

Wellness, Support & Recovery Services



Colonial Behavioral Health

Williamsburg Office-Main Campus

1657 Merrimac Trail

Williamsburg, VA 23185

757-220-3200

York-Poquoson Office

3804 George Washington Memorial Highway

Yorktown, VA 23692

757-898-7926

Child & Adolescent Services

921 Capitol Landing Road

Williamsburg, VA 23185

757-253-4074

Greater Williamsburg Child Assessment Center (GWCAC)

921 Capitol Landing Road

Williamsburg, VA 23185

757-253-4047

MISSION

The mission of Colonial Behavioral Health (CBH), the local Community Services Board, is to facilitate opportunities for recovery, resiliency and wellness to individuals and families affected by mental illness, developmental disabilities, and substance use disorders. Through an array of strategies and collaborative partnerships with local and regional providers, CBH will demonstrate a commitment to quality assessment, prevention, treatment, and habilitation through best practice methodology for the citizens of James City County, City of Poquoson, City of Williamsburg and York County.

EMERGENCY SERVICES

Emergency Services are available 24 hours a day, seven days a week and may be scheduled or unscheduled in response to mental health, developmental disabilities, and substance use emergencies. Please call 757-378-5555 or 757-220-3200.

INFORMATION ABOUT YOUR RIGHTS

Your rights are protected by federal and state laws. The Virginia Department of Behavioral Health and Developmental Services, Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by The Department of Virginia Department of Behavioral Health and Developmental Services and Colonial Behavioral Health's "Human Rights Policy." The Human Rights Policy describes your rights which may not be violated, your rights which may be restricted, and the conditions which must be met to restrict any of your rights. You, your family, or another person you may name can receive a copy of the Human Rights Policy. Colonial Behavioral Health Staff will help you if you have any questions.

CBH Human Rights Contact Information

Michelle Lakins-Waller 757-220-3200, Ext. 217

Regional Advocate Office

Latoya Wilborne, Human Rights Regional Manager
1220 Bank Street | P.O. Box 1797
Richmond, VA 23218
757-508-2523

As an individual served at Colonial Behavioral Health (CBH), you have certain rights.

1. RIGHT TO NOTIFICATION

You must be informed of your rights every year while in the program. You have the right to see and get a copy of the State Regulations and Colonial Behavioral Health Policy and Rules of Conduct upon request.

2. RIGHT TO TREATMENT

You have the right to participate in the development of the treatment plan designed especially for you. You have the right to have access to your information in sufficient time to help facilitate decision making. You cannot be denied services solely on the basis of your race, national origin, sex, sexual preference, age, religion, handicap, or ability to pay. If you think you have been discriminated against by this program, you can contact the Regional Advocate, or any program supervisor. Your ability to pay must be taken into account when fees and services are set. If you are unable to understand and make decisions about treatment, an “authorized representative” may be appointed to make decisions for you.

3. RIGHT TO CONFIDENTIALITY

Your records will be released only with your consent, the consent of your authorized representative, by court order, or as otherwise requested or permitted by law. You have the right to inspect and to copy your records at your own expense, except where it would be harmful to you. In that situation, a lawyer, doctor, or psychologist you choose can see the records on your behalf. If you feel there are mistakes in your record, you can ask to have them corrected, and if the program doesn’t change what you think is an error, you can place your statement about the error in your record. CBH will not sell your protected health information.

4. RIGHT TO CONSENT

You or your authorized representative must give informed consent to a treatment or service which presents a “significant risk”- that is, one that might cause some injury or have serious side effects. You have the right to choose, refuse, or request a different provider within our service delivery system.

5. RIGHT TO DIGNITY

You have the right to be called by your preferred or legal name, to be protected from abuse, and to request help in applying for services or benefits for which you are eligible. If you are in a residential program, you have the right to a safe, sanitary, and humane environment; to the provision of suitable clothing if it is not otherwise available; to confidential mail and telephone communications; personal meetings with professionals or counselors assisting you; and to observe religious practices which do not conflict with the rights of others or with the law.

6. RIGHT TO LEAST RESTRICTIVE ALTERNATIVE

Your personal or physical freedom can be limited when necessary for your safety, the safety of other individuals, or for treatment. You will be involved in decisions to limit your freedom and you will be told what has to happen for the limits to be removed. Restrictions can be applied without notice in emergencies.

7. RIGHT TO BE COMPENSATED FOR COMPENSABLE WORK

You have a right to be paid for work you do for the program which the law says is “compensable” work. Personal housekeeping and work which is done as part of treatment and is not done mainly for the purpose of making money for the programs is not “compensable” work.

8. RIGHT TO RETAIN CERTAIN CIVIL AND LEGAL RIGHTS

You keep your basic rights when you enter this program: including the right to enter in contracts; to register to vote; to marry or divorce; to make a will; to use the courts, etc.

9. RIGHT TO HEARING AND APPEALS

You may file a complaint with any CBH staff member if you believe any of your rights under the Community Regulations have been violated. You have the right to meet the program supervisor investigating the complaint, and you may appeal the decision of the program director to the agency advocate and/or regional advocate.

10. RIGHT TO ASSISTANCE BY REGIONAL ADVOCATE

You will be assisted in making, resolving, or appealing complaints about right violations by the local, and then the regional, state appointed advocate located on page 2 of this document.

HOME AND COMMUNITY BASED SERVICES RIGHTS

Home and Community Based Services Rights

You have the right to:

- Make choices when and where you want to go in the community.
- Have privacy, dignity, and respect.
- Say no without someone hurting you or forcing you to do something you don't want to do.
- Learn how to stay safe in your home and community.
- Say no to any services that you don't want.
- Have a job if you choose.
- Know what is written and said about you.
- Have your own money, clothing, and other personal property.

Person-Centered Planning Rights

You have the right to:

- Be in charge of your planning meeting.
- Ask anyone you want to come to your meetings.
- Choose your goals to work on and what is on your plan.
- Schedule your person-centered planning meeting at a time and place when the people who you want to attend are available.
- Pick the services you want from the choice of services you can have.
- Pick the agency you want to give me your services.
- Know that you may need help from your guardian, family and/or friends to make good choices.

Home and Community Based Settings: Rights in your Home

You have the right to:

- Lock your bedroom door.
- Have friends at your home when you want.
- Have a written occupancy agreement (beginning 7/1/19).
- If you share a bedroom, choose your roommate.
- Have your own room.
- Choose what you want to do inside or outside of your house.
- Choose what and when you want to eat.
- Choose where you want to live.
- Choose how your home will look.
- Be able to access all living areas of your home.

You have the responsibility to:

- Listen to other people's ideas.
- Follow the choices you make in your plan and the choices you make about your services.
- Keep yourself and others safe when you are at home and in the community.
- Treat others with dignity and respect, respect their privacy and personal space.
- Accept that others can say no and not force them to do something they don't want to do.
- Consider how your actions affect yourself and others.
- Be aware of and manage your finances with the support needed.

SERVICE APPEAL AND GRIEVANCE PROCEDURE

Your insurance carrier or managed care organization encourages you to seek resolution of concerns through a grievance and appeals process. For instruction on how to report your concerns to your insurance carrier or managed care organization, refer to their website and/or your member handbook section on the dispute, appeal, and resolution process. Your CBH provider can assist you with this process, upon request. If you disagree with an appeal decision from your Medicaid Managed Care company, you may appeal directly to the Department of Medical Assistance Services (DMAS) by submitting a request for a state fair hearing in writing to:

Appeals Division

Department of Medical Assistance Services

600 Broad Street

Richmond, VA 23219

Phone: 1-804-371-8488 or Fax: 1-804-452-5454

Email: appeals@dmas.virginia.gov

NOTIFICATION TO DEEMED CONSENT TO HIV, HEPATITUS B or C BLOOD TESTING AND RELEASE OF TEST RESULTS

Virginia Law (32.1-45.1) authorizes health care providers to test individuals for human immunodeficiency virus (HIV) antibodies and Hepatitis B or C viruses when the health care provider is exposed to the body fluids of an individual in a manner which may transmit HIV, Hepatitis B or C viruses.

In accordance with this law, in the event of such exposure, all persons receiving health care are deemed to have consented to such testing and to have consented to the release of the test results to the individual provider who may have been exposed.

NOTICE OF PRIVACY & INFORMATION PRACTICES

Effective: April 14, 2003

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

Your Privacy is Important!

Colonial Behavioral Health understands your privacy is important. We are required by law to maintain the privacy of your protected health information. We are required to provide a notice of our legal duties and privacy practices with respect to your protected health information. We are committed to treating and using protected health information about you responsibly. We strive to safeguard your private health information through administrative, physical, and technical means allowed by federal and state law, agency policy and adherence to the most stringent laws that protect your health information. This notice will also describe your rights related to your protected health information. We are required to abide by the terms of this notice.

Understanding Your Health Record Information

Each time you receive services from Colonial Behavioral Health, we make a record of your visit. Typically, this record contains your assessment, service plan, progress notes, diagnosis, treatment, response to medications and plan for future care or treatment. This information is referred to as your health information or medical record. This record serves as a:

- Basis for planning your care and treatment;
- Means of communication among health professionals who contribute to your care;
- Legal documented describing the care you receive;
- Means by which you, a third- party payer or an insurance company can verify that services billed were actually provided;
- A tool by which we can assess and continually work to improve the care we render and the outcomes we achieve.

How do we use and disclose your health information?

Upon signing Colonial Behavioral Health's consent to treatment, you are allowing us to use and disclose necessary information about you within the agency and with our business associates in order to provide treatment, receive payments for provided services and conduct our day-to-day health care operations. Listed below are some examples of how we use your health information for Treatment, Payment, and Healthcare Operations.

Treatment: In order to provide you treatment, we disclose your information within the agency to your case manager/counselor, physician, nurses, other service providers and administrative staff in order to meet your healthcare needs. For example, your case manager/counselor may consult with the various service providers within the agency. At the time of consultation, your health information may be shared during treatment planning.

Payment: We document the services you receive at each visit so that you, your insurance company, or other third-party payors can pay us. For example, we may provide electronic or paper copies of your medical record to your insurance company or tell your health plan about upcoming services or services received that require their approval. This disclosure of information may occur after you have been discharged from CBH up to seven (7) years after your last date of service. Your health information may be transmitted electronically with security measures to protect your information. We also may send you a bill that may include information that identifies that you receive services from Colonial Behavioral Health.

Healthcare Operations: Health Information is used to improve services we provide to train staff and students, for business management, quality improvement and for customer service. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

There are some services provided in our organization through an agreement with business associates. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we have asked them to do. We require business associates to safeguard your information as required by law.

Colonial Behavioral Health is also allowed by federal and state law to disclose specific health information about you in certain circumstances. We may disclose your health information to:

- Comply with federal, state, or local laws that require disclosure;
- Assist in public health activities- for example, required reports for health purposes;
- Inform authorities to protect victims of abuse, neglect, or exploitation;
- Comply with federal and state health oversight activities such as fraud investigations;
- Report to Department of Behavioral Health and Developmental Services (DBHDS) and United States (US) Federal programs statistical data elements in our computer system, electronically transmit your data and upon request provide and/or all access to your medical/health record for oversight reviews;
- Respond to law enforcement officials or to judicial orders, subpoenas or other processed that are mandated under the law;
- Avert a serious threat to health or safety;
- Assist in specialized government functions such as national security, intelligence, and protective services;
- Inform military and veteran authorities if you are an armed forces member (active or reserved);
- Inform a correctional institute if you are an inmate;
- Inform worker's compensation carriers to facilitate processing and payment;
- Communicate with other health providers in an emergency of it you are in a life-threatening situation, health plans or their related entities for treatment and payment activities, health care operations activities related to quality assessment, licensing, or accreditation;
- Coroners or medical examiners for identification of a deceased person to determine cause of death;
- Appointment reminders by mail or phone to include text messaging;
- Information about treatment alternatives;
- Information about health-related benefits and services that may be of interest to you;
- Discharge follow-up or conduct satisfaction surveys.

You may tell support staff or your primary care providers that you do not want us to use or disclose your information for phone calls as well as receive information for health-related conditions or participate in satisfaction surveys.

All other uses and disclosures for reasons other than for treatment, payment and health care operations not previously described may only be done with your written authorization. You may revoke your authorization; however, this will not affect prior uses and disclosures. Request for revocation of your authorization must be done in writing. For marketing purposes, CBH will ask you for your written authorization.

Understanding the Patient Portal

The patient portal is a web-based software application that is powered by a third-party company in partnership with Colonial Behavioral Health (CBH). The patient portal is not owned or operated by CBH. The patient portal can be used to gain access to some of your health information and services. The patient portal is secure, however, there are risks when using a computer that could be compromised when logging in to your account to view health and appointment information.

The patient portal also has a feature called video visit (VV). This is an option that allows for telehealth services. Please discuss this feature with your provider to determine if this method of service is appropriate, and therefore, included into your treatment plan.

It is important to review the patient portal terms of use and privacy notice. The content that is in the patient portal is created by CBH. If you need assistance with any documents or information related to the patient portal, please ask CBH staff for assistance. The operations of the patient portal are the responsibility of the third-party company. If you have a technical question regarding your patient portal, you will need to contact the vendor for assistance. Please ask CBH staff for the account support team contact number.

Your Rights Defined by Federal and State Law

Although your medical record is the property of Colonial Behavioral Health, the protected health information belongs to you.

You have the **right to:**

- See your electronic record or obtain a copy of your medical record. This right is not absolute. In certain situations, if accessing your information would cause harm, we can deny access. If you are denied access, you will receive a written notice of the decision and reason. If you receive copies of your medical records, we can charge a reasonable fee for the copying. * <>
- Request amendment or correction of your medical records if you believe information in the record is inaccurate or incomplete. We may deny the request for certain reasons, but you will be provided with a written explanation of the denial within 60 days. <>
- Obtain an account of disclosures of your medical record information made after April 14, 2003, that were not for the purpose of treatment, payment, healthcare operations or that were not authorized by you. <>
- Request that we communicate with you about your health information/medical matters in a certain way or at a certain location. For example, specific telephone number and/or address. <>
- Request a restriction with regard to use or disclosure of your protected health information. You will be informed promptly whether we will be able to honor the request restriction. We will still offer effective services, receive payment, and maintain health care operations. We are not required to agree to any restrictions that you request. However, once an agreement is made, we are bound by that agreement except under certain emergency circumstances. <>
- Request a restriction with regard to use or disclosure of your protected health information to healthcare insurance companies when you have paid in full for services, unless required by law or for treatment purposes. <>
- Obtain a paper copy of this Privacy Notice at any time upon your request.
- Revoke any authorization to disclose confidential information except to the extent that action has already been taken.
- Be notified in the event of a breach of your protected health information.

Requests followed by a diamond (<>) must be in writing. Fees may apply to requests followed by an asterisk (*). Contact your primary care provider if you wish to exercise your rights.

Changes to Privacy Notice

Colonial Behavioral Health reserves the right to change privacy practices and make the new practices effective for all the information we maintain. Revised notices will be posted in our facilities, and we will offer you a copy when you receive services.

If I have a Complaint

If you believe that your privacy has been violated, you may file a complaint with the agency Privacy Officer or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with the facility or the Secretary.

To file a complaint or receive more information write or contact:

Michelle Lakins-Waller, Compliance Officer
Colonial Behavioral Health
1657 Merrimac Trail
Williamsburg, VA 23185
(757) 220-3200, Ext. 217 or (757) 229-7173 Fax

To file a complaint with the Secretary of Health and Human Services write or contact:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
Call 1-800.368.1019; TDD 1.800.537.7697
Email Address: OCRMail@hhs.gov
File Online: <https://www.hhs.gov/civil-rights/filing-a-complaint>

Additionally, you can visit www.hhs.gov and enter “how to file a complaint” in the search criteria.

If you need more information:

- Visit our website at www.colonialbh.org
- Call or write the Compliance Officer

ETHICAL PRINCIPLES

Responsibility: We bear the responsibility of our professional actions and recognize their impact on the lives of individuals served in the community at large.

Competencies: We are aware of our competencies and their limitations with regards to the services we provide. We will accurately represent our competencies, education, skills, and abilities to all persons we serve and the community.

Trust: We assume the trust placed upon us by the public to conduct ourselves in ways which are moral, ethical, and legal. We will not participate in or condone activities which are illegal, discriminatory, or which violate or diminish the legal and civil rights of the individuals we serve. We will not participate in seclusion, restraint, or time-outs as a behavior management strategy. The use of agency approved, least restrictive behavior intervention or physical/manual holds will only be used in emergency/safety situations.

Public Statements and Marketing: When providing public statements, announcements, promotional and marketing activities pertaining to the agency, its business practices, services, and the individuals served, we will provide accurate information supportive of informed choices.

Confidentiality: We will safeguard information about all persons served, to include all clients, their family members, and persons who receive prevention, education, and consultation services. We will not communicate information about the individuals we serve without their written consent, unless otherwise determined by law.

Consumer Welfare: We will protect the welfare of the individuals we serve and make every effort to act in their best interest.

Professional Conduct: We will conduct ourselves in ways which consider the needs and values of individuals served, coworkers and the community at large. We will avoid conflicts of interest. We will not accept gifts. We will disclose and disqualify ourselves from any agency business transaction in which we have a personal interest. We respect the commitments and standards of the agency, its viability and reputation. We adhere to all professional codes of ethics as applicable to our professional licenses and certifications. If we become aware of unethical conduct by a coworker, we will immediately attempt to rectify the situation and address the matter with appropriate personnel according to the Investigation Procedure for Ethics Violations.

Assessment Instruments: If we utilize psychometric instruments to assess individuals served, we will follow the standards and guidelines set forth according to the respective instrument. We will provide the opportunity to report and discuss the results of these assessments to individuals served, and as appropriate their family members, including interpretations, judgments, recommendations, and the factors on which these are based. Our reports will be communicated in a manner that individuals served can understand.

Clinical Studies and Outcome Measurements: To the degree practical, we will participate in clinical studies and outcome measures which contribute to the welfare of individuals served and the improvement of services. Clinical studies and outcomes in which we participate are carefully planned, take into consideration ethical acceptability, and are administratively approved.

Reporting Violations: Individuals served, persons acting on behalf of individuals served, or other persons who receive services should report violations according to the agency's Human Rights Complaint Procedure.

CODE OF CONDUCT FOR INDIVIDUALS SERVED

Attendance: I will attend programs and services as scheduled in my plan of care. If I plan to be absent, such as for a medical appointment, I will notify program staff in advance. If absent for unexpected reasons, I will notify program staff as soon as possible. Some referring agencies, such as court services, have specified requirements regarding attendance; I will comply with these requirements if it applies to me.

If I participate in residential services, I will discuss attendance with program staff. Residential programs may have daytime hours in which the program is not open, as well as expected times for residents to return in the evening. Residential programs have an absence with leave procedure for overnight leave and an absence without leave procedure.

Respect for Property: I will respect the property of other individuals served, staff and the agency.

Personal Hygiene and Attire: I will present appropriate hygiene and attire consistent with the activities of the programs in which I participate. If I need assistance regarding my hygiene or attire, I will discuss it with program staff.

Sexual Behavior: I will not engage in sexual behavior within or during the program activities or operations.

Harassment: I will refrain from harassment, including sexual harassment, which is prohibited by the Human Rights Policy.

Violence: I will refrain from violence, threats, and coercion, which are prohibited by the Human Rights Policy.

Confidentiality: I will respect the confidentiality of other individuals served.

Smoking and Use of Tobacco Products: The agency has a no smoking policy. I will not smoke or use tobacco products inside program facilities.

Medications: As necessary by daily dosage schedule, I will inform program staff if I need to bring medications to programs and services as scheduled in my plan of care. If I participate in day support and residential programs, I will lock medications in a secured area provided by the

program. I understand that unsecured medication in these programs will be confiscated, as required by regulation.

Contraband and Animals: I will refrain from bringing in contraband to the agency. Contraband includes illegal drugs, alcohol, weapons, unreported/unsecured medications, and other material which may be harmful or dangerous to others. I understand that contraband will be confiscated, and illegal contraband will be reported to the police. Animals are prohibited, except animals which are certified service animals or animals certified for animal assisted therapy.

Guests and Visitors: I understand that I may have guests visit a program only if appropriate to a specified activity. If I participate in residential services, I will notify program staff of expected guests, who may visit at times which are not disruptive to other residents or program activities. I will not have overnight guests or conjugal visits. I understand that guests who are patients of psychiatric hospitals must present written medical clearance prior to visiting a program.

Personal Contact with Staff and Gifts: I will refrain from personal contact with staff after program hours at their home or by home telephone. I will not give personal gifts to staff. I understand that staff will refuse personal contacts and return personal gifts. I understand that gifts may only be accepted on behalf of the agency.

Infectious Disease: If I am ill with an infectious disease, I will notify program staff and not attend program activities until I am medically cleared. If it is known that I have been exposed to infectious diseases within programs in which I participate, I understand that staff will notify me of the potential health risk and advise me to seek medical attention.

MEDICATION SERVICES

CBH DOES NOT PRESCRIBE ANY HABIT-FORMING MEDICATIONS/BENZODIAZEPINES SUCH AS ATIVAN, XANAX, KLONOPIN, OR VALIUM.

What are Medication Services?

Medication services are meetings with Colonial Behavioral Health psychiatrists, nurse practitioners, and nurses for psychiatric evaluation, prescriptions, follow-up psychiatric appointments, and nursing services such as recording vital signs and lab work.

How does a person know if medication services are needed?

All individuals are assigned to a provider. It is the responsibility of the provider to conduct ongoing assessments; develop an Individualized Service Plan (ISP) - which is a comprehensive plan, developed with participation of the individual and their family members, if applicable; and coordinates and provides linkage to additional CBH and community services and supports as indicated in the ISP. As part of the assessment, the provider identifies whether the individual may need medication services.

How does a person access Medication Services?

To access CBH medication services, the provider makes a referral to the CBH psychiatrist and provides scheduling options for the initial psychiatric evaluation.

What happens at the psychiatric evaluation?

The individual meets with the psychiatrist or nurse practitioner in his/her office, reviews his/her medical and behavioral health history, and evaluates the need for medication. When indicated, the psychiatrist/nurse practitioner writes a prescription, explains the medication and any side effects, and will provide instruction for psychiatric follow-up.

How often are follow-up appointments?

A follow-up psychiatric assessment will be scheduled for three months from the first visit, or sooner, depending on the psychiatrist or nurse practitioners' evaluation. In order to continue to receive medication, the individual must return to the office for ongoing psychiatric assessment.

What if I miss an appointment?

If an individual misses a meeting with the psychiatrist/nurse practitioner, he/she should contact CBH Support Staff.

If I need to request a prescription refill or speak with a nurse, when can I call the nursing office?

The nursing offices in Williamsburg (757-220-3200), York-Poquoson (757-898-7926), and Capitol Landing (757-253-4074) are open daily from 8 a.m. to 5 p.m.

What are the times for medication pick-up and injection clinic?

In Williamsburg, injections and medication pickup occurs daily from 8 a.m. to 5 p.m. In York-Poquoson, injections and medication pickups are done on a scheduled basis during clinic hours according to date due. Please call 757-898-7926 to schedule.

Am I eligible to receive lab services from CBH?

CBH provides lab services at a discounted fee to individuals who do not have insurance and to those whose insurance does not cover the full cost of lab services. For individuals who receive CBH lab services, it is required that the discounted charge for the lab service be paid at the time of the lab appointment.

If unable to pay on this day, the lab service could be rescheduled. Individuals who have insurance that covers the cost of lab services are advised to receive this service from their primary physician or local labs. The Williamsburg and York-Poquoson offices draw labs Monday through Friday between the hours of 8:30 AM and 10 AM.

A team approach:

The psychiatrist, nursing staff, and the provider serve as a team. Prior to seeing the psychiatrist or nurse practitioner, the nurse will assess vital signs and perform other medical functions. The provider will work with the individual to monitor the medication regime and to ensure that psychiatric appointments are kept. The provider and nurse will also address problems, such as the need for financial assistance in paying for medication and linkage to helpful resources.

**Thank you for choosing
Colonial Behavioral Health to provide services
to you and your family.**