



San Luis Obispo Co Drug & Alcohol Services Programs

Triage Sheet

Name (First, Middle, & Last): _____
(Spell out middle name)

Address: _____

City: _____ Zip Code: _____

Home Phone # _____ Cell Phone # _____

Date of Birth: _____ Social Security # _____

Referral Source _____ Medi-Cal (circle one) – Yes or No

Medi-Cal Eligibility Verified: SLO ____ Waivered County ____ What County? _____

Which office would you like to attend services at? (Circle one)

Atascadero – Grover Beach – Paso Robles – San Luis Obispo

MEDICATION ASSISTED TREATMENT PROGRAM

(Circle one)

What is your drug of choice? Alcohol or Other Substance

Are you an IV user? Yes or No

Are you pregnant? Yes or No.....If so, due date: _____

Have you had a suicide attempt within the last 30 days? Yes or No

Have you experienced an overdose in the last 30 days? Yes or No

Would you like a free Naloxone kit today? Yes or No

(Staff Only: Client was informed they can come in and obtain Naloxone training and kit in any of our 4 locations.

They were also informed they can go to any CVS/ Walgreens and obtain Naloxone without a prescription.) _____

Are you here for opiate detox/ suboxone? Yes or No

Are you here for alcohol detox? Yes or No

Are you using methadone? Yes or No

Do you have any prescriptions for opiates and/or pain killers? Yes or No

Are you an active pain management patient? Yes or No

Have you been discharged from the hospital in the last 14 days? Yes or No

Have you been discharged from jail in the last 14 days? Yes or No

Do you have transportation to treatment appointments? Yes or No

AZ # _____

DATE _____



COUNTY OF SAN LUIS OBISPO
BEHAVIORAL HEALTH DEPARTMENT

BEHAVIORAL HEALTH APPLICATION FOR SERVICES

Complete the information below. If you are completing the form for your child or another person, please use their information.

REFERRAL:

Who referred you (client)? (Check and write in the name of the agency or person below)

Table with 3 columns and 6 rows listing referral sources such as Self, Family, Friend/Neighbor, Medical Clinic/Doctor, Hospital or Emergency Dept., Private Therapist, School/College, Law Enforcement, Employer, Court, Drug/Alcohol provider, Probation/Parole, CalWORKs, Child Welfare Services, Mobile Crisis/MHET, Holman/CenCal, SLO County Mental Health, and Other Agency.

Other or specified from above: _____ Unknown (99)

CLIENT'S NAME:

Legal Name (First, Middle, Last, Jr/Sr/II): _____

Birth Name (if different from above): _____

Other names (for example, married or maiden names; aliases): _____

CLIENT'S CONTACT INFORMATION:

Street Address: _____ City/State/Zip Code: _____

Home Phone: _____ OK to leave message? Yes No

Cell Phone: _____ OK to leave message? Yes No

Message Phone: _____ OK to leave message? Yes No

Email Address: _____

Mailing Address (if different): _____ City/State/Zip Code: _____

OTHER IDENTIFYING INFORMATION:

Driver's License/ID: Yes No State: _____ Number: _____

Social Security Number: _____ Reason no SSN given, if blank: _____

Date of Birth: _____ Is this an actual or estimated DOB? Actual Estimated

Place of Birth: _____ What Country/Nation? _____

If USA, what State? _____

If California, what County? _____

Client's birth mother's FIRST name, if known: _____

Client's Current Marital Status (check one): Never married Married Divorced
 Separated Domestic Partner Widowed Unknown

CLIENT'S ETHNICITY (Select one or more)

- | | |
|---|---|
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Central American |
| <input type="checkbox"/> Mexican/Mexican-American/Chicano | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> South American | <input type="checkbox"/> African |
| <input type="checkbox"/> Asian Indian/South Asian | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> European | <input type="checkbox"/> Eastern European |
- Other Ethnicity (specify): _____
- Multi-Ethnic (specify): _____
- Prefer not to answer

CLIENT'S RACE (Select one or more)

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> African American/African/Black | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Prefer not to answer |
- Other race (specify): _____
- More than one race (specify): _____

CLIENT'S LANGUAGE:

Primary: English (1) Spanish (2) ASL Other (specify): _____

Preferred: English Spanish ASL Other (specify): _____

Caregiver: N/A English Spanish ASL Other (specify): _____

Do you need a free interpreter? Yes No

CLIENT'S GENDER, GENDER IDENTITY, AND SEXUAL ORIENTATION:

Client's Birth Sex: What sex were you (client) assigned at birth?

- Male Female

OPTIONAL: What is your (client's) gender identity?

- Nonbinary Prefer not to answer Questioning
- Male Female Form not completed by client and don't know the answer

Transgender (if yes, specify):

- Transgender, male to female Transgender, female to male
- Transgender, gender non-conforming

Another Gender Identity (specify): _____

OPTIONAL: What is your (client's) sexual orientation identity?

- Prefer not to answer Form not completed by client
- Straight or heterosexual Gay or Lesbian Bisexual/Pansexual Questioning

Another sexual orientation (specify): _____

Gender Pronouns are words you want us to use to refer to you. What pronouns do you use?

- She/Her/Hers He/Him/His They/Their/Them Ze/Zir/Zirs

Other (specify): _____

CLIENT'S WORK

- Employed full-time (35 hrs. or more/week) (A) Part time (less than 35 hrs./week) (B)
- Unemployed (looking for work) (I) Not in labor force (L)
- Unemployed (not looking for work) (J) Incarcerated (M)

Not working reason (for example, retired, homemaker, student): _____

CLIENT'S LIVING ARRANGEMENT

ADULTS ONLY:

Do you (client) currently have housing in the community (for example, a house, apartment, mobile home, Hotel/Motel, or dorm)?

- Yes, please check one of the following that best describes you (client):
 - I live independently (I do my own cooking, cleaning, and handle my own money) (05)
 - Someone else helps me with cooking, cleaning, and paying bills some of the time (06)
 - Someone else helps me or supervises my cooking, cleaning, etc., every day (07)
 - I live in supported housing, like at TMHA, where staff supervise my daily activities (08)
- No, currently homeless (23)
- No, lives in another Residential Placement:
 - Community Treatment Facility(10) Mental Health Rehab Center (14)
 - Residential Drug or Alcohol Treatment (26) Skilled Nursing Facility or IMD (19)
 - Board and Care (28) State Hospital (11) Jail/Prison (21) Sober Living (16)
 - Inpatient Psychiatric Hospital or Psychiatric Health Facility (PHF) (15)

Other (specify): _____

Youth ONLY:

Does youth (client) currently have housing (house, apartment, mobile home, or dorm, etc.)?

Yes, with family (05) No, currently homeless (23) Unknown (99)

Yes, but in a different setting:

Foster Home (01) Group Home (STRTP) (27) Correctional Facility/Juvenile Hall (22)

Inpatient Psychiatric Hospital or Psychiatric Health Facility (PHF) (15)

Other (specify): _____

CLIENT'S FAMILY

Are you (client) PREGNANT? Yes No If yes, DUE DATE: _____

Do you (client) have children? Yes No If yes, how many aged 0-5? ____ 6-17? ____

Have you (client) had, or do you currently have an open Child Welfare Services case? Yes No

How many children under 18 do you (client) care for at least 50% of the time? ____

How many dependent adults do you (client) care for at least 50% of the time? ____

CLIENT'S EDUCATION

Highest Grade Completed: ____ Vocational Program: Yes No

Specify Degree: _____ Specify Vocational Program: _____

Current School Name: _____ School District of Residence: _____

DISABILITY

Are you (client) disabled? Yes No (11) Prefer not to answer (9)

If yes, check all that apply: Hearing (1) Visual (2) Mobility/walking (3) Speech (4)

Brain Injury (5) Health (6) Developmental (7) Mental Health (12)

Other (not drug or alcohol-related), specify: _____ (8)

Do you need Behavioral Health to provide any special arrangements due to disability to make treatment accessible/comfortable (ex: large print handouts/worksheets, chair close to front of room when in Counseling Group, text provided in audio versions, etc.)?

Yes No

If yes was chosen, describe arrangements to be made:

MILITARY

Are you (client) a Veteran? Yes No Decline to Answer
Do you (client) have a military connected disability? Yes No
Do you (client) have VA Benefits? Yes No If yes, VA Claim Number: _____

EMERGENCY CONTACT(S)

Add as many other contacts as needed on the last page of this form

Name: _____ Relationship to Applicant: _____

Address: _____ Phone: _____

City: _____ State: ____ Zip Code: _____

EMERGENCY AND OTHER IMPORTANT CONTACTS:

Please list any other important people who may be involved in the client’s treatment. Examples could include social worker or probation officer, as well as other involved family members (parent, stepparent, other caregivers, etc.). We will not contact people on this list without appropriate written authorization unless required to or allowed to by law.

Name:	Relationship to client: <i>(Social worker, foster parent, aunt, stepfather, etc.)</i>	Phone Number:

LEGAL INFORMATION

Client's Legal Status:

- Voluntary (9) Dependent of the Court (300) (G) Ward of the Court (600) (I)
 - LPS Conservatee (B) PC 290 (J) PC 1370 Probation Unknown (0)
 - Other, Specify: _____ Court, Case, or CDC #: _____
- Probation, Parole, or Social Worker Name and & Phone #: _____

Legally Responsible Person's Name: _____ Relationship to client: _____

Phone: _____

Address: _____

If client is a minor, are there visitation restrictions or custody issues? (specify):

MEDICAL INFORMATION

Primary Care Physician: _____

Phone: _____ Fax: _____

Address: _____

Pharmacy: _____

Hospital Preference: _____

FINANCIAL/INSURANCE

What is your monthly family income? _____

How many people live on income including you? Adults _____ Children _____

Do you have Medi-Cal (CenCal)? Yes No Medi-Cal/CIN Number: _____

Do you have Medicare? Yes No Medicare Number: _____

Do you have Private Insurance? Yes No Carrier/Policy Number: _____

NAME OF PERSON COMPLETING FORM: _____

CLIENT SIGNATURE: _____ **DATE:** _____

BEHAVIORAL HEALTH-HEALTH QUESTIONNAIRE

San Luis Obispo Behavioral Health Department

DAS 2180 Johnson Ave, San Luis Obispo, CA 93401
Phone: (805) 781-4275 FAX (805) 781-1227

MH 2178 Johnson Ave, San Luis Obispo, CA 93401
Phone: (800) 838-1381 FAX (805) 781-1177

Medical Providers:

Check any of the providers listed below you currently receive services from or have received from in the last 5 years.

- | | | |
|--|--|--|
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> Private Community Physician | <input type="checkbox"/> Hospital Emergency Rooms |
| <input type="checkbox"/> Urgent Care Center | <input type="checkbox"/> Pain Management Services | <input type="checkbox"/> Specialty Medicine (i.e., Neurology, Cardiology, Endocrinology) |
| <input type="checkbox"/> Dentists | <input type="checkbox"/> Methadone Clinics | |

General Health Information

1. Date you last saw a Doctor / Nurse Practitioner / Physician Assistant:	2. What was the purpose of the visit?	3. Date of your last physical exam?
---	---------------------------------------	-------------------------------------

4. How many times have you visited an Emergency Room in the past 30 days?

5. How many days in past 30 have you stayed overnight in a hospital for physical health problems?

6. How many days in the past 30 have you experienced physical health problems?

7. Yes No Have you ever had surgery? If yes, please list:

8. Yes No Any other illness that requires frequent medical attention? If yes, please give details:

Allergies

9. Yes No Do you have any allergies? If yes, *what type of reaction did you have?* Fill out below-↓

Medication Allergies -

Food Allergies -

Other Allergies -

Medications

10. Please list any prescribed medications and over-the-counter medications you take regularly. (Include dosage and prescribing physician)

MEDICATION NAME	DOSAGE	FREQUENCY	PRESCRIBING PHYSICIAN

11. Which Pharmacy do you use?

12. Are you currently experiencing or do you have any of the following?

- | | |
|---|---|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Swollen Ankles</p> <p><input type="checkbox"/> <input type="checkbox"/> Jaundice</p> <p><input type="checkbox"/> <input type="checkbox"/> Sinus Problems</p> <p><input type="checkbox"/> <input type="checkbox"/> Bleeding Problems - Bruising Easily</p> <p><input type="checkbox"/> <input type="checkbox"/> Joint Pain or Stiffness</p> <p><input type="checkbox"/> <input type="checkbox"/> Difficulty Swallowing</p> <p><input type="checkbox"/> <input type="checkbox"/> Chest Pain (Angina)</p> <p><input type="checkbox"/> <input type="checkbox"/> Excessive Heartburn or Abdominal Pains</p> <p><input type="checkbox"/> <input type="checkbox"/> Excessive Thirst</p> <p><input type="checkbox"/> <input type="checkbox"/> Cough, Persistent or Bloody</p> <p><input type="checkbox"/> <input type="checkbox"/> Chronic Back Pain</p> <p><input type="checkbox"/> <input type="checkbox"/> Tooth or Gum Problems</p> <p><input type="checkbox"/> <input type="checkbox"/> Nausea or Vomiting</p> <p><input type="checkbox"/> <input type="checkbox"/> Diarrhea, Constipation, Blood in Stools</p> <p><input type="checkbox"/> <input type="checkbox"/> Dizziness or fainting</p> <p><input type="checkbox"/> <input type="checkbox"/> Frequent or Bloody Urination</p> <p><input type="checkbox"/> <input type="checkbox"/> Rashes</p> <p><input type="checkbox"/> <input type="checkbox"/> Blurred or Double Vision</p> <p><input type="checkbox"/> <input type="checkbox"/> Fever</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> <input type="checkbox"/> Headaches</p> <p><input type="checkbox"/> <input type="checkbox"/> Weight Gain or Loss Recently</p> <p><input type="checkbox"/> <input type="checkbox"/> Shortness of Breath</p> <p><input type="checkbox"/> <input type="checkbox"/> Blood Transfusions</p> <p><input type="checkbox"/> <input type="checkbox"/> Arthritis</p> <p><input type="checkbox"/> <input type="checkbox"/> Stroke - If yes, give details: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> High Blood Pressure</p> <p><input type="checkbox"/> <input type="checkbox"/> Low Blood Pressure</p> <p><input type="checkbox"/> <input type="checkbox"/> Artificial Joint</p> <p><input type="checkbox"/> <input type="checkbox"/> Head Injury - If yes, give details: details: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> <input type="checkbox"/> Chemotherapy/Radiation</p> <p><input type="checkbox"/> <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> <input type="checkbox"/> Asthma, Emphysema, or Chronic Bronchitis</p> <p><input type="checkbox"/> <input type="checkbox"/> Anemia</p> <p><input type="checkbox"/> <input type="checkbox"/> Heart Attack or Heart Problem - If yes, please give details:</p> |
|---|---|

CLIENT NAME	CLIENT NUMBER
--------------------	----------------------

13. Women Only	
Yes No <input type="checkbox"/> <input type="checkbox"/> Are you pregnant? If yes, due date: _____ <input type="checkbox"/> <input type="checkbox"/> Are you breastfeeding? If yes, date of delivery: _____ <input type="checkbox"/> <input type="checkbox"/> Have you had any miscarriages or abortions? If yes, please give details: _____ <input type="checkbox"/> <input type="checkbox"/> Do you have difficult periods? If yes, please give details: _____ At what age did you start your first period? _____ Date of last period: _____	Yes No <input type="checkbox"/> <input type="checkbox"/> Have you experienced any domestic violence? <input type="checkbox"/> <input type="checkbox"/> Do you have pain with intercourse? <input type="checkbox"/> <input type="checkbox"/> Have you had an abnormal mammogram or lump? If yes, please give details: _____ <input type="checkbox"/> <input type="checkbox"/> Have you had an abnormal PAP smear? If yes, please give details: _____ Date of last GYN exam: _____

Communicable Diseases	
14. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been tested for TB? (Tuberculosis)?
15. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a positive TB Test? Date of last TB Test or last chest X-ray: _____
16. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been diagnosed with Hepatitis C? Date of last test: _____
17. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been tested for any other liver disease?
18. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been diagnosed with a Sexually Transmitted Disease (STD)?
19. <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you get treated? Date of last STD Test?
20. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been tested for HIV?
21. <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive the test result? Date of last HIV Test?

Mental Health	
22. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been diagnosed with a mental illness? If yes, what was your diagnosis? _____
23. <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive treatment? If yes, please give details: _____
24. <input type="checkbox"/>	How many times in the last 30 days have you received outpatient emergency services for mental health needs?
25. <input type="checkbox"/>	How many days in the last 30 have you stayed 24 hours or more in a hospital or psychiatric health facility for mental health needs?
26. <input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 30 days have you taken prescribed medication for mental health needs, including medication for anxiety?
27. <input type="checkbox"/> Yes <input type="checkbox"/> No	Past suicide attempts?
28. <input type="checkbox"/>	Date of last suicide attempt:
29. <input type="checkbox"/>	How many suicide attempts in your lifetime?

Alcohol and Other Drugs				
30. Do you use the following substances and how frequently:	Daily	Often	Sometimes	Date last used
Alcohol →				
Other substances →				
31. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever injected drugs?			
32. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you shared needles?			
33. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you shared cottons?			
34. <input type="checkbox"/>	How many days in the past 30 have you injected drugs?	Last time injected drugs:		
35. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used SLO Co. Needle Exchange?			
36. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you in withdrawal today? If yes, list from what substance(s)?			
37. <input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures, delirium tremens? If yes, please give details:			
38. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had blackouts? If yes, please give details:			
39. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently smoking / ingesting marijuana? →	Date last smoked/ingested marijuana:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Marijuana Card?			
40. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever overdosed on alcohol or other drugs?	If Yes, please give details:		

To the best of my knowledge the above information is accurate and true, and I will inform my provider of changes in my health or medications:

Client Signature: _____ **Date:** _____

CLIENT NAME	CLIENT NUMBER
--------------------	----------------------

San Luis Obispo County Behavioral Health

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I received a copy of San Luis Obispo County Behavioral Health Department's "Notice of Privacy Practices". I understand that the "Notice of Privacy Practices" informs me of the ways San Luis Obispo Behavioral Health Department may use my protected health information and of my access and rights regarding my health information.

Signature of Client:

_____ Date: _____ Time: _____ O N/A

Signature of Legally Authorized Representative:

_____ Date: _____ Time: _____ O N/A

For Staff Use Only:

Is this an Emergency Treatment Situation? Yes No

HOW NOTICE WAS PROVIDED

Was written Notice of Privacy Practices provided? Yes No

If not, was Notice given in another way? Yes No

If written Notice was not provided, method of Notice: Verbal Fax E-mail Website

ACKNOWLEDGEMENT OF RECEIPT

Has client signed Notice of Receipt of Privacy Practices? Yes No

If no, did client otherwise acknowledge Notice of Privacy Practices? Yes No

If Notice was acknowledged in another way, method of acknowledgement: Verbal Fax E-mail Website

If no acknowledgement was received, document why you were unable to get an acknowledgement from the client and the efforts you made to get the acknowledgement? Explain:

Signature of Staff Person Recording Acknowledgement of Receipt of Privacy Practices:

_____ Date: _____ Time: _____

Client Name:

Client #:

County of San Luis Obispo Behavioral Health Department

CONSENT FOR BEHAVIORAL HEALTH TREATMENT

Drug & Alcohol Services and Mental Health Services

2180 Johnson Ave, San Luis Obispo, CA 93401 Phone: (800) 838-1381 FAX: (805) 781-1177

Consent for Behavioral Health Treatment:

I give consent for the County of San Luis Obispo Behavioral Health Department (SLOBHD) to provide medically necessary behavioral health services to me or to the client identified on this Consent for Treatment.

My Rights:

I understand that I have the right to:

- Discuss treatment options with my providers. SLOBHD staff will discuss all treatment procedures, including medication, observed urinalysis for drugs of abuse, patching, and breathalyzer, with me.
- Ask for and get information about risks, benefits, and alternatives to each service
- Help develop and receive a copy of my treatment plan
- Receive professional care. I understand that SLOBHD does not guarantee results.
- Be treated with dignity and respect
- Refuse or discontinue any service or procedure. If a court ordered me to be in treatment, I understand that I may still refuse to participate, even though I may face legal consequences for my choice. For minors or conserved adults, the legal guardian has the right of refusal, unless the minor, aged 12 or above, consented or could have consented to his/her own care.

My Responsibilities:

I understand that I am responsible to:

- Keep my appointments, which will help me benefit the most from my treatment. If I fail to keep appointments, SLOBHD may stop my services.
- Act in a respectful manner. If I am violent or threatening to staff or other clients, SLOBHD may change or stop my services. If I commit a crime at the site, SLOBHD may press charges.
- Protect the confidentiality of other clients. If I violate other clients' confidentiality, SLOBHD may change or stop my services.
- Participate in treatment by talking with SLOBHD staff about my choices

Payment/Billing Authorization:

I authorize SLOBHD to bill for all services provided to me. I authorize SLOBHD to receive payment of benefits from my health insurance plan(s), including Medi-Cal, Medicare, and private health insurance. I understand that if I have full scope Medi-Cal coverage, SLOBHD will not charge me for the services that I receive as long as my Medi-Cal coverage is active. If I do not qualify for or if I lose Medi-Cal eligibility, SLOBHD staff will discuss a payment schedule with me, which I must pay.

Client Name:
BH Consent for Treatment_2/27/2018

Client#:
Page 1 | 2

Informing Materials:

I understand that the Medi-Cal Beneficiary Handbooks are available at the following locations:

- <http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Client-Informing-Materials-Handbooks.aspx>
- Upon request at any Behavioral Health Clinic

I understand that the Provider Lists are available at the following locations:

- <http://www.slocounty.ca.gov/Departments/Health-Agency/Behavioral-Health/Forms-Documents/Quality-Support-Team/Network-Provider-List.aspx>
- Upon request at any Behavioral Health Clinic

I received a copy of the following: (Check all that apply)

- Consent for Behavioral Health Treatment (required for all services)
- Information about Advanced Directives (required for mental health services)

In addition, for Drug & Alcohol Services:

- Client Handbook

The Client Handbook contains information about:

- HIV/AIDS, Hepatitis C, TB Information sheet and phone numbers for testing and referrals
- Information about drug testing, including what I may or may not take while testing
- Information about services, payment, expected behavior, what I can do if I relapse, and general community resources
- Information about Recovery Support Services and after care follow up options

Right to Withdraw Consent for Behavioral Health Treatment:

I understand that this Consent for Behavioral Health Treatment is effective for the duration of my treatment at SLOBHD unless I withdraw it by telling SLOBHD staff. My signature or the signature of a guardian indicates that SLOBHD staff explained this consent form to me in a language that I can understand, and that I (or my guardian) agree(s) with the above.

Is the client willing and able to sign the agreement

- Yes
- No If no, explain:

Signature of client:

Date: _____

Time: _____

Signature of legally responsible person (if needed)

Date: _____

Time: _____

Staff Witness

Date: _____

Time: _____

**San Luis Obispo County Health Department
Consent for the Disclosure, Use and Exchange of
Confidential Information for Joint Medical Records**

Last, First, MI Name:

MR#:

Last 4 digits of SSN: XXX-XX-

DOB:

By Initialing, I consent that my entire medical record can be Received, Shared and Disclosed from and between my Substance Use Disorder Program Health Information and the following Treatment providers initialed below.

OR

By Initialing, I consent to only certain portions and or date range of my Substance Use Disorder Program Health Information medical record can be Received, Shared and Disclosed from and between my Substance Use Disorder Program Health Information and the following Treatment providers initialed below (Indicate specifics)
_____ (Date) to _____ (Date)

Legal medical record includes the following:

CalOMS Admission and Discharge, Diagnostics, any Assessments, Re-Assessments or Screenings, Lab and Drug Testing and Results, Discharge Summaries/Plans, Treatment Plans, Progress Notes, including Group Counseling Notes, Physician/Prescriber Progress Notes, Attendance Records, Service Requests, Referrals, Physical Examinations, and Justification for Continued Treatment.

San Luis Obispo Behavioral Health-Substance Program will disclose nothing outside of our treatment program, including for treatment or payment. If you want us to disclose to anyone outside of your substance use disorder team for treatment or payment purposes, you must give your consent in writing.

Initials	Organizations	Initials	Organizations
<input checked="" type="checkbox"/>	San Luis Obispo Mental Health Services	<input checked="" type="checkbox"/>	Other: Doctor: <input checked="" type="checkbox"/>
<input type="checkbox"/>	Sierra Mental Wellness Group	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Family Care Network	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Seneca Center	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Child Development Center	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Wilshire Foundation Community Services	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Bryan's House	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Wellpath	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Residential Care Facilities	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Tri-Counties Regional Center	<input type="checkbox"/>	Other:
<input checked="" type="checkbox"/>	Transitions Mental Health Association	<input type="checkbox"/>	

Purpose and Limitations for the Use or Release of the Information

I understand that the purpose for the ongoing disclosure and sharing of my health information is to allow for coordination of care between any treatment providers listed in this consent.

By Initialing, this Consent to receive, share, and disclose:

Will not expire until the end of treatment

OR

Will expire on (Enter date not to exceed 1 year) or specific event: _____

- I consent to the use and/or disclosure of my individually identifiable health information as described above for the purpose listed. I understand that I do not need to sign this consent to receive treatment, enroll in services or for payment for my health care. If my refusal to sign affects San Luis Obispo County's ability to provide services, San Luis Obispo County will try to offer services under another program.
- I have the right to revoke this consent by sending a signed notice stopping the consent to:
SLO County Privacy Officer: 2180 Johnson Ave., San Luis Obispo, CA 93401
Or via email at privacy@co.slo.ca.us; or call (855) 326-9623
- The Notice of Privacy Practices provides instructions if I choose to revoke my consent and includes limitations of my revocation. This consent expires on listed date or event unless revoked sooner and I understand that some information may have already been disclosed prior to my revocation.
- PART 2-Confidentiality of Substance Use Disorder Patient Records are protected under Federal regulations governing confidentiality under 42 C.F.R Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R Part 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.
- I have the right to receive a copy of this consent.

Client Signature: _____ Print Name: _____ Date: _____

Representative Signature: _____ Relation: _____ Date: _____

Staff Signature: _____ Print Name: _____ Date: _____

**San Luis Obispo County Health Department
Consent for the Disclosure, Use and Exchange of
Confidential Information for Multi-Purpose Consent**

Last, First, MI Name:

MR#:

Last 4 digits of SSN: XXX-XX-

DOB:

By Initialing, I consent that my entire medical record can be Received, Shared and Disclosed from and between my Substance Use Disorder Program Health Information and the following Non-treatment providers initialed below.

OR

By Initialing, I consent to only certain portions and/or date range of my Substance Use Disorder Program Health Information medical record can be Received, Shared and Disclosed from and between my Substance Use Disorder Program Health Information and the following Non-treatment providers initialed below (Indicate specifics)
 _____ (Date) to _____ (Date)

Legal medical record includes the following:

CalOMS Admission and Discharge, Diagnostics, any Assessments, Re-Assessments or Screenings, Lab and Drug Testing and Results, Discharge Summaries/Plans, Treatment Plans, Progress Notes, including Group Counseling Notes, Physician/Prescriber Progress Notes, Attendance Records, Service Requests, Referrals, Physical Examinations, and Justification for Continued Treatment.

San Luis Obispo Behavioral Health-Substance Program will only disclose to whom you have given consent in writing.

Initials	Organizations	Initials	Organizations
<input checked="" type="checkbox"/>	SLO County Social Services	<input checked="" type="checkbox"/>	Sentry/Cordant
<input type="checkbox"/>	SLO County Sheriff (Bailiff)	<input type="checkbox"/>	Foster Parent
<input type="checkbox"/>	SLO County Counsel	<input type="checkbox"/>	Veterans' Service Officer
<input type="checkbox"/>	SLO County Superior Court	<input type="checkbox"/>	Family Members
<input checked="" type="checkbox"/>	Testing Laboratories	<input type="checkbox"/>	Recovery Residences
<input type="checkbox"/>	School	<input type="checkbox"/>	Other:
<input type="checkbox"/>	CAPSLO Direct SVCS/Parent Education	<input type="checkbox"/>	Other:
<input checked="" type="checkbox"/>	Pharmacy: <input checked="" type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Probation	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Parole	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Court Appointed Special Advocates (CASA)	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Attorney(s):	<input type="checkbox"/>	Other:

Purpose and Limitations for the Use or Release of the Information

I understand that the purpose for the ongoing disclosure and sharing of my health information is to allow for coordination of care/Treatment/Referrals between any non-treatment providers listed in this consent.

By Initialing, this Consent to receive, share, and disclose:

Will not expire until the end of treatment

OR

Will expire on (Enter date not to exceed 1 year) or specific event: _____

- I consent to the use and/or disclosure of my individually identifiable health information as described above for the purpose listed. I understand that I do not need to sign this consent to receive treatment, enroll in services or for payment for my health care. If my refusal to sign affects San Luis Obispo County's ability to provide services, San Luis Obispo County will try to offer services under another program.
- I have the right to revoke this consent by sending a signed notice stopping the consent to:
SLO County Privacy Officer: 2180 Johnson Ave., San Luis Obispo, CA 93401
Or via email at privacy@co.slo.ca.us; or call (855) 326-9623
- The Notice of Privacy Practices provides instructions if I choose to revoke my consent and includes limitations of my revocation. This consent expires on listed date or event unless revoked sooner and I understand that some information may have already been disclosed prior to my revocation.
- PART 2-Confidentiality of Substance Use Disorder Patient Records are protected under Federal regulations governing confidentiality under 42 C.F.R Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R Part 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.
- I have the right to receive a copy of this consent.

Client Signature: _____ Print Name: _____ Date: _____

Representative Signature: _____ Relation: _____ Date: _____

Staff Signature: _____ Print Name: _____ Date: _____



County of San Luis Obispo Drug & Alcohol Services Fee Agreement

Fiscal Year 2021-2022

Medi-Cal coverage for County of San Luis Obispo Drug and Alcohol Services is an approved Managed Care Plan through the Organized Delivery System (ODS) of the Department of Health Care Services. All medically necessary substance use disorder treatment services are covered in full as long as monthly Medi-Cal eligibility is maintained, and your Medi-Cal is through San Luis Obispo County. There will be no charges to you.

I agree to provide verification of Medi-Cal eligibility for each month that I receive services. I understand that if I lose my Medi-Cal eligibility in the County of San Luis Obispo, I will need to make other arrangements for payments or potentially pay full fees as listed below.

Medi-Cal from another county your treatment services will not be paid for by Medi-Cal at our clinics. Your options are:

- 1) Return to the County where your Medi-Cal is located in order to receive your appropriate substance use treatment.
- 2) Transfer your Medi-Cal to the County of San Luis Obispo if this is where your residence is located at this time by asking to speak with a Drug and Alcohol Service Case Manager who can help you. You can also call your Medi-Cal County Department of Social Services to request the transfer of your Medi-Cal to San Luis Obispo.

Other Insurances

Medicare is not accepted at our facility. However, you may be eligible for Medicare and Medi-Cal at the same time. Ask to speak to a Case Manager who can help you. Referrals can be made to other Medicare community providers or you may qualify for other funding sources. Please ask to speak to a Case Manager or the Assessment Coordinator.

Private Insurance

Drug and Alcohol Services does not accept or bill private insurance. We can provide referrals to other community providers who do accept your private insurance or you may qualify for other funding sources. If your private insurance is expiring, or if your financial situation has changed (such as employment ending), ask to speak to a Case Manager or the Assessment Coordinator about applying for Medi-Cal. If you are low income, the Case Manager will help you to gain Medi-Cal eligibility as appropriate or you may qualify for other funding sources (see below).

Other Funding Sources (8500)

County Referrals: AB109, Probation, Superior Court, Department of Social Services (DSS), Child Welfare Services, Family Treatment Court, Youth Treatment Services, School Referrals and Driving Under the Influence (DUI) Program Referrals. Drug and Alcohol Services receives grant money or is contracted by other agencies to provide services at no cost to you while you are enrolled in specific programs. If you also have Medi-Cal in San Luis Obispo, your Medi-Cal will be billed first.

Full Self-Pay

Program Fees: Program Fees are based on the actual cost to provide the service. Refunds will be issued for those services paid in advance and not provided by the program.

Outpatient (15 mins)	\$51.97	IOT Sessions (15 mins)	\$39.22	Withdrawal per day	\$177.85
Case Management (15 mins)	\$40.59	Recovery Support Services (15 mins)	\$50.98	Medication Assisted Treatment (15 mins)	\$86.57
Residential Treatment per day (level of care)	varies	Room & Board per day	varies	Returned Check fee	\$31.00

I understand that I am liable for the program costs not covered by Medi-Cal or other funding sources.

Client Signature _____ Date _____
Client Name: _____

Staff Signature _____ Date _____
Client Number: _____

San Luis Obispo County Health Department
Authorization (Consent) for Disclosure of Substance Use Disorder (SUD) Records for Billing

Last, First, MI Name:

MR#:

Last 4 digits of SSN: XXX-XX-

DOB:

SUD information is protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 & 164, and cannot be disclosed by the San Luis Obispo Behavioral Health without written authorization (consent) unless otherwise provided for by the regulations.

What We Are Requesting

We are requesting your permission to share SUD Information about you so that San Luis Obispo County Behavioral Health can bill for and obtain payment/reimbursement for your care.

Authorization

I authorize San Luis Obispo County Behavioral Health to disclose to _____ (named insurer, insurance plan or program, or other payer) the following information:

____ (Initial) SUD treatment or services

____ (initial) Diagnosis

____ (initial) Treatment start and stop dates _____ to _____

____ (initial) Other: _____

Purpose

The purpose of a disclosure pursuant to this authorization/consent is so that San Luis Obispo County Behavioral Health can bill my insurance or other payer so that it can obtain payment/reimbursement for my care.

Expiration

This authorization will expire on _____ (Name expiration date; event or Designation of Ineligibility).

Revocation

You may cancel this authorization before it expires by contacting:

SLO County Privacy Officer: 2180 Johnson Ave., San Luis Obispo, CA 93401

Or via email at privacy@co.slo.ca.us; or call (855) 326-9623

Refusal to Authorize the Release of SUD Billing Information

By initialing the "Refusal to Authorize the Release of SUD Billing Information" section, patients will still be able to access and receive usual care and services from San Luis Obispo County Behavioral Health, **EXCEPT** that patients will be assuming the financial responsibility for the costs of treatment and services within San Luis Obispo County Behavioral Health for their substance use disorders.

If the person receiving care is a minor under 12 years of age, then a parent or legal guardian acknowledges having read and understood this document and authorizes (consents) such release.

Both the minor and the parent/legal guardian must sign below.

Minors aged 12 and older may consent to treatment and authorize the release of information regarding their treatment themselves without parental permission, in which case only the minor must sign below.

I understand I have the right to receive a copy of this authorization (consent).

Client Signature: _____ **Print Name:** _____ **Date:** _____

Representative Signature: _____ **Relation:** _____ **Date:** _____



Text and Email Consent

We would like to send you text or email messages for your convenience and to serve you better. Some important facts you should know:

PARTICIPATION IS VOLUNTARY

- You don't have to receive text or email messages from us if you don't want to.
- If you agree now, you can call us to change your mind at any time.

TYPES OF MESSAGES WE WILL SEND YOU

- We will send you appointment reminders, scheduling help, notifications about your patient portal account and other practical matters.
- We will NOT send or exchange messages with you about your health, lab results or other private information.

RULES FOR TEXTING OR EMAILING WITH US

- Do not text or email us for emergencies. Call 911 for emergencies.
- Call us for urgent scheduling needs.
- We and our messaging service will not share any of your information with third parties. We will not use your information for marketing.
- Let us know if your texting phone number or email address changes.

UNDERSTAND THE RISKS

- Messages are not always private; they can be read by anyone with access to your phone or email.
- In rare cases, messages can be intercepted, altered, forwarded, or used without you ever knowing.
- Back-up copies of text messages may exist even after you have deleted them.
- Your mobile phone company might charge you for receiving text messages.

ACKNOWLEDGEMENT AND AGREEMENT

- Do you want to receive text or email appointment reminders and patient portal notifications from us? **Yes No**
- If yes, then please fill out the form below and sign to acknowledge that you've read and fully understand the information above about the rules and risks of texting or emailing information with the Health Agency. Please let us know if you have any questions.

		Name, if parent, guardian or legal rep
() Cell phone # (if OK to send you text messages)	 E-mail address (if OK to send you email messages)	
X Signature	 Date	FOR STAFF USE Client ID#
		Date Opt-out request received:
		Opt-out <input type="checkbox"/> No texts <input type="checkbox"/> No emails <input type="checkbox"/>



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT**

Michael Hill, Health Agency Director

Anne Robin, LMFT Behavioral Health Director

Starlene Graber, PhD., LMFT Drug and Alcohol Services Division Manager

Privacy Policy for Remote Client Services:

County of San Luis Obispo Drug and Alcohol Services will provide Remote Client Services (Telehealth) utilizing the Zoom HealthCare Virtual Meeting Platform. Some personal information such as your name, email address, and computer IP address or cell phone number will be shared with Zoom and will be available to County of San Luis Obispo Drug and Alcohol Services to verify attendance. To participate in Zoom counseling sessions, you must read and agree to Zoom's Privacy Policy <https://zoom.us/privacy>.

County of San Luis Obispo Drug and Alcohol Services will continue to maintain confidentiality as stated in our Confidentiality Policy. Clients will also be held to the Confidentiality Agreement signed upon enrollment.

To participate in temporary Remote Client Services, sign the release below and email the signed page to: BehavioralHealth@co.slo.ca.us or mail back to 2180 Johnson Avenue, San Luis Obispo, CA 93401.

Remote Client Services Release:

I (print your name) _____, agree to participate in temporary Remote Client Services (Telehealth) at County of San Luis Obispo Drug and Alcohol Services. I understand that specific technology is required to participate, and I certify that I have access to the required technology. Additionally, I have read and understand the Zoom Privacy Policy. I understand that Remote Client Services are being offered on a temporary basis due to the Coronavirus (COVID-19) pandemic, and that once the threat is eliminated and the emergency public health declaration is lifted, client services will then be available at the Drug and Alcohol Services locations only. To receive credit for the session, I understand that I must:

- o Attend the session in a private room, free of distractions and to ensure confidentiality. Use of headphones is preferred to maintain confidentiality for all group members.
- o Stay for the entire session.
- o Not be under the influence of alcohol or other drugs during the session.
- o Follow the general group guidelines just like you are in the clinic.

The Health Agency complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex or any other protected class

County of San Luis Obispo Health Agency

2180 Johnson Avenue | San Luis Obispo, CA 93401 | (P) 805-781-4719 | (F) 805-781-1273




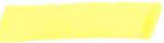
slobehavioralhealth.org

- o Please no cross talking.
- o If you are not using your cell phone for the session, please turn it and any other electronic device off.
- o Please be respectful to all - the group facilitator as well as other group members.

The group facilitator can remove someone from the group or place them into the waiting room at any time and at their discretion for not adhering to the above rules. We only have limited group spots available during this time.

I understand that fees for Drug and Alcohol Services will apply during this time, including the billing of Medi-Cal for telehealth services, and that County of San Luis Obispo Drug and Alcohol Services will provide me with alternate payment methods during the Remote Client Services time period.

I have read and agree to County of San Luis Obispo Drug and Alcohol Services Remote Client Services Policy and Zoom's Privacy Policy <https://zoom.us/privacy> .

	
_____ Name - Printed	_____ Date
	
_____ Name - Signature	_____ Date



San Luis Obispo County Health Agency

Notice of Privacy Practices

Effective January 18, 2019

Your Information.
Your Rights.
Our Responsibilities.

This describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you, including results of lab tests performed by us. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You may submit your request in writing at any clinic or by writing to:
*SLO County Medical Records
2178 Johnson Avenue
San Luis Obispo, CA. 93401*
- If you have questions about the process you may call (805) 781-4724.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us in the following ways:

- You can call the toll-free confidential hotline at: **(855) 326-9623**
- Or you can contact us by e-mail at: privacy@co.slo.ca.us
- Or send a letter to: Privacy Officer
San Luis Obispo County Health Agency
2180 Johnson Avenue
San Luis Obispo, CA 93401
- Contact Department of Health & Human Services at: Office of Civil Rights
90 7th Street, Suite 4-100
San Francisco, CA 94103
- Or you can file a complaint online at: www.hhs.gov/ocr/privacy/hipaa/complaints
- Or call toll free at: (800) 368-1019 - TDD (800) 537-7697

You will not be punished or penalized for asking questions or for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

Note: This section lists several of the ways in which healthcare providers may share your information; however, many do not apply to the practices of the San Luis Obispo County Health Agency.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a directory (the Health Agency doesn't use a patient directory)

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes (The Health Agency does not use your information for marketing.)
- Sale of your information (the Health Agency does not sell your information)
- Most sharing of psychotherapy notes

In the case of fundraising

- The Health Agency will not contact you for any fundraising effort.

Our Uses and Disclosures

We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you. (Exceptions exist for substance use treatment – see below)
 - *Example:* A doctor sends us information about your diagnosis and treatment plan so that we can arrange additional services

Run our organization

- We can use and share your health information to run our organization, improve your care, and contact you when necessary.
 - *Example:* We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
 - *Example:* We give information about you to your health insurance plan so that it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

(Note: This Notice will separately describe the ways that the County can use or disclose HIV/AIDS results and substance use disorder treatment records subject to 42 CFR Part 2)

Health Information Exchange (HIE):

The County of San Luis Obispo participates in a HIE. Through this system, we may disclose your health information for purposes of coordinating your care between healthcare providers, and other purposes allowed under the law. Sharing your health information can be done electronically through the HIE and can provide faster access, better coordination of care, and assist healthcare providers and public health officials in making informed decisions. You will need to opt-out of the HIE system if you DO NOT wish to have San Luis Obispo County Health Agency share your information through the HIE, otherwise your information will automatically

be included with some exceptions. Mental Health, Substance Use Disorder, HIV and STD information will NOT be included in the HIE.

If at any time you want to opt-out of the HIE or opt back in to the HIE, you may do so online at: <http://www.ocprhio.org/Patients/optout/>.

Help with public health and safety issues.

We can share health information about you for situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director if an individual dies.

Address workers' compensation, law enforcement, and other government requests.

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes and officials
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

For Clients of Substance Use Disorder Treatment Programs (42CFR 2.22 Notice):

Federal Law and regulations protect the confidentiality of substance use disorder treatment patient records. Generally, the program may not say that you attend the program or disclose any information identifying you as having a substance use disorder.

Federal law allows us to share your substance use disorder information for the following reasons:

- If you (or your authorized representative), consents in writing.
- The disclosure is allowed by a court order.
- The disclosure is made to medical personnel in a medical emergency.
- The disclosure is made to qualified personnel for research, audit, or program evaluation.

- The disclosure is made pursuant to an agreement with a qualified service organization.
- If you commit a crime on our premises or against our personnel.
- If we need to report suspected child abuse or any other report that is required by law.

You may get more information by seeing federal law 42CFR Part 2. Violation of these laws is a crime and suspected violations may be reported to the following agencies:

SAMHSA - 5600 Fishers Lane, Rockville, MD. 20857 or www.samhsa.gov/about-us/contact-us

U.S Attorney, Central District - 312 N. Spring St, #1200, Los Angeles, CA. 90012 or www.justice.gov/usao-cdca/contact

Uses and Disclosures of HIV/AIDS Information:

In general, written authorization (by client or authorized representative) is required for the disclosure of HIV/AIDS test results. The following exceptions apply:

- Disclosures made to your health care provider for purposes of diagnosis, treatment, or care.
- State reporting requirements for Public Health purposes.
- Payment: to bill for the cost of your healthcare (for example, to bill Medi-Cal or Medicare).
- Operations: we may use or disclose your information to support our business operations (for example, to evaluate staff performance or review the quality of services provided to you).
- Other disclosures that may be required under the law.

Violation of the Federal law and regulations by a program is a crime.

Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For information about our responsibilities for this notice, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

This notice applies to the following services within the San Luis Obispo County Health Agency:

- **Mental Health Services – See:** www.slocounty.ca.gov/health/mentalhealthservices
- **Drug & Alcohol Services – See:** www.slocounty.ca.gov/health/DAS_Home
- **Public Health Services – See:** www.slocounty.ca.gov/health/publichealth

You may ask about Health Agency programs and clinic locations by calling 805-781-5500.

Health information about services you may have received from our Mental Health or Drug and Alcohol programs is filed in an electronic health records system that is shared between the two programs. Staff members of these two programs are allowed limited access to your health information and only the minimum amount necessary to provide for your treatment, to receive payment for services, and to run the operations of our organization.

Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

For questions about this notice:

- Contact the Health Agency Compliance Program Manager at: 805-781-4788.
- Or send an e-mail to: privacy@co.slo.ca.us
- Or send a letter to:
County of SLO Health Agency
Compliance Program Manager
2180 Johnson Ave., San Luis Obispo, CA. 93401

Discrimination is Against the Law

San Luis Obispo County complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The County does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. San Luis Obispo County:

- A. Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters;
- B. Written information in other formats;
- C. Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, please contact the Health Agency at (800) 838-1381

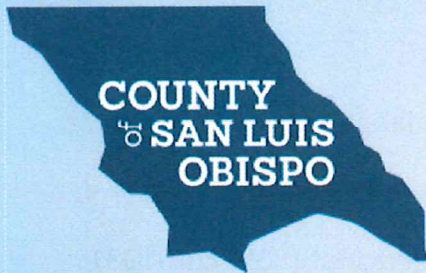
If you believe that the County has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Patient Rights Advocate
2180 Johnson Avenue, San Luis Obispo, CA. 93401
(805) 781-4738, <mailto:BH.PatientRightsAdvocate@co.slo.ca.us>

Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 838-1381
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (800) 838-1381
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 838-1381
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 838-1381
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 838-1381
Հայերեն (Armenian)	ՈՒՇԱՐԴՈՒԹՅՈՒՆ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք (800) 838-1381
فارسی (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما (800) 838-1381
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 838-1381
日本語 (Japanese)	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(800)838-1381
العربية (Arabic)	رقم (800) 838-1381 - ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان اتصل برقم
ខ្មែរ (Cambodian)	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរទូរស័ព្ទ (800) 838-1381 ។
Hmoob (Hmong)	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 838-1381
ਪੰਜਾਬੀ (Punjabi)	ਪ੍ਰਿਆਨ ਿਦਰ: ਜ ਤੁਸਮ ਪੰਜਾਬੀ ਬਲਦ ਰ, ਤਭ ਭਾਸ਼ਾ ਿਦਰ ਸਹਾਇਤਾ ਸਵਾ ਤੁਹਾਡ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। (800) 838-1381
हिंदी (Hindi)	ध्यान द: यदि आप हिंदी बालत हें ता आपक लिए मुफ्त म भाषा सहायता सेवाए उपलब्ध है। (800)838-1381
ภาษาไทย (Thai)	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (800) 838-1381
ພາສາລາວ (Lao)	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທສ (800) 838-1381

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Patient Rights Advocate is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Client Handbook:
General Program
Information, Health
Resources, &
Answers to
Frequently Asked
Questions



COUNTY OF
SAN LUIS
OBISPO
BEHAVIORAL
HEALTH
Drug & Alcohol Services

ESTE LIBRO TAMBIÉN ESTÁ DISPONIBLE EN ESPAÑOL

Discrimination is Against the Law

The County of San Luis Obispo complies with all applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The County does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

The County of San Luis Obispo:

- Provides free aids and services to people with disabilities to communicate effectively with the County, such as qualified sign language interpreters
- Written information in other formats
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.
- If you need these services, please contact the Health Agency at (800) 838-1381 (toll free).

If you believe that the County has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Patients' Rights Advocate

2180 Johnson Avenue

San Luis Obispo, CA 93401

(805) 781-4738

BH.PatientRightsAdvocate@co.slo.ca.us

You can file a grievance in person, by mail, fax, or email. If you need help filing a grievance, the Patient Rights Advocate (contact above) is available to help you. You can also file a Civil Rights Complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW Room 509F
HHH Building
Washington, D.C. 20201
1 (800) 368-1019, 1 (800) 537-7697 (TDD)

Complaint forms are available at:

<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 838-1381
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (800) 838-1381
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (800) 838-1381
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (800) 838-1381
Tagalog (Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (800) 838-1381
Հայերեն (Armenian)	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք (800) 838-1381
فارسی (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما (800) 838-1381
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (800) 838-1381
日本語 (Japanese)	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(800) 838-1381
العربية (Arabic)	رغم (800) (838-1381- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم
ខ្មែរ (Cambodian)	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្មើស គឺអាចមានសំរាប់បំរើអ្នក។ ចូរទូរស័ព្ទ (800) 838-1381 ។
Hmoob (Hmong)	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 838-1381
ਪੰਜਾਬੀ (Punjabi)	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-838-1381
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (800) 838-1381
ภาษาไทย (Thai)	เจียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (800) 838-1381

Table of Contents

MY INDIVIDUALIZED INTAKE PLAN	5
GENERAL INFORMATION	6
EMERGENCY PHONE NUMBERS	7
FREQUENTLY ASKED QUESTIONS	8
PAYMENT FOR SERVICES	13
COMMUNITY RESOURCES	16
HEALTH INFORMATION & RESOURCES	18
DRUG TESTING	22
RECOVERY SUPPORT SERVICES	28
TRANSPORTATION	28
STAFF CODE OF CONDUCT	29

My Individualized Intake Plan

Primary Specialist/Clinician Name:	
Primary Specialist Phone Number:	

Drug Test Phone Number: 1-805-703-5924	
Drug Test Start Date:	
Drug Test Site (Circle Assigned Test Location):	
Grover Beach DAS 1523 Longbranch Ave. Testing Hours: 3 PM - 6 PM	San Luis Obispo DAS 2180 Johnson Ave. Testing Hours: 3 PM - 6 PM
Atascadero DAS 3556 El Camino Real Testing Hours: 3 PM - 6 PM	Paso Robles DAS 1763 Ramada Drive Testing Hours: 3 PM - 6 PM

Next Appointment Date/Time:	
With Whom & Purpose:	

Next Appointment Date/Time:	
With Whom & Purpose	

General Information

Welcome to the County of San Luis Obispo Drug & Alcohol Services! This **Client Handbook** will orient you to Drug & Alcohol Services.

Our primary goal is to promote safe, healthy, responsible, and informed choices concerning alcohol and other drugs through programs that are responsive to community needs. We offer a variety of services and programs to help people with drug and alcohol problems. Services include public walk-in Clinics, outpatient treatment, prevention programs, and court-mandated programs. We hope to provide a program that fits your unique and specific needs.

The County of San Luis Obispo Health Agency Drug & Alcohol Services is the only Medi-Cal Certified outpatient treatment provider in the County, along with certified Medi-Cal providers that are contracted through the County. Clients with Medi-Cal have an entitlement to treatment, if medically necessary, when diagnosed with at least one substance use disorder.

All programs at Drug & Alcohol Services are **confidential**. Confidentiality means that the information you share is protected by law and will only be shared with the parties you have requested. It is imperative and a legal necessity that all client names and information are kept private.

Emergency Phone Numbers

Emergency and After-Hours	911
County of San Luis Obispo Behavioral Health Services (Access Line, Crisis, & Emergency Psychiatric Evaluation Services)	(800) 838-1381 24 hours a day 7 days a week
SLO Hotline (Mental Health Support, Crisis & Suicide Prevention, Mental Health Resource Information)	(800) 783-0607 24 hours a day 7 days a week
Crisis Stabilization Unit	(805) 788-2507
Dignity Health French Hospital Medical Center 1911 Johnson Ave, San Luis Obispo	(805) 543-5353
Sierra Vista Regional Medical Center 1010 Murray Ave, San Luis Obispo	(805) 546-7600
Dignity Health Arroyo Grande Community Hospital 345 S. Halcyon Rd, Arroyo Grande	(805) 489-4261
Twin Cities Community Hospital 1100 Las Tablas Rd, Templeton	(805) 434-3500
Patients' Rights Advocate	(805) 781-4738

Frequently Asked Questions

WHAT IF I AM NOT READY TO START TREATMENT? WHAT IF MY FAMILY MEMBER ISN'T READY?

Many people come in for screening who are not ready for treatment. Sometimes, they choose to be in treatment due to legal consequences (having probation or child welfare mandate that they attend services). Sometimes, they choose not to participate in services. Drug & Alcohol Services does not force anyone to participate in services.

Our philosophy is to provide education and information so that you or someone you love has options. We don't want people who are struggling to feel alone or isolated. Many people struggle with addiction. **We know that treatment works and can help people live a happier, healthier life when they are ready.**

WHAT ASSISTANCE IS AVAILABLE FOR MY FAMILY MEMBERS?

Drug & Alcohol Services offers opportunities for family members to attend education groups at part of your Treatment Plan. The goal of an education group is to provide family members with education about drugs and alcohol, substance use disorders, and about the recovery process. Keep in mind that family treatment groups are different from family therapy. Family therapy may be recommended as part of your treatment plan with a licensed clinician, which is also available through Drug & Alcohol Services.

HOW LONG WILL TREATMENT LAST?

No one person is the same, and the progression through treatment varies greatly depending on many factors. In some cases, a course of treatment could be a matter of one to six individual sessions. In other cases, treatment may last for 18 months. At the time of your screening and assessment appointments, we will provide you with an estimation of a course of treatment. We will provide a new Treatment Plan every ninety (90) days, at a minimum, to further identify progress and work with you on addressing your time in Treatment.

I NEED TO LIVE IN AN ENVIRONMENT THAT WILL SUPPORT MY RECOVERY. CAN DRUG & ALCOHOL SERVICES HELP ME WITH THAT?

Drug & Alcohol Services provides Recovery Residence/Residential Treatment placement of adults into higher levels of care. If assessed as needing a highly structured, sober environment, a referral will occur. Recovery Residences are gender specific and create a structured and nurturing environment which foster a safe place to live and emphasize the peer-to-peer concept of recovery principals. Residential Treatment placement include treatment services onsite.

Each independently operated Recovery Residence is contracted with San Luis Obispo for a determined rate, ranging from \$22/day to \$35/day. Self-pay is available, as well as, in limited cases, funding through specific sources with the assistance of other agencies and grants. Recovery Residences are spaced throughout the County, from Oceano to Paso Robles. Contact your Specialist/Clinician or Case Manager to discuss placement availability.

WHAT IF I HAVE A RELAPSE?

If you are at **risk of relapse** because you are experiencing triggers and/or a strong desire to use drugs or alcohol, we recommend that you utilize your relapse prevention plan that you have developed while in treatment. Contact those people in your life that are of support to you and get in touch with your Specialist/Clinician as soon as possible. If it is after business hours or on the weekend, contact the County's Behavioral Health toll-free crisis phone number at: (800) 838-1381.

Your Specialist can help! Simply defined, relapse is the return to a previous situation regarding drug or alcohol use. Regardless of how long someone has been sober, a return to substance abuse is a relapse. But this does not mean a person is back to square one! It is important to remember that knowledge can be gained from the experience that may be useful during the next attempt at treatment and in avoiding future relapses.

If you experience a relapse during treatment, it is important that you contact your Specialist/Clinician right away. Your Specialist can provide assistance during an individual counseling session to help with understanding the circumstances that led to relapse. This is called a Relapse Analysis. Based upon your individualized needs, we may discuss a Behavioral Intervention Agreement – a contract that asks you to complete specific actions to help you to comply with your Treatment Plan and to provide the safest care possible. We can also help you walk through other steps that might be necessary on your part should there be other agencies involved in your treatment such as Probation, Parole, or Child Welfare Services. Being honest about

the relapse is the best approach so that the various people involved in your care can adequately support you.

UNDER WHAT CIRCUMSTANCES COULD I BE ASKED TO LEAVE THE TREATMENT PROGRAM?

Drug & Alcohol Services is a **drug-free, alcohol-free, weapon-free, gang-free, and tobacco-free zone** for the health, welfare, and safety of all clients and staff members. Here are some important rules to keep in mind:

- All Drug & Alcohol Services sites are drug and alcohol-free environments.
- To maintain your safety and the safety of others, a Drug & Alcohol Services employee will ask you to leave your treatment appointment if you arrive under the influence. You will be asked to arrange (or may be assisted with arrangements) a safe ride home before leaving the premises.
- All Behavioral Health Clinics, including Drug & Alcohol Services, have a no weapons policy. This includes knives, guns, or other weapons. Exceptions include law enforcement officers or security guards acting in the line of duty at the program site.
- Appropriate dress is always expected. No clothing that displays alcohol advertisements, drug, or gang references will be allowed. If dressed inappropriately, work together with your Specialist/Clinician or Case Manager so that you can stay in the treatment session.
- **Confidentiality of treatment groups** is incredibly important during your treatment at Drug & Alcohol Services. Group confidentiality helps all clients feel that their treatment group is a safe place to share their thoughts and

experiences. Thus, no recording is allowed, nor is talking about what is shared in group outside of the group session.

Here are some situations which could result in termination from Treatment:

- Any form of violence, threats of violence, property destruction or breaking the law while on premises.
- The possession of any type of weapon.
- Verbally abusive language.
- Possession of drug/alcohol/illegally obtained prescription drugs while on the premises.
- Persistent failure to appear at program sessions.
- Alteration of a drug test or use of a cheating device.
- Theft of any program property or the property of another client.
- Not adhering to program rules, your treatment plan, or any other condition.

WHAT IF I HAVE A MEDICAL CANNABIS 215 CARD?

Medical cannabis (215) cards are not honored at Drug & Alcohol Services. The goal of outpatient drug-free treatment is abstinence, including abstinence from marijuana and alcohol. Please talk with your Specialist/Clinician and primary care physician about alternative medications.

Payment for Services

MEDI-CAL

Medi-Cal coverage for County of San Luis Obispo Drug & Alcohol Services is an approved managed care plan through the Organized Delivery System (ODS) of the Department of Health Care Services. All medically necessary substance use disorder treatment services are covered in full if Medi-Cal eligibility is maintained and your Medi-Cal is through San Luis Obispo County. There are no charges to you.

MEDI-CAL FROM ANOTHER COUNTY

Your treatment services will not be paid for by Medi-Cal at our clinics. Your options are:

- 1) Return to the County where your Medi-Cal is located to receive substance use disorder treatment by requesting a transfer to your home County.
- 2) Transfer your Medi-Cal to the County of San Luis Obispo if this is where your residence is currently located. If you need assistance, ask to speak with a Case Manager. You can also call the Department of Social Services in the County that your Medi-Cal is from to request the transfer of your Medi-Cal to San Luis Obispo.

OTHER INSURANCES

MEDICARE

Medicare is not accepted at our facility. However, you may be eligible for Medicare and Medi-Cal at the same time. Ask to speak to a Case Manager who can help

you. Referrals can be made to other Medicare community providers or you may choose to self-pay for services (see below) on a sliding fee scale.

PRIVATE INSURANCE

Drug & Alcohol Services does not accept or bill private insurance. We can provide referrals to other community providers, or you may choose to self-pay for services on a sliding fee scale (see below).

SELF-PAY

Program fees are based on the actual cost to provide the service. You will be responsible for a percentage of the cost of the program services you receive. This percentage is based on your gross monthly family income and number of people, including you, who live on that income. If you are low income, a Case Manager can help you gain Medi-Cal eligibility as appropriate.

PROGRAM FEES

Fees are due and payable every 30 days as agreed upon but may be paid in advance. Refunds will be issued for those services paid in advance and not provided by the program. All program fees must be paid prior to issuing any Notice of Completion or verification of successful participation. Parents are responsible for payments of adolescent clients. Cash, checks, and credit card payments are accepted.

Service	Fee
Outpatient	\$48.99/fifteen-minute increments
Intensive Outpatient	\$36.97/fifteen-minute increments
Recovery Services	\$48.06/fifteen-minute increments
Case Management	\$38.26/fifteen-minute increments
Withdrawal Management (ambulatory)	\$155.47/per day
Medication Assisted Treatment	\$58.82/fifteen-minute increments

FAILURE TO PAY

If you fail to meet all financial obligations, your account may be turned over to the County Collection Unit for the enforcement of collection of debt. Enforcement of collection may cause the amount of debt to increase due to any necessary expenditure employed to satisfy the debt. The debt may be collected “as any money judgement” as defined under California Law, and any and all legal means may be used to extinguish the debt.

OTHER FEES ASSESSED

- A processing fee of \$41 will be assessed for returned checks.
- You will be charged for session absences.

Community Resources

COMMUNITY RESOURCES

For your convenience, please reference the frequently requested resources below. A larger list of resources is available at all Drug & Alcohol Services clinics. Please request this information at the front desk or from your Specialist/Clinician.

- 211 SLO County Information.....2-1-1
 - www.211.org
- Access Support Network:(805) 781-3660
 - www.asn.org
- Community Health Centers of the Central Coast.....(866) 614-4636
 - www.communityhealthcenters.org
- Food Bank of San Luis Obispo.....(805) 238-4664
 - www.slofoodbank.org
- Maxine Lewis Memorial Shelter.....(805) 781-3993
 - www.capslo.org

NALOXONE: OVERDOSE ANTIDOTE

Naloxone (Narcan) is a safe, effective medication that can save a life by stopping an opioid overdose. It is an opioid antagonist that binds more tightly to the opioid receptors than opioids (heroin or oxycodone), so it knocks opioids off the receptors. This reverses the overdose and allows the person to breathe again. Naloxone can be safely administered by laypersons via injection or nasal spray with virtually no side effects. Naloxone is not a controlled substance, is non-addictive, and has no potential for abuse.

Ask your medical provider how to obtain Naloxone. Naloxone is free with Medi-Cal.

Naloxone is also available at the following locations:

- County of San Luis Obispo Drug & Alcohol Services provides Naloxone and free education sessions. For more information, call (805) 781-4756.
- SLO Bangers Syringe Exchange provides **free** Naloxone upon arrival. For more information, call (805) 458-0123.
 - 2191 Johnson Ave, San Luis Obispo
 - Open Wednesdays from 5:30-7:30pm
- Naloxone is available **with** a prescription at any Rite Aid or CVS Pharmacy in SLO County.
- Naloxone is available **without** a prescription at the following locations (must ask to speak to the pharmacist):
 - North County:
 - CVS Pharmacy: 187 Niblick Road, Paso Robles
 - En Soleil Pharmacy: 5735 El Camino Real, Atascadero
 - Walgreens: 8005 El Camino Real, Atascadero
 - San Luis Obispo City:
 - CVS Pharmacy: 11990 Los Osos Valley Road, San Luis Obispo (Inside Target)
 - CVS Pharmacy: 717 Marsh St, San Luis Obispo
 - South County:
 - CVS Pharmacy: 1435 E Grand Ave, Arroyo Grande
 - CVS Pharmacy: 610 W Tefft St, Nipomo

- Coast:
 - Cayucos Pharmacy: 72 So. Ocean Avenue, Cayucos

Health Information & Resources

RISK OF NEEDLE SHARING

Sharing needles (or other items used for intravenous drug use) carries the risk for contracting HIV/AIDS and Hepatitis C.

HEP C, HIV, AND TB: INFORMATION & REFERRALS

HEPATITIS C

Q: What is Hepatitis C?

A: Hepatitis C is a liver disease caused by the Hepatitis C virus, which is found in the blood of people who have this disease. Hepatitis C is serious for some people, but not for others. Most people who get Hepatitis C carry the virus for the rest of their lives.

Q: How do you get Hepatitis C?

A: Hepatitis C is spread by contact with an infected person's blood. Examples of this include: sharing drug injection equipment (including things other than the syringe); having received blood transfusion prior to 1992; having multiple sexual

partners; and possibly sharing razors, toothbrushes, tattoo and piercing equipment.

Q: How do you know if you have Hepatitis C?

A: Many persons with long-term Hepatitis C have no symptoms and feel well. For some persons, the most common symptom is extreme tiredness. The only way to know if you've been infected is to have a blood test that looks specifically for the Hepatitis C virus.

Q: Where can I get tested?

A: Access Support Network.....(805) 781-3660

- www.asn.org

The Center.....(805) 544-2478

- www.capslo.or/programs/sec-health-services

The Noor Clinic.....English: (805) 439-1797/Spanish: (805) 226-1799

- www.slonoorfoundation.org

SLO HEP-C Project.....(805) 543-4372

HIV/AIDS

Q: What is AIDS?

A: Acquired Immune Deficiency Syndrome is caused by a virus called HIV (Human Immunodeficiency Virus). The virus can destroy the body's ability to fight off infection. The person may then get sick and not be able to get well again.

Q: How do you get HIV?

A: Participating in high risk behaviors may put you at risk for contracting HIV. High risk behaviors include: unprotected sex—vaginal/anal/oral; needle sharing (tattoo needles included); having sex with someone who does the above; exchanging sex for money or drugs; having a sexually transmitted disease. The virus can pass from mother to baby during pregnancy, childbirth, or breastfeeding.

Q: How can you find out if you have HIV?

A: There is a special test called the HIV antibody test. If the test result is “Positive,” it shows that you are infected with HIV. It does not tell you if you have AIDS. You need to see a doctor to find that out. If the test is “Negative,” it means you either have not been infected or not enough time has passed to show the infection (6 months).

Q: Where can I get tested?

- A:** Access Support Network.....(805) 781-3660
- www.asn.org
- Public Health Department Morro Bay.....(805) 781-5500
- Public Health Department San Luis Obispo.....(805) 781-4878
- Public Health Department Paso Robles.....(805) 237-3050
- www.slocounty.ca.gov/Departments/Health-Agency/Public-Health/Clinic-Locations

TUBERCULOSIS

Q: What is TB?

A: "TB" is short for a disease called Tuberculosis. The TB germ is spread from person to person through the air. If someone coughs, sneezes, laughs, or shouts the germs are put into the air and people nearby may breathe the TB germs into their lungs. A person can become infected by the TB germ if contaminated air is breathed in.

Q: Who gets TB?

A: Anyone can get TB, but substance users and people who have AIDS are at higher risk. Living in an environment with a lot of other people or being homeless also increases the chances of being exposed and/or infected by the TB germ.

Q: How do you know if you have TB?

A: A skin test is the only way to tell if you have been exposed to TB. A chest X-ray can tell if you have the infection or if there is damage to your lungs from TB disease. Having the disease can cause symptoms such as weakness, weight and/or appetite loss, high fever, or sweating a lot at night. If you have ever had any of these symptoms, please tell your doctor.

Q: Where can I get tested?

A: Public Health Department San Luis Obispo.....(805) 781-4878

Public Health Department Grover Beach.....(805) 473-7050

Public Health Department Paso Robles.....(805) 237-3050

- www.slocounty.ca.gov/Departments/Health-Agency/Public-Health/Clinic-Locations

PREGNANCY: THE EFFECTS OF USING DRUGS AND ALCOHOL

A woman who uses drugs and/or alcohol during pregnancy may harm the developing baby. The chemicals from smoking, drinking, and using drugs while pregnant pass to the fetus. Fetal Alcohol Spectrum Disorder describes the mild to severe mental or physical problems that can affect a child that is exposed to alcohol in utero. Heavy alcohol use while pregnant can also lead to stillbirth, miscarriage, or premature birth. Illicit drug use during pregnancy can cause birth defects, behavioral problems as well as stillbirths, premature, and underweight babies. (Information is from WebMD).

It is important to seek prenatal care when you find out that you are pregnant, and to attend all your medical appointments throughout your pregnancy. Please visit www.cencalhealth.org for a list of providers that accept Medi-Cal for OBGYN healthcare.

Drug Testing

All quality substance use treatment programs will employ some form of testing as part of an outpatient protocol. The reason for testing is to assist in recovery by giving personal accountability to a client. If there were to be a relapse, we know it is best to address it as soon as possible to learn from the relapse and make necessary adjustments. By requiring testing, a client will know there is no point in trying to hide what has happened and encourages honesty. In addition, there can be a motivation for a person to see the tangible results of their success as demonstrated by consistent negative test results. Some clients have told us that the knowledge that they will be randomly tested has made the difference when they were contemplating a relapse.

HOW TO COMPLETE DRUG TESTING

- Drug Testing Phone Number: 1-805-703-5924
- Follow instruction sheet provided to you during admission for full details, including your client ID number.
- Must call the drug testing phone number daily (Monday through Saturday).
- Call between the hours of 6 AM to 6 PM.
- Enter client ID number to receive drug testing instructions for today (i.e. "You are required to test today" or "Do not test today.")
- Please bring a photo I.D. with you.
- Address problems you have with the urine-screening program with your assigned Specialist/Clinician at Drug & Alcohol Services.
- Be sure to report any prescription medications to your Drug & Alcohol Specialist/Clinician.
- Failure to appear for testing will be considered a compromised drug test.
- To obtain copies of your drug test results, please talk with your Specialist/Clinician.

APPROVED MEDICATIONS & SUPPLEMENTS

Some medications and supplements can cause positive drug test results. This list below will help you determine what over-the-counter medications will not interfere with your test results.

WHAT IS OKAY TO TAKE?

Nicotine Replacements are all okay to take (gum, patch, oral, etc.)

Herbal Supplements

There are many herbal supplements on the market. If the supplement is not listed here, check with your Specialist/Clinician before you start using it.

✓ Aloe	✓ Garlic	✓ Kava	✓ St. John's Wort
✓ Andrographis	✓ Ginko Biloba	✓ Saw Palmetto	✓ Valerian
✓ Echinacea	✓ Ginseng		

For Cold/Allergies

✓ Benadryl	✓ Genahist	✓ Nasal Saline	✓ Spec-T
✓ Chloraseptic	✓ Guaifenesin	✓ Neo-Synephrine	✓ Sucrets
✓ Chlor-Trimeton	✓ Halls Mentho-	Nasal Spray	✓ Tavist (NOT
Tablets	Lyptus	✓ Organidin	Tavist D)
✓ Claritin (NOT	✓ Humibid Med	✓ Propylene	✓ Triaminic
Claritin D)	Quell Squares	Glycol/	✓ Uni-Hist
✓ Diphenhydramin	✓ Mucinex	Polyethylene	✓ Teldrin Tablets
e	✓ Naldecon Senior	Spray	✓ Zyrtec
✓ Delsym	DX	✓ Rhinaris	
✓ Dextromethorph	✓ Naldecon Senior	✓ Robitussin	
an	EX	✓ Salinex	
✓ Fenesin			

For Pain and Sleep			
✓ Acetaminophen	✓ Aspirin	✓ Melatonin	✓ Orudis
✓ Actron	✓ Bufferin	✓ Midol	✓ Pamprin
✓ Advil	✓ Datril	✓ Motrin	✓ Premsyn
✓ Alka-Seltzer	✓ Ecotrin	✓ Naproxen	✓ Sominex
✓ Aleve	✓ Empirin	✓ Naprelan	✓ Tylenol
✓ Anacin	✓ Excedrin	✓ Non-aspirin pain reliever	✓ Valerian Root
✓ Anaprox	✓ Ibuprofen		
✓ Ascriptin	✓ Medipren		

For Gastrointestinal Problems			
✓ Alophen Tablets	✓ Docusate/Dulcolax	✓ Loperamide	✓ Perdiem
✓ Alternagel	x ✓ Dramamine	✓ Lopex	Granules
✓ Amphojel	✓ Emetrol	✓ Maalox	✓ Peri-Colace
✓ Benefiber	✓ Ex-Lax	✓ Metamucil	✓ Prilosec
✓ Camalox	✓ Fiber-Con	✓ Milk of Magnesia	✓ Riopan
✓ Citromag	✓ Fibermed	✓ Mitrolan	✓ Roloids
✓ Correctol Tablets	✓ Fleets Enema	✓ Mylanta	✓ Senna
✓ Colace	✓ Gas-X	✓ Mylicon	✓ Senokot
✓ Diasorb	✓ Gaviscon	✓ Modane	✓ Surfak
✓ Dialose Plus	✓ Gelusil	✓ Neoloid	✓ Tagamet
✓ Di-Gel	✓ Imodium	✓ Pepcid	✓ Tums
✓ Donnagel	✓ Kaopectate	✓ Pepto-Bismol	✓ Zegerid
✓ Doxidan			

For Toothache/Cold Sore/Topical Skin Treatment			
✓ Anbesol	✓ Campho-	✓ Gynezol	✓ Burow's Solution
✓ Amosan	Phenique	✓ Femstat	✓ Poloris Poultice
✓ Aveeno	✓ Carmex	✓ Herpecin-L	✓ Pramoxine
✓ Balmex	✓ Cortaid	✓ Hydrocortisone	✓ Salicylic Acid
✓ Bentoquatam	✓ Desitin	✓ Ivy block	✓ Sarna Lotion
✓ Benzocaine	✓ Domeboro	✓ Kank-Aid	✓ Tanac
✓ Benzodent	✓ Duofilm	✓ Monistat	✓ Vagistat
✓ Blistex	✓ Gly-Oxide	✓ Numzident	✓ Zinc Oxide
✓ Boudreaux's Paste	✓ Gold Bond	✓ Orajel	
	✓ Gyne-Lotrimin	✓ Orasept	

WHAT IS NOT OKAY TO TAKE?

- Medication that has not been prescribed to you
- Exceeding the recommended dosages of either prescribed or over-the-counter medications
- Any illicit drug
- Alcohol

DO NOT USE:

- Food containing poppy seeds
- Any medication containing alcohol; Tinctures
- Any medication/supplement containing Ephedrine
- Any tea or herbal supplement containing Ma Huang or L. Ephedra
- Over-the-counter diet pills

- Any medication containing pseudoephedrine/ephedrine (Sudafed, Afrin)

PRESCRIBED MEDICATIONS

Follow the directions of your physician for any medications that are prescribed to you. The use of psychotropic medications for mental health support is common, and the use of these medications is accepted at Drug & Alcohol Services. Please bring in a copy of your current prescription(s) to keep in your health record. All prescription medications will be reviewed, and your Specialist/Clinician will coordinate with your medical providers (with a release of information that you authorize), including medical staff from Drug & Alcohol Services. Contact your medication prescriber if you are experiencing any side effects from your medication and include your Specialist/Clinician if you need assistance.

Some medications, such as Benzodiazepines (Xanax, Ativan, Valium) and Opioids (Vicodin, Norco) have the potential for misuse. If you enter services with a prescription for commonly misused medications, special arrangements may be made with you before you start treatment. For example, you may be asked to attend individual counseling prior to groups while you work with your doctor to safely titrate off or change commonly misused, mind or mood-altering, medications. Before you take any mind or mood-altering medications, discuss with your primary Specialist/Clinician (except in emergency situations).

Recovery Support Services

Recovery Support Services are important to your long-term recovery and wellness. As clients complete treatment, they are connected to Recovery Support Services to build connections within the recovery community and to develop self-management strategies to prevent relapse. Clients may access medically necessary Recovery Support Services after their course of treatment. Recovery Support Services are available to clients whether they have relapsed, been triggered, or as a preventative measure to prevent relapse. It is easy and voluntary to come back to services to maintain sobriety and recovery.

After-care Recovery Support Services include the availability of group counseling, individual counseling, case management, and peer-to-peer services. During the end phase of Treatment, Recovery Support Services will be discussed and offered as part of your discharge and recovery planning. Drug & Alcohol Services may also follow up with you or your family member after the completion of treatment regarding after-care services.

Transportation

CenCal Health members (County of San Luis Obispo's Medi-Cal Insurer) may be able to help you with transportation to Drug & Alcohol Treatment. Members can contact Ventura Transit System at (855) 659-4600 or CenCal Health's Member Services Department at 1 (800) 814-1861 to inquire about eligibility.

Staff Code of Conduct

Drug & Alcohol Services has a written Code of Conduct that pertains to and is known by staff, paid employees, volunteers, and the Governing Body and Community Advisory Board Members. The code of conduct includes the program policies regarding the following:

- Use of alcohol and/or other drugs on the premises and when off the premises
- Limitations of personal relationships with clients
- Prohibition of sexual contact with clients/former clients
- Sexual harassment
- Unlawful discrimination
- Conflict of interest
- Confidentiality

You can find the Code of Conduct for County of San Luis Obispo Health Agency posted on the Client Information Center in each clinic lobby.