may use or disclose psychotherapy notes without authorization to defend itself in a legal action or other proceeding brought by the individual who is the subject of the psychotherapy notes.
6. Student Well-Being Services may use or disclose psychotherapy notes to the Secretary of Health and Human Service without authorization as required to comply with an investigation of Student Well-Being Services compliance with the HIPAA regulations.
7. Student Well-Being Services may disclose psychotherapy notes without authorization to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect.
8. Student Well-Being Services may disclose psychotherapy notes without authorization when required by law, so long as the disclosure is limited to the relevant requirements of such law.

Student Well-Being Services may, consistent with applicable laws and standards of ethical conduct, use or disclose psychotherapy notes if, in good faith, Student Well-Being Services believes the use of disclosure:

- Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; AND
 - Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
9. Student Well-Being Services may use or disclose psychotherapy notes to a health oversight agency for health oversight activities authorized by law when such oversight applies to the originator of the psychotherapy notes.
 10. Student Well-Being Services may use or disclose psychotherapy notes to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties as authorized by law.
 11. Student Well-Being Services may continue to use or disclose psychotherapy notes pursuant to consent, authorization, or other expressed legal permission if such permission was obtained prior to the HIPAA compliance date.
 12. If Student Well-Being Services agrees to a restriction on the use or disclosure of psychotherapy notes as requested by the individual, Student Well-Being Services shall comply with that restriction regardless of any pre-existing consent, authorization, or other expressed legal permission.
 13. Student Well-Being Services is permitted to use or disclose protected health information without regard to the minimum necessary requirement under the provisions of this policy.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Disclosures for which Authorization is not Required	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to disclose PHI without authorization only in accordance with policy.

PROCEDURE:

Employers

1. Student Well-Being Services will disclose protected health information to an employer about an individual who is an employee, for the purposes of workplace medical surveillance or evaluating or documenting possible work-related illnesses or injuries.
 - Related disclosure may be made without authorization only if the provisions of this policy are met.
 - Student Well-Being Services must be providing a service to the individual at the request of the employer.
 - Student Well-Being Services may disclose the protected health information if that information consists of findings concerning a work-related illness or injury or a workplace-related medical surveillance.
 - Student Well-Being Services may disclose the protected health information if the employer needs such findings to comply with legal requirements to record work-related illnesses or injuries, or to carry out responsibilities for workplace medical surveillance.
 - Student Well-Being Services shall give written notice to the individual that protected health information relating to medical surveillance of the workplace and work-related illnesses or injuries will be disclosed to the employer. The notice required for employees under this provision must be separate from the Notice of Privacy Practices.

Victims of Abuse, Neglect, or Domestic Violence:

1. No authorization is required for use or disclosure of protected health information (including psychotherapy notes) to the extent that such use or disclosure is required by law and is limited to the relevant requirements of such law, provided that the provisions of this policy are met.

Student Well-Being Services may disclose protected health information about an individual when Student Well-Being Services reasonably believes the individual to be a victim of abuse, neglect, or domestic violence under the following circumstances:

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- When such disclosure is required by law and the disclosure is limited to the relevant requirements of such law (i.e., the "minimum necessary"), OR
 - The individual agrees to the disclosure.
2. Student Well-Being Services may disclose protected health information about an individual when Student Well-Being Services reasonably believes the individual to be a victim of abuse, neglect or domestic violence as expressly authorized by statute or regulation, provided that:
- Student Well-Being Services, using professional judgment, believes this disclosure is necessary to prevent serious harm to the individual or other potential victims, OR
 - If the individual cannot agree to disclosure due to incapacity, a law enforcement official or other public official authorized to receive the report represents that the protected health information is not intended to be used against the individual and that an immediate enforcement activity that depends on the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.
3. When Student Well-Being Services makes a disclosure under this policy it shall promptly inform the individual that such a report has been or will be made, unless:
- Student Well-Being Services, using professional judgment, believes that informing the individual would place the individual at risk of serious harm, OR
 - Student Well-Being Services would be informing a personal representative and Student Well-Being Services, using professional judgment, believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing the personal representative would not be in the best interest of the individual.
4. For the purposes described in this policy, Student Well-Being Services may inform the individual orally, and the individual's agreement may be given orally.

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Health Oversight

1. Student Well-Being Services may disclose protected health information to health oversight agencies for oversight activities authorized by law if the individual is not the subject of the investigation or oversight activity.
2. If the individual is the subject of the investigation/oversight activity, Student Well-Being Services may disclose an individual's protected health information for health oversight activities only if the investigation or oversight arises out of:
 - The receipt of health care; OR
 - A claim for public benefits related to health, OR
 - Qualification for or receipt of public benefits or services when the individual's health is integral to the claim for those benefits or services.

Judicial/Administrative Proceedings

1. No authorization is required for use or disclosure of protected health information (including psychotherapy notes) to the extent that such use or disclosure is required by law and is limited to the relevant requirements of such law (i.e., the "minimum necessary"), provided that the provisions of this policy are met.
2. Student Well-Being Services may disclose protected health information, in response to an order of the court or administrative tribunal, but such disclosure may include only protected health information expressly authorized by such order.
3. Student Well-Being Services may disclose protected health information in response to a subpoena, discovery request, or other lawful process (not ordered by a court or administrative tribunal) only if Student Well-Being Services:
 - Receives satisfactory assurance from the party seeking the information that reasonable efforts have been made to ensure that the client has been given notice of the request, OR
 - Receives satisfactory assurance from the party seeking the information that reasonable efforts have been made to secure a "qualified protective order."

Law Enforcement

1. Student Well-Being Services may disclose PHI (including psychotherapy notes) to a law enforcement official, if such use or disclosure is required by law and is limited to the relevant requirements of such law (i.e., the "minimum necessary").
2. Student Well-Being Services may disclose protected health information as required by laws. Injuries that are the result of child abuse, neglect, or domestic violence may be reported to appropriate public health authorities or social service agencies.
3. Student Well-Being Services may disclose protected health information to comply with a court order, a court ordered subpoena, or a grand jury subpoena. Such disclosure shall be limited to the relevant requirements of the order or subpoena.
4. Student Well-Being Services may disclose protected health information in compliance with an administrative subpoena, administrative summons, civil or authorized investigative demand, or similar process authorized by the law provided that:
 - The protected health information is relevant and material to a legitimate law enforcement inquiry; AND
 - The request is specific and limited in scope to the extent reasonably practicable for its purpose; AND
 - De-identified information could not reasonably be used.
5. Student Well-Being Services may disclose protected health information, in response to a law fugitive, material witness, or missing person, provided that the disclosed information enforcement official's request, for the purpose of identifying or locating a suspect, is limited to:
 - Name and address.
 - Date and place of birth.
 - Social security number.
 - Date and time of treatment.
 - Date and time of death, if applicable.

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- A description of distinguishing characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars, and tattoos.
6. Student Well-Being Services may disclose protected health information in response to a law enforcement official's request when the individual is, or is suspected to be, a victim of a crime if the individual agrees to the disclosure or Student Well-Being Services is unable to obtain the individual's agreement due to incapacity or other emergency circumstances, and the law enforcement official represents that:
- The information is needed to determine if a crime was committed by someone other than the victim; AND
 - The information will not be used against the victim; AND
 - Immediate law enforcement activity would be seriously impeded by waiting until the individual is able to agree to the disclosure; AND
 - Student Well-Being Services, using professional judgment, determines that the disclosure is in the best interest of the individual.

Research

1. Student Well-Being Services may use or disclose protected health information for research, without authorization, provided that Student Well-Being Services obtains from the researcher assurance that:
- The protected health information is sought solely to prepare a research protocol or for similar purposes preparatory to research; AND
 - No protected health information will be removed from the premises/systems of Student Well-Being Services in the course of the review; AND
 - The protected health information is necessary for the research purposes.

Marketing

1. Student Well-Being Services may not use or disclose protected health information for marketing without a valid authorization, except as specified in this policy.

2. It must be stated in the authorization if and when Student Well-Being Services receives direct or indirect remuneration from a third party for using or disclosing protected health information for marketing.
3. It is not considered marketing, and no authorization is required, when communicating with a client for the purpose of:
 - Treatment of the client; OR
 - Case management or care coordination for the client; OR
 - Directing or recommending alternative therapies, providers, or settings of care to the client; OR
 - Describing the entities participating in a provider network or health plan network; OR
 - Describing if a product or service is provided by a covered entity, OR
 - Describing the extent to which a product or service will be paid for by a health plan or included in a plan of benefits.
4. Student Well-Being Services may use or disclose protected health information without authorization when making a marketing communication to an individual that:
 - Occurs in a face-to-face encounter with the individual, OR
 - Concerns promotional gifts of nominal value (e.g., calendars, pens, etc.).

Correctional Institutes

1. Student Well-Being Services may disclose to a correctional institution or law enforcement official the protected health information of an individual who is an inmate or otherwise in lawful custody, if informed that the disclosure is necessary for:
 - The provision of health care to the individual.
 - The health and safety of the individual or other inmates.

The health and safety of the officers, employees, or others at the correctional institution.

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- The health and safety of officers or other persons responsible for transporting inmates.
- Law enforcement on the premises of the correctional institution.
- The administration and maintenance of the safety, security, and good order of the correctional institution.

To Avert a Threat to Health or Safety

1. Student Well-Being Services may disclose protected health information without authorization to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
2. Student Well-Being Services will abide by the minimum necessary requirement when disclosing protected health information when averting a threat to health or safety.

Workers' Compensation Purposes

1. Student Well-Being Services may release protected health information for workers' compensation as required by law of the State of Ohio.

Relating to Decedents

1. Student Well-Being Services may disclose protected health information related to a death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	PHI/Minimum Necessary Requirements	Review Date:
Authorized/Approved By:		

POLICY: Student Well-Being Services shall use and/or disclose only the minimum necessary protected health information according to policy.

PROCEDURE:

1. Student Well-Being Services shall limit the use or disclosure of protected health information to the minimum necessary to achieve the intended purpose.
2. The minimum necessary requirement does not apply to uses and disclosures made or requested for treatment purposes.
3. The minimum necessary requirement does not apply when using or disclosing PHI to the individual who is the subject of the protected health information.
4. Student Well-Being Services does not need to restrict disclosures of protected health information to the minimum necessary requirement upon receipt of or when responding to any valid authorization.

Request for Information

1. When making a request for protected health information from another entity, Student Well-Being Services shall limit its request to that which is reasonably necessary to accomplish the intended purpose.
2. Student Well-Being Services shall limit the protected health information requested to the amount reasonably necessary.
3. For all other requests, Student Well-Being Services shall require approval of the Director of Student Well-Being or designee to limit disclosures to the minimum necessary and shall review the request on an individual basis to determine that the protected health information sought is limited to the amount reasonably necessary.
4. Student Well-Being Services shall not request an entire medical record, except when the entire record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the request.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Revocation of Authorization	Review Date:
Authorized/Approved By:		

POLICY: Clients may revoke an authorization with written notification to Student Well-Being Services.

PROCEDURE:

1. An individual may revoke an authorization at any time.
2. The revocation must be in writing and submitted to Student Well-Being Services.
3. The revocation shall not affect any action taken by Student Well-Being Services in reliance on the authorization prior to the revocation.
4. The revocation shall not affect the right of an insurer to contest a claim under an insurance policy when the authorization was a condition of obtaining the insurance coverage, as allowed by other law.
5. Student Well-Being Services will include this clause in the Authorization for Release of Information form.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Compound Authorizations	Review Date:
Authorized/Approved By:		

POLICY: All client authorizations for use/disclosure must be singular and not combined with other authorizations or documents.

PROCEDURE:

1. The authorization shall not be combined with any other document to create a compound authorization except as outlined in this policy.
2. An authorization for use or disclosure of protected health information for research may be combined with a consent to participate in the research or with any other authorization for the same research study.
3. An authorization for use or disclosure of psychotherapy notes may only be combined with another authorization for use or disclosure of psychotherapy notes.
4. An authorization may not be combined with other authorizations if treatment is conditional on the provision of that authorization.
5. Authorizations from multiple organizations that are contained in one record, shall be organized so that they are visually separate from one another and shall be separately signed and dated.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Client Access to PHI	Review Date:
Authorized/Approved By:		

POLICY: Student Well-Being Services shall recognize the client's right to access their Protected Health Information.

PROCEDURE:

1. The client will be advised of his/her right to access and obtain a copy of his/her own protected health information in a record held by Student Well-Being Services and its business associates for as long as the protected health information is maintained in the record, except as disallowed under policies. If the protected health information is contained in more than one record set, Student Well-Being Services need only provide the protected health information once in response to the request for access.
2. The Client will be provided access to protected health information in the form and format requested by the individual if it is readily producible in such form and format. If the protected health information is maintained in an electronic format the Client may request an electronic copy of the information. Student Well-Being Services will provide the protected health information electronically if it is readily producible in that form. If not readily producible electronically Student Well-Being Services will provide the protected health information in a readable electronic form or format as agreed to by Student Well-Being Services and the Client.
3. Student Well-Being Services will require that the client's request to access their records be made in writing.
4. Student Well-Being Services shall document the name of the person accessing the protected health information (*e.g., the client or personal representative), the date it is accessed, what information is accessed, and whether the person is provided a copy of the information.
5. Student Well-Being Services shall act on a request to protected health information that is maintained or accessible on-site within thirty (30) days of receiving the request, either by providing access or by informing the individual in writing of the denial.
6. If the request for access is for protected health information that is not maintained or accessible to Student Well-Being Services on-site, Student Well-Being Services shall act on the request within sixty (60) days after receiving the request.

7. Student Well-Being Services may extend the allowed time for responding to the request by no more than thirty (30) days if:
 - Student Well-Being Services is unable to take action within the allowed time frame; AND
 - Student Well-Being Services, within the allowed time frame, provides a written statement of the reasons for the delay and the date by which the provider will act on the request.
8. Student Well-Being Services may impose the following fees as permitted under policy:
 - The cost of copying, including labor and supplies.
 - Postage, if a request has been made for the information to be mailed.
 - Preparation of a summary or explanation, if agreed to by the individual.

Denial of Access

1. Student Well-Being Services maintains the right to deny access to client protected health information. Student Well-Being Services will provide the client a written denial in a timely manner that contains the basis for the denial, a statement of the client's right to request a review of the denial and how to do so, and a statement that the client may file a complaint to Student Well-Being Services or to the Department of Health and Human Services, including the name (or title) and telephone number of the contact person designated to receive complaints.
2. Denial of access in the following cases is subject to review:
 - If a licensed healthcare professional believes that access to the requested information may endanger the life or safety of the individual or to any other person.
 - If the protected health information refers to another person and a licensed healthcare provider believes access may cause substantial harm to the individual or to any other person.
 - If the request is made by the individual's personal representative and the licensed healthcare provider believes access may cause substantial harm to the individual or to any other person.

3. Denial of access in the following cases may be made without providing the client with an opportunity for review:
 - If Student Well-Being Services is acting under the direction of a correctional institution and the client is an inmate and it is determined that obtaining a copy of the PHI would jeopardize the health, safety, security, custody or rehabilitation of the inmate or other inmates or the safety of the person who is at the correctional institution or responsible for transporting the inmate, OR
 - For PHI that is created or obtained in the course of ongoing research that includes treatment if the client has agreed to the denial when consenting to participate as long as the client has been informed of the eventual reinstatement of access at the end of the research, OR
 - If the record containing PHI is subject to the Privacy Act, 5 USC 552a; OR
 - If the PHI was obtained from someone other than a healthcare provider under a promise of confidentiality and access would be reasonably likely to reveal the source of the information.
4. When a decision has been made to deny access for a reason that may be reviewed Student Well-Being Services shall designate a licensed healthcare professional who was not involved in the denial to review the decision to deny access. A designated reviewer will promptly make a decision and subsequently provide the client with a written notice of the decision.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Access to PHI (Non-clients)	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to provide access to Protected Health Information to entities and/or individuals other than the client in accordance with this policy.

PROCEDURE:

- a. Student Well-Being Services shall provide the authorized individual with access to protected health information in the form and format requested by the individual if it is readily producible in such form and format. If the protected health information is maintained in an electronic format the Client may request an electronic copy of the information. Student Well-Being Services will provide the protected health information electronically if it is readily producible in that form. If not readily producible electronically Student Well-Being Services will provide the protected health information in a readable electronic form or format as agreed to by Student Well-Being Services and the Client.
- b. Student Well-Being Services shall provide the authorized individual with access to the protected health information in the form or format requested by the individual, if it is readily producible in such a format. If it is not, Student Well-Being Services shall provide access in a readable hardcopy form, or other such form or format as agreed upon by the individual and Student Well-Being Services.
- c. Student Well-Being Services may discuss the scope, format, and other aspects of the request for access with the individual as necessary to facilitate the provision of timely access.
- d. In lieu of providing access to the protected health information, Student Well-Being Services may provide the individual with a summary of the requested protected health information, or with an explanation of the protected health information, if:
 - a. The individual agrees in advance to such a summary or explanation.
 - b. The individual agrees in advance to any fees imposed by Student Well-Being Services for such a summary or explanation.
- e. Student Well-Being Services shall provide access to the requested protected health information within thirty (30) days as long as it is reasonable for the agency to do so. If thirty (30) days is deemed unreasonable, Student Well-Being Services will provide reasoning for the delay to the entity and determine an extended time frame in which the PHI will be provided.

- f. Student Well-Being Services shall arrange with the individual for a convenient time and place to inspect or obtain a copy of the protected health information or shall mail a copy of the protected health information at the individual's request.
- g. If the individual requests a copy of the protected health information, or agrees to a summary or explanation, Student Well-Being Services may impose a reasonable, cost-base fee.
- h. Fees permitted may include:
 - The cost of copying, including labor and supplies.
 - Postage, if the individual requests that the information be mailed.
 - Preparing a summary or explanation, if agreed to by the individual.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Personal Representatives	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to confirm and verify all client personal representative relationships.

PROCEDURE:

Student Well-Being Services shall treat the valid personal representative of a client as if he/she was the client in regard to client access to his/her protected health information as well all relative proceedings, i.e., client amendments, etc. The personal representative must provide verifiable proof for all other types of authority to represent on behalf of the client, i.e., power of attorney.

Adults and emancipated Minors

Student Well-Being Services shall treat a person as the personal representative, under applicable law, if the person has verifiable authority to act on behalf of the individual in making decisions related to health care. Student Well-Being Services shall require identification and certification of authority and document and photocopy such within the client case record.

Deceased Individuals

Student Well-Being Services will only treat a person as a personal representative of a deceased individual upon receipt of a valid authorization that certifies that person to act on behalf of the deceased individual or the individual's estate.

Refusal to Recognize Personal Representatives

Student Well-Being Services may decide that a person will not be treated as the personal representative of an individual if Student Well-Being Services determines that it is not in the best interest of the individual to treat that person as the personal representative when Student Well-Being Services has reasonable belief that:

- A. The individual has been or may be subjected to abuse, neglect, or domestic violence by that person, OR
- B. Treating the person as the personal representative could endanger the individual.

In such instances applicable reporting laws of the State of Ohio shall be followed by Student Well-Being Services.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Client Request - Restrictions	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to restrict its use and/or disclosure of protected health information upon the request of the client.

PROCEDURE:

1. Clients may request that Student Well-Being Services restrict uses or disclosures of protected health information to carry out treatment, payment, or health care operations.
2. Individuals may request restrictions on disclosures to individuals who otherwise may be permitted access to certain protected health information.
3. Student Well-Being Services is not required to agree to a requested restriction with the exception. Student Well-Being Services must agree with the Client to restrict disclosure of protected health information for the following:
 - a. When a client requests to restrict disclosure of protected health information to a health plan if the purpose of carrying out payment or health care operations and is not otherwise required by law, and
 - b. When the protected health information pertains to a health care item or service for which the Client or other person has paid Student Well-Being Services in full.
4. Student Well-Being Services is not required to agree to a requested restriction.
5. If Student Well-Being Services agrees to a restriction, it is binding that Student Well-Being Services may not use or disclose protected health information in violation of the agreement unless otherwise allowed or required under this policy.
6. If the individual is in need of emergency treatment and the restricted health information is needed for such treatment, Student Well-Being Services may use or disclose the restricted protected health information.
7. If restricted protected health information is disclosed to another health care provider as allowed for emergency treatment, Student Well-Being Services shall request that the other provider not make further use or disclosure of the information.
8. Student Well-Being Services shall not be bound to restrictions on

uses or disclosures of protected health information when the disclosure is:

- To the individual, when requested under and required by Policies, OR
- Allowed or required under special conditions described in Policy.

9. Student Well-Being Services may terminate its agreement to a restriction if:

- The individual agrees to or requests the termination in writing; or
- The individual orally agrees to the termination and the oral agreement is documented.

10. Student Well-Being Services may terminate its agreement to a restriction without the individual's agreement if Student Well-Being Services informs the individual that it is terminating the restriction, but such termination is only effective with respect to protected health information created or received after the individual has been so informed.

11. Student Well-Being Services shall document any restriction to which it agrees and shall retain that documentation for at least six years from the date it was created.

Policy #	165	Page 1 of 4
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Client Amendments/Client Records	Review Date:
Authorized/Approved By:		

POLICY: Clients can access and amendment to his/her protected health information in accordance with this policy.

PROCEDURE:

1. Student Well-Being Services shall permit the individual to amend his/her protected health information or a record about the individual for as long as the information is maintained in the designated record set, except as provided for in policy.
2. Student Well-Being Services will require individuals to make requests for amendment in writing and to provide a reason to support a requested amendment, provided that he/she informs the individual in advance of such requirements.
3. If Student Well-Being Services grants the request to amend the record, the amended information is added to the record; the original information is not replaced or deleted.
4. Student Well-Being Services shall document the title of the person responsible for receiving and processing requests for amendment.
5. Student Well-Being Services shall act on a request for amendment no later than sixty (60) days after the receipt of the request.
6. Student Well-Being Services may extend the allowed time for responding to the request by no more than thirty (30) days if:
 - Student Well-Being Services is unable to take action within the allowed time frame; AND
 - Student Well-Being Services, within the allowed time frame, provides a written statement of the reasons for the delay and the date by which the provider will act on the request.

Accepting

1. Student Well-Being Services shall inform the individual that the amendment has been accepted.
2. At a minimum, Student Well-Being Services shall identify the records in the designated record set that are affected by the amendment and shall append the amendment or otherwise provide a link to the amendment.

3. Student Well-Being Services shall request from the individual:
 - The identities of others who should receive the amendment; AND
 - The individual's agreement to have the provider share the amendment with relevant persons.
4. Student Well-Being Services shall make reasonable efforts to inform and provide the amendment within a reasonable time to:
 - Persons identified by the individual as having received the protected health information and needing the amendment; AND
 - Persons, including business associates, who Student Well-Being Services knows have the protected health information that has been amended and that may have relied on, or could conceivably rely on, such information to the detriment of the individual.
5. If Student Well-Being Services is informed by another covered entity of an amendment to the individual's protected health information, it shall amend the protected health information in its record set within 72 hours of notification.

Denial

1. Student Well-Being Services may deny amendments to a record containing protected health information as follows:
 - If it is determined that the protected health information or record is accurate and complete, OR
 - If it is determined that the protected health information or record was not created by Student Well-Being Services, unless the individual provides a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment.
 - If it is determined that the protected health information or record is not part of the designated record set.
2. Student Well-Being Services shall provide to the individual a timely, written denial. The denial will be in plain language and contain:
 - The basis for the denial; AND

- A statement that the individual may submit a written statement disagreeing with the denial, including a description of how the individual may file such a statement; AND
 - A statement that, if the individual does not submit a statement of disagreement, the individual may request that Student Well-Being Services include the request for amendment and the denial with any future disclosure of the protected health information that is the subject of the requested amendment; AND
 - A description of how the individual may complain to Student Well-Being Services or to the Secretary of Health and Human Services, including the name (or title) and telephone number of the contact person designated to receive complaints.
3. Student Well-Being Services shall accept the individual's written statement of disagreement, if submitted, including the basis for the disagreement. Student Well-Being Services Service may reasonably limit the length of a statement of disagreement.
 4. Student Well-Being Services will prepare a written rebuttal to the individual's statement of disagreement. If this is done, Student Well-Being Services shall provide a copy to the individual who submitted the statement of disagreement.
 5. Student Well-Being Services shall, as appropriate, identify the record or protected health information in the designated record set that is the subject of the disputed amendment and shall append or otherwise link:
 - The individual's request for an amendment; AND
 - Student Well-Being Services denial of the request; AND
 - The individual statement of disagreement, if any; AND
 - Student Well-Being Services rebuttal, if any.
 6. If a statement of disagreement has been submitted, Student Well-Being Services shall include those materials, or summary of such information, with any subsequent disclosure of the protected health information to which the disagreement relates.
 7. If the individual has not submitted a written statement of disagreement, Student Well-Being Services shall include the individual's request for amendment and its denial, or an accurate summary of such information, with any subsequent disclosure of the disputed protected health information only if the individual has requested such action.

8. If Student Well-Being Services makes a subsequent disclosure of the disputed protected health information using a standard transaction that does not permit the additional material to be included, Student Well-Being Services may separately transmit the required material to the recipient of the standard transaction.

Policy #	166	Page 1 of 3
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Accounting of Disclosures	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to account for all disclosures as required by HIPAA regulations.

PROCEDURE:

1. The individual has the right to receive an accounting of disclosures of protected health information made by Student Well-Being Services in the six years prior to the date on which the accounting is requested.
 - a. Student Well-Being Services is not required to give an accounting of disclosures made:
 - To carry out treatment, payment, and health care operations as permitted under law, OR
 - To the individual about his or her own information; OR
 - To the facility directory; OR
 - To persons involved in the individual's care, OR
 - For national security or intelligence purposes; OR
 - To law enforcement officials or correctional facilities as permitted under law, OR
 - Other notification purposes permitted under law, OR
 - Pursuant to the individual's authorization.
 - b. Student Well-Being Services has the right to suspend the individual's right to receive an accounting of disclosures of PHI to a health oversight agency or law enforcement official for the time period specified by such agency or official if the agency or official provides a written statement asserting that the provision of an accounting would be reasonably likely to impede the activities of the agency or official and specifying the time period of the suspension.
2. If the request for suspension is made orally, the suspension may last only thirty (30) days. Such an oral request must be documented, including the identity of the agency or official making the request. The suspension may not extend beyond thirty (30) days unless the written statement described previously is submitted during that time period.

3. Student Well-Being Services shall document and retain documentation, in written or electronic form, for a period of six (6) years:
 - a. All information required to be included in an accounting of disclosures of PHI.
 - b. All written accountings provided to individuals.
 - c. Titles of persons or offices responsible for receiving and processing requests for an accounting from individuals.
4. Student Well-Being Services will respond to a client's written request for a list of disclosures within 60 days of receiving the request as follows:
 - a. Provide the accounting as requested, OR
 - b. If unable to provide the accounting within sixty (60) days, the time for response may be extended by no more than thirty (30) additional days, provided that:
 - Within the first sixty (60) days, the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided; AND
 - There are no additional extensions of time for response.
 - c. The first accounting in any twelve (12) month period must be provided to the individual without charge. A reasonable, cost-based fee may be charged for additional accountings within the twelve-month period, provided the individual is informed in advance of the fee, and is permitted an opportunity to withdraw or amend the request.
5. The accounting for each disclosure shall include:
 - a. The date of the disclosure.
 - b. The name of the person or entity who received the PHI, and, if known, the address of such entity or person.
 - c. A brief description of the PHI disclosed.
 - d. A brief statement of the purpose of the disclosure of PHI that reasonably informs the individual of the basis for the disclosure, OR
 - e. In lieu of a statement of the purpose of the disclosure, a copy of the individual's authorization or the request for a disclosure.

6. If, during the time period for the accounting, Student Well-Being Services has made multiple disclosures to the same entity or person for a single purpose, or pursuant to a single authorization, the accounting may provide the information as set forth above for the first disclosure, and then summarize the frequency, periodicity, or number of disclosures made during the accounting period and the date of the last such disclosure during the accounting period.

Policy #	167	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	PHI Client Complaints/Grievances	Review Date:
Authorized/Approved By:		

POLICY: Student Well-Being Services Client Grievance process shall be used to respond to all PHI related complaints.

PROCEDURE:

1. The Client Grievance process can be used to make complaints concerning Student Well-Being Services policies and procedures or actions with respect to protected health information.
2. In the case that the Client Grievance process is not sufficient to solve the client grievance/complaint, the client may 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.
3. Student Well-Being Services will document all complaints received, and their disposition, in written or electronic form in accordance with the Client Rights and Grievance Policy.

Policy #	168	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Client Communications Preference	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to accommodate reasonable requests by clients to receive communications of protected health information from Student Well-Being Services by alternative means or at alternative locations.

PROCEDURE:

1. Student Well-Being Services shall allow Clients to request in writing or orally that protected health information from Student Well-Being Services be received by an alternative means or sent to an alternative location. If the request is received orally Student Well-Being Services will document in writing the request.
2. The client does not have to provide an explanation as to the basis of the request.
3. Student Well-Being Services must accommodate all reasonable requests by Clients to receive protected health information by an alternative means or sent to an alternative location.
4. The client must provide Student Well-Being Services with the specific address to the alternative location.
5. Student Well-Being Services may determine how payment, if any, will be handled.

Policy #	169	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	General Security Requirements	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to implement reasonable and appropriate security measures to ensure the confidentiality, integrity, and availability of all electronic protected health information that the agency creates, receives, maintains or transmits.

PROCEDURE:

1. Student Well-Being Services shall implement reasonable and appropriate security measures to protect against any reasonably anticipated threats or hazards to the security of electronic protected health information.
2. Student Well-Being Services shall implement reasonable and appropriate security measures to protect against any reasonably anticipated uses or disclosures of electronic protected health information that are not permitted or required by the regulations.
3. Student Well-Being Services shall take reasonable and appropriate steps to ensure compliance by the workforce with the security standards of the HIPAA Security Rule.
4. Student Well-Being Services shall review and modify security measures as needed to ensure continued reasonable and appropriate protection of electronic protected health information.
5. Student Well-Being Services may use any security measures that allow the organization to reasonably implement the security rules.
6. Student Well-Being Services staff shall conduct a periodic evaluation to determine which security policies / procedures meet HIPAA Security Rule requirements.
7. Student Well-Being Services shall document security measures that are used to protect electronic PHI.

Policy #	170	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Security Management	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to implement policies and procedures to prevent, detect, contain, and correct security violations.

PROCEDURE:

1. Student Well-Being Services shall designate a security official who is responsible for the development and implementation of policies and procedures to prevent, detect, contain, and correct security violations. This may be the Privacy Officer or some other individual or office.
2. Student Well-Being Services shall conduct a Risk Analysis to assess the potential risks to the confidentiality and availability of the electronic protected health information.
3. Student Well-Being Services shall implement security measures sufficient to reduce risks at a reasonable and appropriate level.
4. Student Well-Being Services shall implement appropriate disciplinary measures against employees who fail to comply with security policies and procedures.
5. Student Well-Being Services shall implement procedures to regularly review records of information system activity.

Policy #	171	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Staff Security Approval/Termination	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to ensure that all members of the agency's staff have approved and appropriate access to electronic protected health information.

PROCEDURE:

1. Only approved staff shall have access to electronic PHI or is supervised, if not approved.
2. Management shall determine the level / amount of access to electronic PHI.
3. Student Well-Being Services shall terminate access to electronic protected health information when it is determined that such access is no longer valid or if the staff is no longer employed by Student Well-Being Services.

Policy #	172	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Workstation Use and Security	Review Date:
Authorized/Approved By:		

POLICY: Student Well-Being Services shall protect the confidentiality of all Clients, Business Associates, and employees by maintaining compliance with all HIPAA Transaction Regulations.

PROCEDURE:

1. Employees who are required to use a computer to carry out their job duties will need to assess their personal work environment for potential threats to the computer system. Examples of threats are power surges, water damage, or fire. Any potential threats that are identified must be reported to the appropriate authority.
2. Personnel using computers will not smoke, eat, or drink at the terminal (i.e., if the computer is located on a desk, do not eat at the desk).
3. When logging into the system or to a computer, personnel will ensure that no one else is observing them while performing this action.
4. Personnel are only permitted to log on to the system or to any computer with their password. Personnel may only enter data into the system when logged in under their password.
5. Confidential and client information may only be accessed on a need-to-know basis. Employee access to file designations can be found in the Employee Access Policy.
6. Employees will not leave printers, copy machines, or fax machines unattended when they are printing, faxing, or copying confidential or protected health information.
7. If an employee leaves his/her workstation for any length of time, he/she must close any open programs containing confidential or protected health information and then log off the system.
8. Each employee is responsible for the content of any data that he/she enters into the system, and he/she is not permitted to hide his/her identity within the system.
9. If possible, personnel will program their computer to enact an automatic logoff and/or a screen saver when the computer is not used for a reasonable amount of time.

Policy #	173	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Security Awareness Measures	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to implement a security awareness program for all staff members, including management.

PROCEDURE:

1. Student Well-Being Services shall implement periodic security updates.
2. Student Well-Being Services shall utilize and regularly update adequate anti-virus software to guard against computer viruses.
3. Student Well-Being Services shall monitor log-in attempts and reporting discrepancies.
4. Student Well-Being Services shall create, change and safeguard passwords, if appropriate.

Policy #	174	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Security Incidents	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to identify and respond to suspected or known security incidents related to electronic PHI.

PROCEDURE:

1. Student Well-Being Services shall rectify, to the extent possible, the negative effects of known security incidents and / or lapses.
2. Student Well-Being Services shall document security incidents, corrective actions and their outcome.

Policy #	175	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Emergency Contingency Plan	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to implement reasonable and appropriate procedures for responding to an emergency or other occurrence (e.g., fire, vandalism, system failure, and natural disaster) that damages systems that contain electronic protected health information.

PROCEDURE:

1. Student Well-Being Services shall implement and monitor a data backup plan for creating and maintaining retrievable exact copies of electronic protected health information, including a disaster recovery plan for the restoration of lost data.
2. Student Well-Being Services shall implement an emergency plan to enable continuation of critical business processes that are used to protect the security of electronic protected health information during emergencies.
3. Student Well-Being Services shall review and revise the emergency plan when indicated.

Policy #	176	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Facility Access	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to implement reasonable and appropriate security measures to limit physical access to electronic information systems and the facility.

PROCEDURE:

1. Student Well-Being Services shall implement reasonable and appropriate procedures to ensure facility security and access by authorized staff at all times.
2. Student Well-Being Services shall implement reasonable and appropriate security measures to safeguard the facility and the equipment from unauthorized physical access, tampering, and theft.
3. Student Well-Being Services shall verify the identity of all visitors and monitor all access to facilities.
4. Authorized staff shall have keys and access only to approved locations / equipment in agency facilities.
5. Locks and alarm systems shall remain operable at all times and repaired immediately when identified as inoperable.
6. Access keys / locks shall be changed when the need is indicated.
7. Staff leaving the agency shall return all keys, entry codes and passwords upon termination of their employment.

Policy #	177	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Equipment, Hardware, and Media Control	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to implement reasonable and appropriate policies and procedures that govern the receipt and removal of hardware, equipment, and electronic media that contains electronic protected health information into and out of the agency facility.

PROCEDURE:

1. If hardware, equipment, or electronic media that contains electronic protected health information is disposed of, sold, given away, or donated, Student Well-Being Services shall ensure the complete removal of all electronic protected health information prior to releasing it from their control and / or physical plant.
2. If Student Well-Being Services uses hardware, equipment or electronic media containing electronic protected health information outside of the provider's own office, Student Well-Being Services staff shall ensure that all electronic protected health information has been completely removed from the electronic media, computer hardware, or equipment.
3. Student Well-Being Services shall keep a record of all computer equipment, hardware or media that is brought onto Student Well-Being Services property and removed from the property.
4. Student Well-Being Services shall secure a retrievable, exact copy of electronic protected health information, when needed, prior to moving computer equipment, hardware or media.
5. Student Well-Being Services shall ensure all computer equipment hardware and media has all electronic PHI completely removed from the equipment.

Policy #	178	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Electronic PHI Access Control	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to implement technical procedures for electronic information systems (that maintain electronic protected health information) to allow access only to those persons or software programs that have been granted access.

PROCEDURE:

1. Student Well-Being Services shall assign each employee a unique username and/or number for identifying and tracking user identity within the system.
2. Student Well-Being Services shall designate staff to obtain access to necessary electronic protected health information during an emergency.
3. Student Well-Being Services staff shall use the automatic logoff function to automatically terminate an electronic session after a predetermined period of inactivity.
4. Passwords shall be utilized by all Student Well-Being Services staff when logging on to agency computers.

Policy #	179	Page 1 of 2
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Fax and E-mail	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to protect the confidentiality and integrity of confidential medical information as required by HIPAA regulations, professional ethics, and accreditation requirements.

PROCEDURE:

1. Student Well-Being Services and employees will send protected health information by fax or e-mail only when the original record or mail delivered copies will not meet the needs of immediate client care.
2. When transmitting protected health information via fax or e-mail, employees must abide by the minimum necessary standard unless otherwise permitted by policy.
3. When transmitting client protected health information via fax or e-mail, employees must obtain an authorization for release of information as required by policy and law.
4. When transmitting client protected health information via fax or e-mail, employees must verify that the recipient is authorized to receive the PHI.
5. Personnel may not send a fax or e-mail message containing especially sensitive medical information, including, but not limited to, AIDS/HIV information, mental health and developmental disability information, alcohol and drug abuse information, and other sexually transmissible disease information without the express authorization of the Director of Student Well-Being.
6. The cover page accompanying the fax transmission must include the confidentiality notice.
7. When sending an e-mail that contains PHI, in order to protect against the situation of sending an e-mail message to the incorrect address, the signature section of the message shall contain a confidentiality notice explaining that in the case of an incorrect receipt of the message that that person shall not disclose the PHI that he/she wrongfully received to anyone.
 - a. Fax machines must be in secure areas, and the Director of Student Well-Being may limit access to them.
 - b. E-mail messages containing PHI will be considered part of the Individual Client Record and will be upheld to all standards of confidentiality in policy.
 - c. Authorization must be obtained from the client prior to using e-mail as a

means for transferring PHI.

8. Personnel must make a reasonable effort to ensure that all faxes or e-mails containing protected health information are delivered to the intended recipient.
9. Personnel must report any misdirected faxes or e-mail messages to the Director of Student Well-Being.

Policy #	180	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Transcriptionist	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to protect the security of electronic health information as well the confidentiality and integrity of confidential medical information, as required by law, professional ethics, accreditation requirements, and HIPAA regulations.

PROCEDURE:

1. Transcriptionists and others using the transcription system may do so only after having completed proper training and having received proper authorization.
2. The transcription system users must employ user-IDs and associated passwords to isolate the communications of different users. Users must never share passwords or reveal them to anyone else.
3. Access to client information, records, tapes, dictation, or a combination thereof, is limited to those authorized to be involved in the transcription process.
4. Dictation should not be done in an environment in which unauthorized person can overhear confidential dictation. Client care information should not be dictated into public telephones where others can overhear the dictation on cellular phones. Transcriptionists must log off computers and dictation equipment when not transcribing unless using a pause feature that removes the documentation from screen view and access until the transcriptionist reactivates it.
5. Dictation on analog audio cassettes, CDs, or other voice files may only be shipped in accordance with carriers authorized by the Director of Student Well-Being.
6. Voice files should be deleted from a digital system or erased from an analog system in a manner that prevents unauthorized access. Users may store dictation only for the length of time necessary to transcribe and review documentation and in a manner that protects against unauthorized access.
7. Employees should not transmit voice data to equipment with an activated auto answer, such as an answering machine. The recipient of voice data should immediately acknowledge its receipts to the sender.
8. No transcriptionist may release any client data except to the originator of the document or to persons authorized in writing by the Director of Student Well-Being.
9. Dictation playback must be done in a secure environment that protects the information from being overheard by unauthorized personnel.

Policy #	181	Page 1 of 1
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Vendors	Review Date:
Authorized/Approved By:		

POLICY: To fully secure the agency, it is the policy of Student Well-Being Services to protect all clients PHI from unintended disclosures to all of Student Well-Being Services vendors.

PROCEDURES:

1. Student Well-Being Services requires that all vendors, i.e., repairmen, delivery man, etc., sign in and out upon entering and leaving any Student Well-Being Services site to ensure confidentiality.
2. Student Well-Being Services may also use this sign in/out form for any use with any appropriate individual based upon determination by Student Well-Being Services.
3. As appropriate, Student Well-Being Services will require vendors to sign a confidentiality statement to further protect client PHI.

Policy #	182	Page 1 of 2
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Business Associates	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to have Business Associate Contracts and/or an Addendum with all Business Associates as required by HIPAA regulations.

A Business Associate is defined under HIPAA as a person or entity who, on behalf of the Department, and other than in the capacity of a workforce member performs or assists in the performance of a function or activity **that involves the use or disclosure of protected health information**, or provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services that involve the use or disclosure of protected health information.

PROCEDURE:

1. Student Well-Being Services shall maintain a written contract or written agreement with each business associate known as a Business Associate Contract that sets guidelines to reasonably safeguard protected health information.
2. Student Well-Being Services has the right to disclose protected health information to any business associate under contract. This is provided that the business associate has signed a contract in effect ensuring appropriate safeguards for the information it may generate or receive.
3. If the business associate violates the terms of the contract or violates any standards and regulations under HIPAA, then Student Well-Being Services shall take the necessary steps to either fix the violation or put an end to the agreement altogether.
4. If Student Well-Being Services is not able to attain compliance from the business associate, Student Well-Being Services maintains the right to terminate the contract, or report directly to the Secretary of the Department of Health and Human Services if termination is not reasonable or possible.

Existing Contracts

1. Student Well-Being Services may disclose protected health information to a business associate and may allow a business associate to

create, receive, or use protected health information on his/her behalf pursuant to a written contract or other written arrangement that does not comply with HIPAA regulations, provided that:

- The written contract or other arrangement is not renewed or modified between the effective date of this provision.
2. Evergreen Contracts, i.e., contracts that automatically renew without any change or action by the parties, including an automatic inflation adjustment.
 3. A Covered Entity must mitigate any harmful effects of a business associate's improper disclosure of information during the transition period if the improper disclosure is known to Student Well-Being Services.

Policy #	183	Page 1 of 3
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Limited Data Sets	Review Date:
Authorized/Approved By:		

POLICY: If Student Well-Being Services enters into an agreement for the electronic transfer of data it is the policy of Student Well-Being Services to use a Data Use Agreement that must be signed by both parties.

PROCEDURE:

1. Student Well-Being Services may use or disclose a limited data set of protected health information, provided that Student Well-Being Services enters into a data use agreement with a recipient that complies with the requirements of this policy.
2. The data use agreement between Student Well-Being Services and the recipient of the limited data set shall:
 - Establish the permitted uses and disclosures by the recipient, consistent with this policy; AND
 - Establish who is permitted to use or receive the limited data set.
3. The data use agreement between Student Well-Being Services and the recipient of the limited data set shall provide that the recipient will:
 - Not use or further disclose the information other than as permitted by the data use agreement or as otherwise required by law; AND
 - Use appropriate safeguards to prevent use or disclosure of the information not provided for by the data use agreement; AND
 - Report to the provider any use or disclosure of the information not provided for by the data use agreement of which it becomes aware; AND
 - Ensure that any agents or subcontractors to whom it provides the limited data set agree to the same restrictions and conditions that apply to the recipient with respect to the information; AND
 - Not identify the information or contact the individuals.
4. Student Well-Being Services and recipient may use or disclose a limited data set only for the purposes of research, public health, or health care operations.

5. Student Well-Being Services may use protected health information to create a limited data set or may disclose protected health information to a business associate for the purpose of creating a limited data set.
6. A limited data set is created when the following information about the individual, relatives, employers, or household members is removed:
 - Names;
 - Postal address information, other than town or city, state, and zip code;
 - Telephone numbers;
 - Fax numbers;
 - Electronic mail addresses;
 - Social security number;
 - Medical record numbers;
 - Health plan beneficiary numbers;
 - Account numbers;
 - Certificate/license numbers;
 - Vehicle identifiers and serial numbers, including license plate numbers;
 - Device identifiers and serial numbers;
 - Web Universal Resource Locators (URLs)
 - Internet Protocol (IP) Address numbers;
 - Biometric identifiers, including finger and voice prints;
 - Full-face photographic images and any comparable images;
7. If Student Well-Being Services becomes aware of a pattern of activity or practice by the recipient of the limited data set that would constitute a material breach or violation of the data use agreement, the provider shall take reasonable steps to cure the breach or end the violation such steps are unsuccessful, the provider shall:
 - Discontinue disclosure of protected health information to the recipient; AND

- Report the problem to the Secretary.
8. If a limited data set recipient violates the data use agreement, the covered entity is considered non-compliant with HIPAA regulations.

Policy #	184	Page 1 of 2
Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	De-identified Information	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to not individually identify PHI for creating information.

PROCEDURE:

1. Student Well-Being Services may use protected health information to create information that is not individually identifiable health information.
2. Student Well-Being Services may disclose protected health information to a business associate for the purpose of creating information that is not individually identifiable health information.
3. Health information is not individually identifiable health information if it does not identify an individual, and there is no reasonable basis to believe it could be used to identify an individual.
4. Once information has been properly de-identified, Student Well-Being Services may use or disclose it freely; it is no longer subject to the HIPAA regulations, provided that the conditions of it are met.
5. If de-identified information is re-identified, it is again considered protected health information and is subject to the HIPAA regulations.
6. Protected health information may be converted to general health information that is not individually identifiable or protected if the following provisions of this policy are met.
7. The following information about the individual, relatives, employers, or household members is removed:
 - Names;
 - All geographic subdivisions smaller than state, including street address, city, county, zip code, and their equivalent geocode;
 - All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, and date of death;
 - All ages over 89 and all elements of date (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
 - Telephone numbers;

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	De-identified Information	Review Date:
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- Fax numbers;
 - Electronic mail addresses;
 - Social security number;
 - Medical record numbers;
 - Health plan beneficiary numbers;
 - Account Numbers;
 - Certificate/license numbers;
 - Vehicle identifiers and serial numbers, including license plate numbers;
 - Device identifiers and serial numbers;
 - Web Universal Resource Locators (URLs);
 - Internet Protocol (IP) Address Numbers;
 - Biometric identifiers, including finger and voice prints;
 - Full-face photographic images and any comparable images;
 - Any other unique identifying number, characteristic, or code, except for a re-identification code.
8. Student Well-Being Services does not have actual knowledge that the remaining information could be used alone or in combination of other information to identify the individual.

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Section:	Confidentiality / HIPAA Requirements	Effective Date:
Title:	Re-identified Information	Review Date:
Authorized/Approved By:		

POLICY: It is the policy of Student Well-Being Services to re-identify client record information using an assigned client number system.

PROCEDURE:

1. Student Well-Being Services will assign a client identification number (as a code) unless another means of record identification is determined to be used, to allow de-identified information to be re-identified by Student Well-Being Services.
2. The code shall not be derived from, or related to, information about the individual and shall not be otherwise capable of being translated so as to identify the individual.
3. Student Well-Being Services shall not use or disclose the code for any other purpose or disclose the mechanism for re-identification.

Policy #	186
Section:	Risk Management
Title:	Incident Reporting
Authorized/Approved By:	

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Effective Date:

Review Date:

Policy

It is the policy of Student Well-Being Services to report all "Reportable" Incidents in writing to OMHAS and to the local Alcohol, Drug Addiction and Mental Health Services (ADAMHS) or Mental Health and Recovery Services (MHRS) Board within twenty-four (24) hours of the incident or such other time as agreed upon between the parties. Student Well-Being Services will maintain an ongoing log of its reportable incidents and will make the log available to OMHAS upon request for departmental review. Any alleged abuse and or neglect of youth or elderly shall be reported immediately to the proper authorizes.

Definitions

- "County community board of residence" means the board that is responsible for referring or paying for the student's treatment.
- "County community board" means a board with which the provider has entered into a contract to provide services or facilities.
- "Incident" means an event that poses a danger to the health and safety of students or staff and visitors of the provider and is not consistent with routine care of persons served or routine operation of the provider.
- "Reportable Incident" means an incident that must be submitted to the department. As referenced in division (E) of section 5119.36 of the Revised Code, "Major Unusual Incident" has the same meaning as "Reportable Incident."
- "Six-month reportable incident" means an incident type of which limited information must be reported to the department. A six-month reportable incident is not the same as a reportable incident.
- "Six-month incident data report" means a data report which must be submitted to the department.

Procedure

1. Written reports of all critical (excluding Reportable Incidents) incidents must be made to Student Well-Being Services' Director of Student Well-Being within 24 hours of the incident. All reportable incidents are to be reported immediately (within one hour) to the Director of Student Well-Being. All incidents are also referred to the Safety Officer for additional review.

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Section: Risk Management
Title: Incident Reporting
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- a. Specific action may be deemed necessary/desirable by the Director of Student Well-Being and/or the Safety Officer as patterns and trends emerge.
2. As part of Student Well-Being Services performance improvement process, a periodic review and analysis of reportable incidents, and other incidents as defined in Student Well-Being Services policy, shall be performed.
3. The provider shall maintain an ongoing log of its reportable incidents for OMHAS review.
4. Any person who has knowledge of any instance of abuse or neglect, or alleged or suspected abuse or neglect of:
 - a. Any child or adolescent, shall immediately notify the local County Department of Job and Family Services or law enforcement authorities, in accordance with section 2151.421 of the Revised Code; or
 - b. An elderly person shall immediately notify the appropriate law enforcement and local County Department of Job and Family Services in accordance with section 5101.61 of the Revised Code.
5. Student Well-Being Services shall submit reportable incidents and six-month reportable incidents as defined by and according to the schedule included in # 10 below.
6. Each reportable incident shall be documented as required by OMHAS. The information shall include identifying information about the provider, date, time and type of incident, and student information that has been de-identified pursuant to the HIPAA privacy regulations, [45 C.F.R.164.514(b)(2)], and 42 CFR Part B, paragraph 2.22., if applicable.
7. Student Well-Being Services shall file only one incident form per event occurrence and identify each incident report category, if more than one, and include information regarding all involved students, staff, and visitors.
8. If, after submitting a reportable incident to OMHAS, Student Well-Being Services learns that an additional incident report category in addition to that which was already submitted is associated with the same event occurrence, the provider shall either amend the

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Section: Risk Management
Title: Incident Reporting
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original report or submit a new incident report including only the new incident category and information.

9. Student Well-Being Services shall forward each reportable incident to OMHAS and to the local County ADAMHS OR MHR SB Board within twenty-four hours of its discovery, exclusive of weekends and holidays.
10. Student Well-Being Services shall submit a six-month incident data report to OMHAS and to the local County ADAMHS OR MHR SB Board utilizing the form provided by OMHAS. The six-month incident data report must be submitted according to the following schedule:
 - a. The six-month incident data report for the period of January first through June thirtieth of each year shall be submitted no later than July thirty-first of the same year; and
 - b. The six-month incident data report for the period of July first through December thirty-first of each year shall be submitted no later than January thirty-first of the following year.
 - c. OMHAS may initiate follow-up and further investigation of a reportable incident and six-month reportable incidents, as deemed necessary and appropriate, or may request such follow-up and investigation by the provider, regulatory or enforcement authority, or the local County ADAMHS OR MHR SB Board.

CRITICAL INCIDENTS include but need not be limited to those occurrences which take place outside the norm and activity of Student Well-Being Services and which may place staff, student, or others at some risk. The following are some examples of adverse incidents:

1. Physical injury and/or clinically significant threats to a student or staff occurring on Student Well-Being Services property or during Student Well-Being Services sponsored off-site activities.
2. Damage or theft of property in or at Student Well-Being Services facilities or during Student Well-Being Services sponsored activities (i.e., stolen property or fire that causes minor damage).

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3. Abuse and/or neglect
4. Sexual assault
5. Breaches of Student Well-Being Services policy or improper following of Student Well-Being Services procedures, including confidentiality.
6. Suspicions of use of alcohol or illegal substances on Student Well-Being Services property or during Student Well-Being Services sponsored activities.
7. Medical emergencies.
8. Overdose
9. Any incident which may jeopardize the welfare of our students, families, or staff such as aggressive or violent behavior, actions, or threats.
10. Any complaint, threat, or concern that may damage Student Well-Being Services' reputation in the community.
11. Car accident while on work time; performing a work-related task.
12. Medication errors.
13. Use of seclusion and/or restraint.
14. Infection control, communicable disease and biohazard accidents.
15. Exposure to blood borne pathogens/infectious materials.
16. Wandering or elopement of students
17. Suicide or attempted suicide

Policy #	187	Page 1 of 1
Section:	Personnel	Effective Date:
Title:	Personnel Files, Policies & Procedures	Review Date:
Authorized/Approved By:		

Policy

All employees of Student Well-Being Services will have a personnel file that contains at minimum required background checks for employment, licensure verification, orientation and training documentation, and all other required documentation as determined by Olentangy Local School District and Student Well-Being Services.

Student Well-Being Services prohibits discrimination in employment, training, job duties, compensation, evaluation, promotion, and any other term or condition of employment based on race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, HIV status, or in any manner prohibited by local, state or federal laws.

Procedure

1. All staff of Student Well-Being Services will have a personnel file maintained by Olentangy Local School District.
2. Criminal records checks and all other employment verifications and checks required by the Olentangy Local School District will be maintained in the personnel file.
 - a. Criminal record background checks on employees, volunteers and student interns are conducted by the bureau of criminal identification and investigation (BCII), or any other state or federal agency designated by the School Board, and, if the prospective employee does not demonstrate that they have been a resident of Ohio for the preceding five years, by the federal bureau of investigation (FBI).
3. A record of staff orientation, education, and other trainings as determined will be maintained by the Student Well-Being Services Department.
4. Each employee utilized in positions which are responsible for the direct care or supervision of children or adolescents shall be at least eighteen years of age, with proof of age being maintained in the personnel file.
5. Any prospective employee, volunteer or student intern shall not have pled guilty to nor been convicted of any of the offenses listed in paragraph (I) of rule 5101:2-5-09 of the Administrative Code. A prospective employee, adult volunteer or student

intern convicted of or who has pleaded guilty to an offense listed in paragraph (I) of rule 5101:2-5-09 of the Administrative Code may be hired by a provider if the conditions as provided in paragraph (H) of rule 5101:2-5-09 of the Administrative Code have been met. Compliance with this measure will be maintained in the personnel file.

6. Board of Education and Student Well-Being Services personnel policies and procedures manuals are accessible to all staff at all times.
 - a. Staff of Student Well-Being Services will be required to abide by the policies of both Olentangy Local School District and Student Well-Being Services and will also be required to complete orientation, education, and training as required by both.
 - b. Contract Staff utilized by Student Well-Being Services will also be required to abide by the policies of both Olentangy Local School District and Student Well-Being Services and will also be required to complete orientation, education, and training as required by both.
7. Policy and procedure changes, revisions, and updates will be provided to staff through internal communication methods (memo, email, internal posting) and through training sessions to ensure employees are fully informed with the knowledge required to implement and abide by new policy changes and rules.

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Section:	Personnel	Effective Date:
Title:	Recruitment and Evaluation of Applicants	Review Date:
Authorized/Approved By:		

Policy

Student Well-Being Services shall not discriminate against and shall apply its standards equally to all potential employees. Employment applicants shall be informed that the organization follows the rules and regulations governing Fair Employment Practices. The applicant's Rights to Privacy shall be respected and the results of inquiries shall be treated in confidence by the organization.

Student Well-Being Services prohibits discrimination in employment, training, job duties, compensation, evaluation, promotion, and any other term or condition of employment based on race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, HIV status, or in any manner prohibited by local, state or federal laws.

Procedure

1. Recruitment of personnel shall be designed to provide maximum employment opportunity for area residents and groups serviced, via:
 - a. Internal posting.
 - b. On-line postings via hiring services and websites.
2. All advertising shall state: "Equal Opportunity Employer."
3. Present staff may apply to fill any vacancy by submitting a letter of interest.
4. Each applicant must submit a resume and complete an application.
5. The Director of Student Well-Being Services or designee shall screen applications, resumes and/or letters of interest according to objective criteria on Job Description.
6. The most qualified applicants shall be interviewed.
7. Interviewees shall be informed they will be asked to furnish references, transcripts, or other documentation (e.g., samples of work).
8. Where applicable, interviewees may be tested regarding job-related skills.
9. Applicants under consideration at the interview will be informed that a criminal background check and drug test may be conducted at the employer's expense prior to an offer of employment being presented.

10. Student Well-Being Services shall require that criminal records checks be completed on employees, volunteers and student interns be conducted by the bureau of criminal identification and investigation (BCII) and, if the prospective employee does not demonstrate that they have been a resident of Ohio for the preceding five years, by the federal bureau of investigation (FBI).
- a. Potential employees must complete all background checks, credentials, fitness for duty (as required), and all other requested verifications for employment prior to the delivery of services to the persons served or to the organization.
11. The Director of Student Well-Being Services hires all employees.
12. On the basis of evaluation via application, resume, interview(s), background checking and drug test, the Director of Student Well-Being Services or designee shall hire the applicant who best fits the requirements of the open position.
13. Some reasons for eliminating an applicant from consideration (non-inclusive):
- a. Does not possess the knowledge, skills, or abilities necessary to effectively perform the duties of the vacant position;
 - b. Has made false statement of material fact;
 - c. Has committed or attempted to commit a fraudulent act at any stage of the selection process;
 - d. Has failed to present criminal history accurately;
 - e. Has positive drug test;
 - f. Is an alien not legally permitted to work.
 - g. Demonstrates a poor works history.
14. If any applicant is hired and it is subsequently found that any of the above criteria apply, the employee shall be terminated for dishonesty, incompetence, nonfeasance, or malfeasance.
15. The applicant selected for a position shall receive written notification of the appointment, including position title, starting salary, position description and

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reporting date. NOTE: THIS NOTIFICATION DOES NOT CONSTITUTE ANY FORM OF CONTRACT.

16. Vacancies

- a. In the event of a vacancy or a new position, it will be filled by appointment from within the organization whenever appropriate. However, filling positions with existing staff is solely at the discretion of the Director of Student Well-Being Services.

17. All employees of Student Well-Being Services are considered "at will".

REQUIRMENTS OF SERVICE PROVIDERS:

1. All service providers, which is defined as any professional who provides mental health and/or AOD services shall meet the appropriate legal requirements of their position.
2. All service providers shall be credentialed and/or licensed, or, in the process of credentialing and under the supervision of a credentialed staff member. (Refer to Table of Organization and Personnel Files.)
3. Procedures to verify required credentials, including licensure / certification with primary sources, and registration(s) for all applicable personnel include either electronic verifications or copies of current professional licenses, certifications, or registration, documentation of education, experience and training, and verification of references, if required for the position being considered shall be completed prior to hiring / the delivery of persons served and every two (2) years thereafter.
4. All service providers shall demonstrate competency related to the needs of the persons served and the job requirements outlined in the job description.
5. All service providers shall be qualified by education, experience and/or credentials to perform duties outlines in job description and to serve clients of culturally diverse backgrounds.
6. Scope of Practice: Student Well-Being Services shall not permit staff credentialed by professional regulatory credentialing boards to practice outside of their scope of practice as defined by their Regulatory Board.

Policy # 189
Section: Personnel
Title: Scope of Practice
Authorized/Approved By:

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Effective Date:
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Policy

Counselors credentialed by professional regulatory boards in Ohio will not practice outside of their scope of practice as defined by their regulatory board.

Procedure

1. The Director of Student Well-Being Services will review credentials of all staff and applicable regulatory definitions of “scope of practice” to ensure credentialed staff function within the parameters set forth by their applicable regulatory board.
2. All licensed or certified staff will practice only within the scope of their license or certification.
3. All staff will be qualified by education, experience, and credentials to function in their assigned tasks as set forth in their job descriptions.
4. All service provider staff will be qualified by training and continued education to serve people of culturally diverse backgrounds.
5. Any staff member involved in clinical work outside Student Well-Being Services (i.e. agencies based, private practice) must notify the Director of Student Well-Being Services of this employment to avoid potential conflict-of-interest situations which could arise.
6. All staff must keep current with requirements identified above.

Policy #	190
Section:	Personnel
Title:	Job Descriptions
Authorized/Approved By:	

Page 1 of 1

Effective Date:

Review Date:

Policy

Written job descriptions shall exist for each job classification and all positions within Student Well-Being Services.

Procedure

1. Each job description is written as behaviorally specific as possible identifying all major components of the position including job title, supervisor to whom the person holding this position is responsible, duties and responsibilities, minimum qualifications for the position (knowledge / skills), credentials and academic requirements, if applicable, and subordinates (positions supervised by person holding this position).
2. The job description will include the identified minimum educational, credentials, experience and competency requirements necessary for adequately performing the job's functions and it is expected that individual employee qualifications will conform to these established requirements.
3. The job description will identify where appropriate the position's respective role in relation to the administrative functions of planning, managing, and controlling. It will also identify major tasks of the position, reporting responsibility and subordinates.
4. It is the responsibility of the Director of Student Well-Being Services and the individual employee to keep the respective job descriptions and employee qualifications current. Student Well-Being Services will document that a copy of a job description has been provided to individual staff members.
5. The Director of Student Well-Being Services must approve any changes made in the job description or specifications.
6. All job descriptions will be reviewed / revised as required on an annual basis or more frequently, if necessary.

Policy #	191	Page 1 of 1
Section:	Personnel	Effective Date:
Title:	New Employee Orientation	Review Date:
Authorized/Approved By:		

Policy

New employees of Student Well-Being Services will participate in orientation program designed to acquaint the employee with Student Well-Being Services.

Procedure

1. All employees of Student Well-Being Services will be required to complete the new employee orientation and training as required by Olentangy Local School District.
2. The employee will also be provided with employee orientation materials by the Director of Student Well-Being Services or designee, which pertain specifically to orientation and training requirements of Student Well-Being Services staff.
3. The Director of Student Well-Being Services will be responsible for coordinating an orientation schedule with other service and administrative components as required.
4. The orientation program will include, but not be limited to the following, and may be completed during either the orientation completed by Olentangy Local School District or program specific training for Student Well-Being Services:
 - New employees will be instructed on employee and student safety including the fire, health, and safety procedures of Student Well-Being Services and Olentangy Local School District.
 - New employees will be instructed on exposure control and communicable diseases procedures.
 - The mission, vision and goals, characteristics of the population served, sensitivity to cultural diversity, policies and procedures, including personnel policies, and those specific to individual job duties, confidentiality policy, the reporting abuse and neglect policy and procedures, and student rights and grievance policy and procedures.
 - All service providers and supervisors will receive orientation to both personnel and clinical management policies and procedures by Olentangy Local School District personnel and the Director of Student Well-Being Services or designee.
 - Staff who provide crisis intervention services shall have current training and/or certification, with documentation in their personnel files, for CPR, First Aid, and De-Escalation techniques.
3. Orientation training is to be completed within thirty (30) calendar days of the date of hire.

Policy #	192	Page 1 of 2
Section:	Personnel	Effective Date:
Title:	Staff Development and Training	Review Date:
Authorized/Approved By:		

Policy

It is the policy of Olentangy Local School District and Student Well-Being Services to provide staff development and training activities for all levels of personnel.

Definitions, Relevant Terms, and Types Of Staff Development:

Workshops: Meetings designed to instruct employees in the use of new techniques, or to carry out new procedures; meetings designed to reduce problems and increase job performance; meetings designed to discuss current concerns, instruction, and/or training methods, etc.

Observation: Release from duty to visit (observe) other agencies, units who provide services to individuals with chemical dependency.

Convention/Conference: A formal, education program (assembly) sponsored, usually by professional organization/individuals and designed to address specific clinical issues, provide practical assistance, address changes within the field and provide specific training techniques.

Approved Correspondence Courses: A course approved by the State Credentialing/Licensing Board.

Attendance: Voluntary. Attendance at meeting for staff development arising from one's own free will/initiative.

Attendance on Recertification/Re-licensure: In-house training/or other education events are to be attended unless staff member is on vacation, ill, or excused by coordinator/management. Time can be flexed to attend these events.

Involuntary: Mandated attendance to meetings for staff development (related mostly to orientation and staff meetings).

Procedure

1. Director of Student Well-Being Services or designee will coordinate all staff development, in-service training, and conferences/workshops for employees to ensure that staff receives relevant training toward certification/licensure requirements. Preference is given to employees who need CEUs toward their certification/licensure.

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Section:	Personnel	Effective Date:
Title:	Staff Development and Training	Review Date:
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2. Staff development efforts which include orientation and training programs shall be provided to all employees.
 - a. External educational opportunities shall be made available to professional and administrative staff.
 - b. External educational opportunities that staff attend should focus on:
 - i. Maintaining current licensure/certification.
 - ii. Maintaining proficiency of specific technical knowledge and skills.
 - iii. The findings of the Performance Improvement program, and
 - iv. Personal professional development.
3. Attendance records and program evaluations shall be maintained by Student Well-Being Services.
4. Direct care and supervisory staff must participate in continuing education and training.
 - a. Minimum training hours shall be in accordance with each individual credentialing board, or
 - b. Staff providing or supervising services for which no credential issued by a state credentialing board is required, shall complete at least twenty hours of continuing education every two years, based on the individuals date of hire.
 - i. If an employee was originally hired in a position in which he/she was not required to participate in staff development training, but was later hired in such a position, the first twenty hours of training shall be completed within two years of the first date of work in the new position.
 - c. Training shall:
 - i. Maintain or increase competency;
 - ii. Include topics specific to population served; and
 - iii. Ensure culturally competent provision of care.
5. All staff providing Crisis Intervention Services must remain current and certified in CPR, First Aid, and De-Escalation Techniques and proof of current certification must be maintained in the employees personnel file.

Policy #	193	Page 1 of 1
Section:	Personnel	Effective Date:
Title:	Performance Evaluations	Review Date:
Authorized/Approved By:		

Policy

Performance evaluations will be conducted on each employee at least annually.

Procedure

1. The Director of Student Well-Being Services or designee will complete the employee's performance evaluation at least annually.
2. The employee and Supervisor will meet and discuss the employee's performance appraisal. The Supervisor shall identify actions to be taken on the results of the evaluation.
3. Documentation of the review of the evaluation with the staff member will be located in employee's personnel record.
4. Once the employee has signed off on the appraisal, it will be in the employee's personnel record.
5. Special evaluations may be done at any time at the discretion of the Director of Student Well-Being Services.
6. The Director Student Well-Being Services or designee will also evaluate contract staff performance in accordance with this policy and procedure.

Policy # 194
Section: Personnel
Title: Clinical Supervision
Authorized/Approved By:

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Effective Date:
Review Date:

Policy

Individuals qualified to supervise services shall conduct regularly scheduled individual and/or group supervision sessions. Student Well-Being Services has a plan and written procedures for the supervision of direct service personnel including staff members, volunteers, trainees, interns, and contractors, as applicable.

Procedure

1. Supervisory responsibilities and requirements shall be documented on all position descriptions, both the positions supervised and who this position is supervised by, if applicable.
2. All staff providing services shall be clinically supervised and the supervision shall be documented.
3. The Director of Student Well-Being Services shall make recommendations for staff development and continuing education opportunities for all supervisors and provide feedback to enhance skills.
4. All clinical staff shall receive individual and/or group supervision on a regularly scheduled basis by staff qualified to provide supervision.
5. All supervisees shall have written goals and methods for supervision that are developed and agreed upon with the supervisor.
6. All individual and group supervision sessions shall be documented on a clinical supervision form and retained by both the clinical staff and supervisor. Any and all progress with the specific supervision goals shall be documented on the supervision form.
7. All documentation completed by non-licensed counselors and student interns shall be counter-signed by an individual qualified to be conduct supervision.

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Section:	Personnel	Effective Date:
Title:	Clinical Supervision Qualifications	Review Date:
Authorized/Approved By:		

Policy

It is the policy of Student Well-Being Services that the clinical supervision of all services be conducted by an individual with the required qualifications and licensure.

Procedure

1. Individuals are eligible to provide and supervise within their professional scope of practice services certified by the Ohio Department of Mental Health and Addiction Services and their licensing body.
2. Licensed, certified, or registered individuals shall comply with current, applicable scope of practice, supervisory, and ethical requirements identified by appropriate licensing, certifying, or registering bodies.

Policy #	195
Section:	Personnel
Title:	Employee Grievances
Authorized/Approved By:	

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Effective Date:

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Policy

Student Well-Being Services assures Equal Employment Opportunity for all its employees and applicants. Student Well-Being Services prohibits discrimination 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. It is the policy of Student Well-Being Services to have an established process for employees to file a complaint or grievance.

Procedure

The consideration of misunderstandings or grievances is an important part of personnel management. In the event a staff member of Student Well-Being Services wants to file a grievance against a particular employee (for reasons other than discrimination), the following procedure will occur:

Whenever an employee has a job-related question, problem, or concern, it is important to remember that Student Well-Being Services resources are available to help resolve the matter. Concerns will be resolved in the following manner, although the time guidelines may be adjusted depending on the availability of staff members:

1. The employee discusses the problem with his or her immediate supervisor. A solution will usually result from an informal meeting. But if the problem seems unresolved within one workweek of that discussion, the employee may ask the supervisor to arrange a meeting with the Supervisor. If the employee is uncomfortable speaking with his or her supervisor, for any reason he or she may see the Executive Vice President instead.
2. The employee filing the grievance (hereinafter called the "Complainant") must submit the grievance in writing stating the following:
 - a. Date of the alleged incident;
 - b. Time of the alleged incident;
 - c. Person(s) involved in the grievance;
 - d. Reason for the grievance.

Grievances should be presented within thirty (30) working days from date of incident giving rise to an alleged grievance. The procedure shall be as follows:

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1. Within three (3) working days of the request, the employee, the supervisor, and the Supervisor should discuss the problem and try to arrive jointly at a mutually acceptable resolution. The Supervisor will provide an answer within five (5) days of that meeting.
2. If within three (3) days after receiving the Supervisor's decision, the employee remains unsatisfied, the employee may request a meeting with the Executive Vice President. Within five (5) workdays of the request, the employee, the supervisor, and the Executive Vice President will meet. The response will be given in writing within ten (10) workdays, with a copy of that response for the employer human resources record. The employee, if still unsatisfied, may also request a meeting with the Director of Student Well-Being Services. The Director of Student Well-Being Services' decision will be given in writing and will be issued within 30 days of the employee's request, if at all possible. The Director of Student Well-Being Services' decision is final and binding.
3. Student Well-Being Services desires to deal with all grievances promptly. Any grievance not initially presented or appealed to the next step by the employee within the stated time limits, will be considered settled and will be barred from further processing. Time limits set forth may be extended by mutual written agreement of both parties.
4. For the purpose of the procedure, working days will be considered Administrative workdays, Monday through Friday. Holidays and weekends will not be considered working days for the purpose of this procedure.
5. Time limits placed on the employee for filing appeals commences upon receipt of the written response.
6. No employee will be the subject of discrimination or retaliation based on the fact they have filed a grievance or have given information or testimony in any proceeding relating to the settlement of a grievance.
7. All grievances will remain on file in a folder for staff grievances for at least two years and will contain the grievance, as well as the written decision.

Policy # 196
Section: Health and Safety
Title: Health and Safety Plan
Authorized/Approved By:

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Policy

It is the policy of Student Well-Being Services to follow all Olentangy School District Environment of Care policies and procedures. In addition to the procedures set forth by the school, Student Well-Being Services will also develop, implement and to maintain emergency plan of actions to address emergency situations including fires, natural disasters, bomb threats, utility failures, medical emergencies, and/or violent or other threatening situations and when to shelter in place versus evacuating the Student Well-Being Services service areas.

Procedure

Equipment

1. All employees must be familiar with the location and operation of all fire extinguishers.
 - a. Employees will be trained on the operation of portable fire extinguishers.
 - b. All fire extinguishers will be checked and recharged annually if needed. The gauge shall be checked at least two times annually and extinguishers check and recharged if the gauges indicate a drop in pressure. The designated Olentangy Schools staff will complete the inspection, checking the last fill date, assuring the extinguisher is ready for use and secure on the storage rack. The inspection will be documented on the attached tag.
 - c. All fire extinguishers must pass inspection (100% compliance). Any deficiencies will be reported in writing to the designated Olentangy School staff for immediate corrective action and documentation.
2. All Student Well-Being Services staff will be made aware that it is required that fire exit doors shall remain unlocked and clearly marked unless a variance has been granted by a certified authority of the division of state fire marshal of the department of commerce, any variance will be communicated with staff.
3. Each location will maintain back up lighting options and flashlights along with access to weather reports via cellphone and/or radio.
4. Each location will maintain first aid kits that will be easily accessible and routinely checked for expiration and availability of adequate supplies. First aid kits will be replenished and replaced as needed.

Personnel Training:

It is the policy of Student Well-Being Services to provide staff development and training activities for all levels of personnel.

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1. Staff development, in-service training, and conferences/workshops for employees will be provided to ensure that staff receive relevant training toward certification/licensure requirements and to maintain or increase competency.
2. Staff development efforts, which include orientation, shall be provided for all employees. Orientation shall include information on accessibility of other aids for challenged persons and for ethnic minority persons seeking services.
 - a. Student Well-Being Services shall provide or arrange for competency-based training to personnel providing direct services in areas that reflect the specific needs of the person served, clinical skills that are appropriate to the position, individual plan development, interviewing skills, and program related research based on treatment approaches.
 - b. Student Well-Being Services provides initial training at regular intervals after orientation, training for all personnel that covers at minimum the following: identified competencies needed by personnel, rights of the persons served, rights of personnel, person-centered services, customer service, confidentiality requirements, diversity, ethical codes of conduct, promoting wellness of the persons served, reporting of suspected abuse and/or neglect, and the unique needs of the persons served.
3. Personnel will receive documented training on the following at the time of orientation and at least annually thereafter:
 - a. Health and safety practices
 - b. Identifications of unsafe environmental factors
 - c. Emergency procedures
 - d. Evacuation procedures, if appropriate
 - e. Identification of critical incidents
 - f. Reporting of critical incidents
 - g. Medication management, if applicable
 - h. Reducing physical risks
 - i. Workplace violence
4. Student Well-Being Services provides periodic assessments of the training needs of all personnel. The needs are addressed in the periodic assessment of the development of

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staff training include, but are not limited to the following: orientation, in-service training programs, and reference materials.

5. External educational opportunities shall be made available and focus on:
 - a. Maintaining current licensure/certification, increase competency.
 - b. Maintaining proficiency of specific technical knowledge and skills.
 - c. Personal professional development.
6. Attendance of educational training will be maintained in personnel files.

Communication:

1. In the event of a disaster, all staff and students will be notified via text messaging system, phone, or other means of communication by either Olentangy Local Schools or Student Well-Being Services. This notification will include the following instructions:
 - a. If, when and where to report to school or work.
 - b. How to contact your counselor for support and services.
 - c. The Director of Student Well-Being Services will via email or phone notify OHMAS in the event of any disaster.

Fire Evacuation Plan:

1. In the event of a large fire (a large fire is any fire that cannot be put out by using the fire extinguisher), this evacuation plan will be implemented.
2. The designated school staff will sound a warning device and then call the Fire Department at 9-1-1. It will be the staff's responsibility to take a cellular phone with them when evacuating the building.
3. It is the responsibility of the staff person observing the fire to immediately notify the appropriate school staff who will announce the need to evacuate and immediately phone 9-1-1.
4. Disaster Containment
 - a. When and where advisable, employees who are witness to a fire, once alerting the appropriate school staff, should evaluate the potential of containing such fire, using the fire extinguisher in their area. If the employee determines a containment effort to be unsafe, proceed with the above-described evacuation plan.
5. In the event of a fire, each employee is responsible for the following:

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- a. Close all windows in your office areas.
 - b. Evacuate the premises via the route designated by the Emergency Evacuation map and utilize the nearest designated Fire Exit.
 - c. Assist all students who are with you out of the building via the designated route.
6. It is the responsibility of whichever clinical staff first arrives at the designated evacuation point to take a head count and report any missing persons to the first available First Responders to arrive on the scene.
7. It is the responsibility of all staff to be mindful of fire safety and to report unsafe conditions to the designated school staff.

Bomb Threat:

1. Upon discovery of a bomb, what appears to be a bomb, or upon receipt of a bomb threat, staff will:
 - a. Evacuate the building of all students and staff members.
 - b. Dial 9-1-1 and give the following information:
 - i. Exact location of the bomb, if known
 - ii. Language used by the caller of a bomb threat
 - iii. Sex of caller, if it can be identified
 - iv. Estimated age of the caller
 - v. Peculiar or identifiable accent or type of speech
 - vi. Background noises
 - vii. Whether the call was received over a pay phone, residential phone or cellphone, if known
 - c. Notify the Director of Student Well-Being Services of the location receiving a bomb threat and any other information known.
2. Evacuation Instructions
 - a. Staff will assist as necessary in the following:
 - i. Evacuating all persons from the building.
 - ii. All persons should gather in the designated safety area.
 - iii. Taking a head count to ensure all persons have evacuated the building(s).

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- iv. After the building is searched by authorized persons (e.g., police/fire personnel) and nothing found, the appropriate authorities will declare the building safe to re-enter.
- v. After the bomb threat emergency is over, the site supervisor will fill out an Incident Report form according to the Incident Reporting Form policies and procedures.

Natural Disasters:

Natural disasters may include tornadoes, severe rainstorms, floods, blizzards, ice storms, snowstorms, and other natural disasters that may occur.

Severe Storm:

- 1. Keep posted on weather conditions via radio, smartphone, or television.
- 2. Use land line only for coordination of assistance or emergency reporting.
- 3. Have at least one flashlight or back-up illumination available.
- 4. Stay inside until the proper authorities deem it safe to venture out.
- 5. After a severe storm:
 - a. Check for injuries. Do not attempt to move seriously injured person(s) unless they are in immediate danger of further injury.
 - b. Check your building for damages and report all findings to your site supervisor or facilities manager.

Flood Procedure:

- 1. If location is notified of potential flooding all staff and students will immediately be evacuated.
- 2. The plan will be to have staff go to each room in the building and notify persons of the need to leave.
- 3. The building will be searched by the last staff member to ensure all occupancy have departed. If there are staff or students unable to evacuate 9-1-1 will be contacted immediately.

Tornado Procedure:

- 1. If a tornado warning is issued for your area, take shelter immediately. The best protection is a substantial steel framed or reinforced concrete building.
- 2. Take cover in the center part of the building in a small room such as a closet or bathroom, or under sturdy furniture. Stay away from windows to avoid flying debris.

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3. After a Tornado:
 - a. Remain where you are until informed by local authorities that is safe to leave.
 - b. Stay tuned to your local radio, smartphone, or television station for advice and instruction from your local government.
 - c. Stay out of dangerous areas and be cautious of loose or dangling power lines. If there are electrical problems, call the local utility company immediately.
 - d. Report broken sewer, water, or gas lines to the local municipality or utility company.

Utility Failure/Management:

1. In the event of an emergency with a utility system, contact the Director of Student Well-Being Services and maintenance personnel.
2. In the case of utility service disruption, the procedures listed below will be followed:
 - a. Electricity
 - i. The designated school staff or designee will contact the utility provider to determine the seriousness of the situation.
 - ii. The designated school staff or designee will develop an appropriate action plan for the situation.
 - b. Telephone
 - i. The designated school staff will find a telephone to contact the phone company.

Procedure During Power Outages:

1. Staff will assist all persons into one central location to ensure safety.
2. Staff will call the Director of Student Well-Being Services and inform them of the situation. A decision will then be made regarding student appointments, depending on circumstances.
3. The back-up illumination system will go into effect immediately or staff will receive the flashlight.
4. Once all persons are accounted for, staff will make sure all major electrical devices are turned off.

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Medical Emergency:

A medical emergency might include someone able to get up from a fall; a severe cut or allergic reaction; loss of consciousness due to change in blood pressure, stroke, cardiac event, or medication misuse; overdose; or suicidal ideation.

1. Call 911 from any office phone or cell phone.
2. Remain calm and stay with the victim until help arrives.
3. Provide CPR and/or basic first aid if properly trained.
 - a. Before taking any action, consider the following:
 - i. Is the area safe for you and the victim?
 - ii. Do not move the victim unless safety is at risk.
 - iii. Are there any other victims?
 - iv. If people are nearby, can they assist either with first aid or getting help?
 - v. Will bystanders need guidance so they do not become injured or ill themselves?
4. Ask for assistance to keep crowds from gathering around the victim.
5. Notify your supervisor of the occurrence.
6. Complete an incident report.

Violence of Other Threatening Situations:

1. The Director of Student Well-Being Services or his/her alternate shall be informed immediately of a visitor or student who becomes loud and disruptive, makes a threat, or is believed to pose a potential danger to themselves or others (including hostage situations, unauthorized use/possession of weapons or licit/illicit substances, suicide or attempted suicide). Potential disruptive students or visitors should remain in, or returned to the lobby, until the extent of the circumstances can be determined. Students and visitors unrelated to the event should be relocated to interview rooms by counselors and front office staff as soon as the situation is recognized.
2. The Director of Student Well-Being Services or designee will determine the extent of the disruption and potential danger. All those determined to be excessively loud, disruptive or exhibiting threatening behavior to others should be asked to leave the property immediately or 9-1-1 will be contacted. If the person fails to respond appropriately, 9-1-1 should be contacted immediately by the Director of Student Well-Being Services or designee.

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3. In the event that a person is determined a potential danger to themselves, but appears calm, the person will be taken to an interview room by their counselor and an additional staff and 9-1-1 will be notified.
4. In the event that a staff member becomes concerned for their safety, they should remove themselves from the immediate area immediately, making their way to a secure area of the facility and contact 9-1-1 immediately.
5. De-Escalation Procedures: Student Well-Being Services addresses crisis or emergency situations that involve disruptive or aggressive act(s) experienced by individual, family member and/or significant other.
 - a. The staff will intervene on all assaultive, aggressive, disruptive or self-destructive behavior.
 - b. The staff will call other staff or authorities to maintain the safety of the students and others.
 - c. The student will be given the consistent message by the staff, that the behavior is an unacceptable way to deal with feelings.
 - d. The staff will offer alternative methods of handling feelings.
 - e. The threatening of staff or students will be dealt with calmly while informing the student that the behavior will not be accepted or tolerated.
 - f. Should a student physically attack someone, call 9-1-1 for police assistance.
 - g. As soon as possible, the Director of Student Well-Being Services is to be notified.
 - h. An incident report is to be completed and, after review by the Director of Student Well-Being Services, it should be placed in the incident report logbook.

Testing of Emergency Procedures:

1. An unannounced test of each emergency procedure shall be conducted as required by the appropriate authorities and will be conducted by designated school staff.
2. The unannounced tests will include, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill.
3. The unannounced tests will be analyzed for performance that addresses:
 - a. Areas needing improvement.
 - b. Actions to address the improvements needed.
 - c. Implementation of the actions.

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- d. Necessary education and training of personnel.
 - e. Whether the actions taken accomplished the intended results.
- 4. Unannounced tests and analysis will be documented and maintained by the designated school staff.