The future of healthcare.

Outpatient Orientation and Information Booklet

January 2026

Improving lives with compassionate integrated behavioral health services, primary care and affordable housing.

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ABOUT IBIS

MISSION STATEMENT

Improve lives with compassionate integrated behavioral health services, primary care and affordable housing.

VISION

Health, wellness and housing for everyone.

QUALITY AND SATISFACTION

Quality and satisfaction are important to us. While receiving services here, or after you have completed services, you may be asked to complete a satisfaction survey. We would appreciate your honest response to these questions. Your participation will enable us to monitor the quality of our services, so we can continually improve them.

ACCESSIBILITY

Our doors are open to the community, offering professional, accredited services, when and where we are needed. Flexible appointments are available across a variety of community sites, as well as in clients' homes.

PAYMENT OF SERVICES

Ibis accepts private pay, Medicare, Medicaid, and private/commercial insurance. Reduced fees or no-cost services may also be available to those who qualify through our sliding fee program. Payment is expected when services are provided.

SMOKING

Ibis and all its properties are smoke-free facilities. No smoking, use, or trade of tobacco products, including snuff and chewing tobacco or "smoking products" that include, but are not limited to, all products (cigarettes, bidis, kreteks, e-cigarettes) and all smoke-producing products (cigars, pipes, hookahs, vaporizers, etc.), will be allowed inside of any facility owned, leased, or operated by Ibis. We ask you to smoke outside away from the main entrance areas and main walking areas and to be courteous to visitors. We also ask you to be mindful in minimizing fire hazards and to discard your smoking products in the available trash receptacles that we have available outside our buildings.

You can call 1-877-822-6669 to speak with a Quit Coach® who can help you quit tobacco.

SAFETY

Ibis takes client, staff, and visitor safety very seriously. To ensure that everyone is safe, here are some things to remember when visiting any or our offices:

- Ibis does not permit firearms, explosive devices or any concealed or non-concealed article that could result in serious physical harm to a person. If brought into the building, items that will be confiscated include, but are not limit to:
    - Illegal or legal substance – drugs, and/or alcohol
    - Firearms
    - Sharp objects and/or projectiles, which may be injurious to self or others.
    - Any other items that may be considered harmful or dangerous to self or others.

- At times, our waiting rooms can become very busy. Each person in the waiting room would like to be seen for services in a timely manner. To make waiting more pleasant for yourself and others, please remember to:
    - Be courteous and respectful of others by avoiding use of the lobby when you do not have scheduled services. Clients with canes, walkers, and small children require room to move about.
    - Avoid use of cell phones, if you must take a call, speak softly or step outside to have a conversation.
    - Foul language and profanity are not allowed in the waiting areas. Any individual who uses profanity will be asked to refrain from the use or asked to leave the location.
    - The safety of children is critical. Children are never to be left unattended. Parents are required to remain onsite when children are in services and are asked to provide supervision and activities to keep children quiet and occupied.
    - Bring something to keep yourself occupied.
    - Please keep your valuables on your person or leave your valuables at home. The agency is not responsible for any personal property that is lost or damaged.
    - Please do not throw or leave trash on our premises. We have trash containers available throughout the buildings where you and your children can throw away any unwanted trash.
    - It is advised to not leave valuable personal belongings in your vehicle, if you must leave them in your vehicle, make sure they are out of sight and always lock your vehicle. The agency is not responsible for any personal property that is stolen or damaged.
- Keep in mind that everyone is given a window of time; however, sometimes unforeseen delays can disrupt scheduled appointment times. Please be patient, you will be seen as soon as possible.

NONDISCRIMINATION STATEMENT

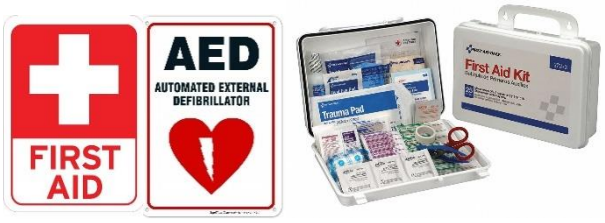
Pursuant to applicable federal laws and Chapter 760, Florida Statutes (2016), Ibis services are available to any client regardless of age, race, religion, color, disability, national origin, marital status or sex. Auxiliary Aids, Interpreter/Language Services, and accommodations due to disability will be provided at no cost. Concerns of discrimination may be directed to the Ibis's Compliance Officer/ADA Single Point of Contact or a complaint can be filed with the Office of Civil Rights at 202- 307-0690 or 202-307-2027 (TDD/TYY). See additional information posted in Ibis locations.

EMERGENCY PROCEDURES

If an emergency arises during your visit to our locations that require evacuation or other safety precautions, please follow the directives of the agency staff and proceed to the nearest and safest exit route or directed safe area. If possible, take any handheld belongings.

- Do not return to collect your belongings.
- Do not re-enter the building until notified that it is safe to return to the building by the agency staff.

The following icons will help you locate supplies in the event of an emergency:



First aid kits are available at multiple locations inside buildings. Buildings serving clients on location have AED devices available. These kits and devices are check routinely to ensure function and ample supplies.

Exit signs will always in be red lit letters above or near exit ways. When you enter a building, always locate the nearest exit.

Fire extinguishers are available at multiple locations inside buildings. Fire extinguishers are checked routinely to ensure correct functioning.

If the agency closes due to local weather or other emergency and you have an upcoming appointment on the day of planned closure, Ibis will notify you via phone when possible. To check the status of Ibis's operations and availability, please go to the agency website (www.ibishealthcare.org) or you may call the agency at 813-384-4000.

OUTPATIENT SERVICE LOCATIONS

Outpatient Adult
5707 North 22nd Street
Tampa, FL 33610

4422 E Columbus Drive,
Tampa, FL 33605

Outpatient Children
2215 East Henry Avenue, Suite B
Tampa, FL 33610

Primary Care (FQHC)
Main
5707 North 22nd Street
Tampa, FL
33610

Primary Care (FQHC)
North Tampa
13601 Bruce B. Downs Blvd,
Suite 131
Tampa, FL 33613

OTHER AGENCY LOCATIONS

Behavioral Health Network (BNET) (Title XXI), Community Action Team (CAT), Hillsborough County Schools Mobile Response Team (HCPS MRT)
2815 East Henry Avenue, Ste. B1 & B2 &B3
Tampa, FL 33610

Forensics (FTP, GFIT, FICM)
5705 North 22nd Street
Tampa, FL 33610

Adult Emergency Services/Crisis Stabilization Unit
2212 East Henry Avenue
Tampa, FL 33610

Children's Emergency Services/Crisis Stabilization Unit
2208 East Henry Avenue
Tampa, FL 33610

Florida Assertive Community Treatment (FACT) and Mobile Response Team (MRT)
2212 East Henry Avenue
Tampa, FL 33610

Resilience, Endurance And Continued Hope (REACH),
5800 North Nebraska Avenue
Tampa, FL 33604

Homeless Services (Case Management and Shelter)
3630 North 50th Street
Tampa, FL 33619

Targeted Case Management (TCM)
2815 E Henry Ave, Ste A4
Tampa, FL 33610

CONTACT INFORMATION

Ibis's Outpatient Services Hours of Operation are:

Monday - Friday 8:00 a.m. - 6:00 p.m. (***hours could be affected by holidays and emergencies)

Phone: (813) 384-4000

On-Site Ibis Pharmacy: 813-239-8300

After-hours emergency: If you are an adult and in crisis, call (813)272-2958
If your child is in crisis, call (813)272-2882
Life threatening, call 911

Text messaging between clients and staff is strictly for business purposes only. If you experience a mental health emergency when the agency is closed, contact one of the following sources:

Emergency
911

Suicide Hotline
988

24 Hour Sexual Assault Services Helpline
727-530-7273

Abuse Hotline
1-800-962-2873
1-800-453-5145 (TDD Accessible)

Deaf and/or Hard of Hearing - Telecommunications Relay Service (TRS)
711

Dept. of Children and Families- Circuit 13 (Hillsborough)
813-558-5500

Crisis Center of Tampa Bay (Information/Referral Source)
211

Mobile Crisis Response Team
813-272-2958

National Youth Crisis Hotline
1-800-442-4673

Domestic Violence Hotline
1-800-500-1119

National Disaster Distress Helpline
1-800-985-5990

HELPFUL INFORMATION FOR OUTPATIENT ADULT AND CHILDREN

The program is intended to help you regain your role and independence in the community so that you may live a meaningful and purposeful life reflective of the person you are and not the diagnosis you are given. The program is a strength-based recovery program that places your needs and choices at the center of the services you receive.

- Parents/Guardians/Foster Care case managers ***must*** be present for all appointments for children receiving services to ensure that all appropriate paperwork is reviewed and signed.
- In those cases, when you must bring children with you to an appointment, it is the responsibility of the parent/guardian to arrange for appropriate supervision. We do not provide childcare.
- As part of our policy, Ibis's psychiatrists and APRNs do not routinely prescribe benzodiazepines (anti-anxiety agents such as Xanax, Librium, Klonopin, Valium, etc.) or stimulants (such as Adderall, Ritalin, Concerta, Vyvanse, etc.).
- Individuals are not permitted to bring items that may be used as weapons into our facility.
- Arrive 15 minutes early to all scheduled appointments. Should you arrive late to your scheduled appointment, you may not be seen by your provider if they are heavily booked. If you cannot be seen, you may choose the Walk-In clinic as an option or reschedule your appointment.

OUTPATIENT ADMISSION CRITERIA

- Reside in Hillsborough County or adjacent counties.
- Seek services voluntarily or have written consent and participation of their legal guardian.
- Demonstrate symptoms consistent with a psychiatric or substance related DSM-5 diagnosis.
- Demonstrate motivation to attend appointments and comply with treatment.
- Must NOT need a more restrictive (emergency) treatment type of service.

TERMINATION OF SERVICES

As a client of Ibis, your rights and responsibilities will be reviewed with you during the initial intake. If you should have difficulty carrying out your responsibilities, every effort will be made to assist you in addressing the problem. If there is no satisfactory improvement; if you are not actively receiving care; if you are not keeping your scheduled appointments; or if no future appointments have been scheduled, it may be necessary to end your services with Ibis.

Ibis may also discharge from services if you are refusing needed and reasonable treatment, you violate program rules, you interfere with the treatment of other patients, or you fail to comply with treatment plan requirements.

If you are an actively engaged individual, we will try to contact you with an explanation of why services were discontinued and your service options.

If you disagree with the decision, you have the right to file a formal concern according to Ibis's procedures outlined in this booklet.

OUTPATIENT DISCHARGE CRITERIA

1. All treatment plan goals are met or
2. No contact in over 90 days or you choose to decline services being offered or
3. The treatment team identifies an alternative program better suited to meet your treatment goals and you agree with that transition.

For patients enrolled in the substance use specific counseling track involving an outside entity monitoring and reporting, discharge criteria is as follows:

1. Attending 8 group and individual sessions as required
2. Providing 4 consecutive negative urine drug screens during the last 4 weeks of treatment

OUTPATIENT SERVICES GUIDE

Ibis offers the following services:

- Medication Management
- Medication Assisted Treatment
- Psychotherapy; Individual and Group
- Group Therapy
- Primary Care Health Center
- Injection Clinic
- On-site Pharmacy
- Acupuncture
- Smoking Cessation
- On-site Lab
- Parenting Education
- Prevention Services
- HIV/Hep-C Testing and Counseling
- Case Management
- Care Coordination
- Vocational Services
- Criminal Justice Coordination

Ibis does NOT offer the following services:

- Autism (ABA) therapy
- Psychological Testing
- Neurodivergence testing
- Neurological disorders treatment (epilepsy, cerebral palsy, etc.)
- Memory care treatment for Alzheimer's disease and other forms of dementia

FORM REQUESTS

All form requests require at least 3 visits before forms will even be considered. Form requests will be responded to in 5-7 business days. We do not complete the following legal forms:

- **Immigration Forms**
- **Housing Applications**
- **Short Term Disability**
- **Long Term Disability**
- **Life Insurance Forms**
- **Custody Evaluations**
- **DMV Medical Reports**
- **Disabled Dependent Questionnaire**
- **Social Security applications**
- **SOAR Mental Impairment Questionnaires**
- **Attorney Specific Questionnaires**
- **AHCA Resident Health Assessments**
- **Student Loan Deferment**
- **FMLA**
- **Emotional Support Animal**
- **Return to Work Forms**
- **Payee Designations**
- **DCF recommendations**
- **Food Stamp letters**

**Please note this list is not comprehensive and all other form requests will be reviewed for approval.

PROVIDER CHANGE REQUESTS

We understand that finding the right provider is important to your care. If you feel your current provider may not be the best fit, you can submit a Provider Transfer Request form. All requests will be carefully reviewed, and a decision will be made within 5-7 business days regarding the appropriateness of the transfer.

INJECTION CLINIC

Long-acting injections are part of our treatment options for psychiatric and substance use disorder diagnoses. If prescribed by an Ibis psychiatric provider, they must be administered at our injection clinic. It is important to attend all scheduled appointments and receive the injection within the recommended timeframe to ensure the medication's effectiveness.

GUÍA DE SERVICIOS AMBULATORIOS

Ibis ofrece los siguientes servicios:

- Manejo de medicamentos
- Psicoterapia
- Terapia de grupo
- Centro de Salud de Atención Primaria
- Clínica de inyecciónes
- Farmacia dentro de nuestra instalación

Ibis NO ofrece los siguientes servicios:

- Terapia y manejo de medicamentos para el autismo (ABA)
- Pruebas psicológicas
- Pruebas y manejo de medicamentos para discapacidades intelectuales
- Tratamiento de trastornos neurológicos (epilepsia, parálisis cerebral, etc.)
- Tratamiento de cuidado de la memoria para la enfermedad de Alzheimer y otras formas de demencia

SOLICITITUDES DE FORMULARIOS

Todas las solicitudes de formularios requieren al menos 3 visitas antes de que puedan ser consideradas. Las solicitudes de formularios serán respondidas en un plazo de 5 a 7 días hábiles. No completamos los siguientes formularios legales:

- **Formularios de Inmigración**
- **Aplicaciones de vivienda**
- **Incapacidad a corto plazo**
- **Incapacidad a largo plazo**
- **Animal de Apoyo Emocional**
- **Formularios para Volver al trabajo**
- **SOAR Cuestionarios de discapacidad mental**
- **Cuestionarios específicos del abogado**
- **AHCA Evaluaciones de salud de los residentes**
- **Cuestionario Dependiente Discapacitado**
- **Aplazamiento de Préstamos Estudiantiles**
- **Recomendaciones para DCF**
- **FMLA**
- **Solicitudes de Seguro Social**
- **Formularios de seguro de vida**
- **Designaciones de beneficiario**
- **Informes médicos para el DMV**
- **Evaluaciones de Custodia**

**Tenga en cuenta que esta lista no es exhaustiva y todas las demás solicitudes de formularios serán revisadas para su aprobación.

SOLICITUDES DE CAMBIO DE PROVEEDOR

Entendemos que encontrar al proveedor adecuado es importante. Si siente que su proveedor actual no es el más adecuado, puede enviar un formulario de Solicitud de Cambio de Proveedor. Todas las solicitudes serán cuidadosamente revisadas, y se tomará una decisión dentro de un plazo de 5 a 7 días hábiles sobre la idoneidad del cambio.

CLÍNICA DE INYECCIONES

Las inyecciones de acción prolongada son parte de nuestras opciones de tratamiento. Si un proveedor psiquiátrico de Ibis le prescribe una, debe administrarse en nuestra clínica de inyecciones. Es importante asistir a todas las citas programadas y recibir la inyección dentro del plazo recomendado para garantizar la efectividad del medicamento.

OUTPATIENT APPOINTMENT GUIDE

To Schedule an Assessment Appointment: Call us at (813)384-4000

Arrival: You must arrive 15 minutes prior to your scheduled appointment time to complete admission documents.

What to Bring:

- Photo ID
- Insurance Card
- Legal Guardianship Documents, if applicable
- A complete list of your Medications
    - If you do not have a list, please contact your pharmacy prior to your appointment date in order to obtain one.

Cancellation: In order to best serve our patients, you must contact us 24 hours before your scheduled appointment if you need to cancel. You may also notify us via our website.

No Call/No Show: Failure to call to cancel or show for your appointment will result in only being eligible for standby appointments or your providers no show clinic.

Please note: Stand by appointments are not guaranteed and are on a first come-first serve basis.

Psychiatric Evaluations: Appointment confirmation is required at least 1 day in advance to avoid cancellation.

Medication Refills: Medication refills will ***not*** be provided if you have not been seen by an Outpatient Provider and/or been compliant with medication management appointments.

(GUÍA DE CITAS)

Para programar una cita de evaluación: Llámenos al (813) 384-4000 o chatea con nosotros visitando nuestro sitio web: www.Ibishealthcare.org

Llegada: Debe llegar 30 minutos antes de su cita programada para completar los documentos de admisión.

Qué traer:

- Tarjeta de Identificación
- Tarjeta de Seguro
- Documentación de Guardian Legal Información
- Una lista completa de sus medicamentos.
    - Si no tiene una lista, comuníquese con su farmacia antes de la fecha de su cita para obtener una

Cancelación: Para poder atender mejor a nuestros pacientes, debe comunicarse con nosotros 24 horas antes de su cita programada si necesita cancelar su cita.

No llamar/No presentarse: Si no se proporciona la notificación adecuada de que no va poder atender su cita programada, solo será elegible para las citas en espera.

Tenga en cuenta que las citas en espera no están garantizadas y se aplican por orden de llegada.

Evaluaciones Psiquiátricas: Se requiere confirmación de la cita al menos 1 día antes para evitar la cancelación.

Recargas de Medicamentos: No se proporcionarán renovaciones de medicamentos si no ha cumplido con las citas de administración de medicamentos.

YOUR RESPONSIBILITIES

- To maintain behavior that is thoughtful, courteous, and respectful of others.
- To refrain from bringing into our offices any items which may be harmful or threatening.
- To refrain from providing, distributing, or selling any substances on Ibis property including; alcohol, tobacco, marijuana, other drugs.
- To refrain from taking photos or recording any while on the premises or participating in any services offered by the agency.
- To refrain from using foul language or profanity.
- To provide supervision and activities to keep children quiet and occupied.
- Be represented in an honest way by providing accurate information.
- To keep all scheduled appointments and notify staff if unable to keep an appointment.
- To cooperate, as best as possible, with the treatment plan.
- To respect others privacy by not talking outside of the program about what was seen or heard while in the program offices.
- To promptly pay for services at Ibis.

GROUP MEMBERSHIP GUIDELINES

The group process works best when it is respected by all. These guidelines were developed to help create a caring, supportive and learning atmosphere where positive change can occur for each patient. Thank you for respecting your group and each member in it by following these rules:

- Arrive on or before scheduled time of group. If on the premises, you are expected to be in group on time. To avoid disrupting the session, if you are more than 5 minutes late, you will be asked to wait until the next group.

- ALL cell phones and/or electric devices are to be turned OFF unless you have addressed the group leader prior to group starting and been approved to take a phone call. You may be asked to leave groups session if you are on your phone.

- No food or drinks are permitted in group rooms except water in a clear water bottle. Gum and mints are permitted.

- "What is said in group stays in group." Violation of confidentiality occurs when a patient share what a peer discussed in group, outside of group, and may result in clinical staffing.

- Disruptive or disrespectful behavior towards a staff member or peer is not tolerated and you may be asked to leave group. Such inappropriate and unsafe behavior may be addressed in a clinical staffing.

- Leaving groups or meetings is discouraged unless you have a medical excuse or are pregnant. Please use the bathroom facilities prior to entering group so that the group process is not disrupted.

- "Cross talking" refers to side-conversations, whispering to peers, and speaking out of turn. Only one person should speak at a time, so "cross-talking" is not permitted during group activity.

- Use "I" statements to describe or examine personal behavior as it relates to your recovery.

- Be mindful of your language (i.e., racial slur, sexually explicit, derogatory) in group or on the program premises.

- No Vaping

CODE OF ETHICS

Ibis's primary responsibility is to ensure the safety, dignity and rights of persons served and to ensure the welfare and protection of the general public. Ibis holds the Board of Directors, employees, independent contractors, volunteers, student trainees and anyone else associated with Ibis to the ethical, moral, legal, and professional standards, thus Ibis:

- will maintain confidentiality and respect clients' right to privacy;
- will provided activities to persons served based on their best interests;
- will act in accordance with the highest standards of professional and personal integrity at all times;
- will recognize clients' rights to self-determination;
- will strive to become and remain proficient in professional practice
- will provide services and represent themselves as competent, only within the boundaries of their education and professional experience and complete the necessary trainings to maintain workplace competency (e.g. deaf and hard of hearing competent, culturally and clinically competent, informed of grievance protocols, informed of patient's rights, HIPAA competent);
- will treat all others with respect, courtesy, fairness and good faith;
- will demonstrate a commitment to Ibis and its mission and values;
- will set clear, appropriate, and culturally sensitive boundaries with clients;
- are prohibited from receiving or giving gifts from or to clients or their family members/care givers except on behalf of the agency;
- are prohibited from entering into any personal financial transaction with clients or their family members'/care givers, including, but not limited to, giving, lending, and/or borrowing either gifts or money;
- are prohibited from forming non-professional relationships with clients or their family members'/care givers;
- will not have social or business relationships with current clients or known former clients with whom they have had a direct professional relationship;
- will not, under any circumstances, engage in sexual behavior with current or former clients or clients' immediate family members'/care givers;
- will not provide clinical services to anyone with whom they have engaged in sexual behavior or have had a social or business relationship;
- are prohibited from using physical, psychological, emotional or fiduciary abuse of clients, family members or staff, including humiliating, threatening and/or exploitive actions;
- will ensure that all material Ibis uses for marketing or community consultation will be accurate and correct.

Reports of violations of this code must be submitted to a supervisor or manager. The supervisor or manager will review the information supplied and initiate the investigative process. All information regarding the alleged violation will be held in confidence. When warranted, the supervisor or manager will escalate the situation or findings to the appropriate departments (e.g., Human Resources or Performance Improvement). Actions taken as a result of the findings will be documented and maintained according to organizational policy.

YOUR RIGHTS

- Have the necessary treatment regardless of your age, race, ethnicity, sex, mental illness, physical disabilities, place of residence, or ability to pay.
- Be treated with respect and dignity in the provision of care and treatment.
- Receive treatment and services that are based upon your individual needs and interests that meet the following characteristics:
    - Is adequate and humane
    - Is provided within the least restrictive environment
    - Is specified in an individual treatment plan that is periodically reviewed for effectiveness and appropriateness
    - Is provided by an adequate number of competent and qualified professional staff
    - Is fully explained to you, covering the nature and purpose of care, procedures, and treatments you will receive, as well as alternative treatment modalities and the duration of necessary treatment.
- Be informed of the names of your primary case manager and all additional professional staff, including their professional status and staff relationship to you.
- Be informed of your discharge plan and any aftercare plans from meeting additional physical, mental or chemical dependency requirements following discharge and of your right to aftercare services of your choice.
- Request the opinion of a consultant to review your treatment plan at your expense or an in-house review of your individual treatment plan.
- Be informed of risks, side effects, and benefits of all medications and treatment procedures used, as well as to be informed of treatment alternatives.
- Object to any form of treatment and/or the conditions at this facility and/or to initiate a grievance without fear of reprisal by contacting the Performance Improvement Department at 813-239-8207.
- Access to religious services, spiritual counseling, and clergy upon request.
- Be informed of the rules and regulations and responsibilities that apply to your conduct.
- Your personal privacy assured and protected within the constraints of your treatment plan.
- Be informed that all personal belongings not permitted in a therapeutic environment must be returned to your vehicle or be safeguarded and returned to you upon your exiting the agency's premises.
- Be informed of the cost, itemized when possible, of services rendered and the source of the programs reimbursement and any limitations placed on duration of services.

Your rights are posted in our public areas, look for bulletin boards in Ibis's lobbies and on Ibishealthcare.org. While being in our services, it is federal regulation for Ibis staff to be educated on the importance of your individual rights.

If any person receiving services from Ibis believes local agencies are not responding appropriately to issues involving individuals' behavioral health rights, he/she/they should contact

Agency for Persons with Disabilities at:

1-800-615-8720

If at any time, persons receiving services from Ibis believes they have been abused, neglected or exploited by a member(s) of the staff or other care givers, he/she/they should contact

Department of Children Families Abuse Hotline at:

1-800-962-2873

MENTAL HEALTH ADVANCE DIRECTIVES

INTRODUCTION

Florida law supports the right of any person to decide what medical and mental health treatment he/she/they will receive, unless the person is determined by a judge or doctor to lack the competence to make those decisions.

If you think there's a chance you may be hospitalized in the future and unable to make decisions about your treatment, you can make those decisions NOW, while you're able. This can be done through a document called an ADVANCE DIRECTIVE, which lets you clearly state your wishes for future care. You can also name a trusted friend or family member as a Health Care Surrogate to ensure your wishes are followed if the need arises.

WHAT IS A MENTAL HEALTH ADVANCE DIRECTIVE?

A Mental Health Advance Directive is a legal document where you can outline how you want to receive mental health care in case you ever get to a point where you're unable to make those decisions for yourself.

While your family, friends, and mental health professionals can help you figure out what's best, it's ultimately your choice about what goes into the document.

An Advance Directive should appoint a Health Care Surrogate to make mental health care decisions on your behalf if you're ever unable to make those decisions yourself. You can also designate an Alternate Surrogate to take over if the primary surrogate is unavailable or unable to fulfill their role.

An Advance Directive does NOT:

- Require a specific form
- Need to be prepared by an attorney
- Require a notary for signature of the person, witnesses, or health care surrogate

WHY SHOULD I HAVE A MENTAL HEALTH ADVANCE DIRECTIVE?

It is a great way for you to manage your care and advocate for yourself. It allows you to plan for a future time when your ability to make decisions may be temporarily lost.

An Advance Directive lets you pick someone you trust to make choices for you if needed. This person, called a Health Care Surrogate, could be appointed by the court as your guardian advocate under the Baker Act, if necessary.

If you ever have a guardian appointed by the court, the Health Care Surrogate you name will continue to make all health care decisions for you, unless the court changes the Surrogate's authority.

HOW CAN I CHANGE MY MENTAL HEALTH ADVANCE DIRECTIVE?

A competent person can change or revoke an Advance Directive at any time by:

- Signed & dating written statement revoking the directive
- Destroying the Advance Directive
- Telling others, you want to change or revoke
- Doing a new Advance Directive
- Stating a time of termination on the Advance Directive

WHAT IS A HEALTH CARE SURROGATE?

A Health Care Surrogate is the person you choose to make treatment decisions for you, based on what you've outlined in your Advance Directive or what they believe you would want if you were able to make those decisions yourself.

The Health Care Surrogate can also access your clinical records and consent to the release of information and medical records to appropriate persons and apply to public benefits for you.

Unless you give the Surrogate permission in writing or the Surrogate gets the court's permission, the Surrogate can't consent to electro-convulsive therapy (ECT), experimental treatments, or certain other procedures.

The Surrogate also cannot have you admitted to a facility on a voluntary basis. However, if you are admitted on an involuntary basis, the Surrogate may make treatment decisions for you, if you are determined to be incapacitated.

WHO WOULD BE A GOOD HEALTH CARE SURROGATE FOR ME?

If you don't name your own Health Care Surrogate, the person who may ultimately decide what treatment you receive may not be a person you trust to carry out your wishes. The Health Care Surrogate and Alternate you choose for carrying out your wishes should be people you know well and trust with this responsibility.

You should not be pressured in any way to name a specific person as your Health Care Surrogate or Alternate. The decision is yours alone. The person should be:

- A competent adult, able to understand and willing to accept the responsibility
- Easy to contact and reasonably available to be involved in your treatment
- Capable of advocating for you
- Able & willing to speak with health care providers, and
- Able to understand the health care information provided to make decisions

WHO SHOULD HAVE COPIES OF MY COMPLETED MENTAL HEALTH ADVANCE DIRECTIVE?

Make sure your completed Mental Health Advance Directive can be located in case of an emergency, consider putting it on file with your:

- Health Care Surrogate/Alternate
- Family
- Physician
- Case Manager
- Mental health facility
- Any other trusted person or organization

WHAT IF I DISAGREE WITH DECISIONS MADE BY MY HEALTH CARE SURROGATE?

You, your family, the health care facility, the physician, or any other interested person affected by the Surrogate's decisions can ask the court to intervene if:

- Decisions are in accord with your known desires;
- The Advance Directive is vague;
- The surrogate was not properly names or the designation of the Surrogate has become incapable of serving due illness or incapacity;
- Surrogate has abused powers;
- You have sufficient capacity to make you won health care decisions

WHERE CAN I FIND MORE INFORMATION ABOUT MENTAL HEALTH ADVANCE DIRECTIVE?

Contact the Department of Children and Families (877) 595-0384 or go to their website www.myflfamilies.com.

SCOPE OF SERVICES

Services are designed to improve the lives of individuals and families, while creating positive social empowerment experiences that promote healthy, long-term ties with family members, friends, and the community.

Outpatient operates with the philosophy of client-focused treatment. Outpatient is recovery oriented and welcomes clients with co-occurring mental health and substance use disorders. All clients receiving services are on a voluntary basis. Outpatient strives to quickly assess the presence of an existing mental health diagnosis or co-occurring mental health and substance abuse diagnoses. Upon identification of the diagnosis and needs identified, outpatient refers clients to the most appropriate level of care to meet their mental health or co-occurring needs.

Outpatient strives to assist clients achieve their long-term goals so that they may live contributory and purposeful lives in the community. These services focus on identifying short-term and long-term goals and assisting individuals meet the identified goals through a variety of treatment modalities. The services also focus on crisis stabilization which involves the identification and alleviation of symptoms that significantly interfere with client functioning.

Area Served: Ibis provides service to anyone residing in Hillsborough County and surrounding areas.

Client Population: Services are provided to children (5) years or older, adults, geriatric, families and couples with emotional and/or behavioral disturbances or psychiatric illnesses. Assessment services are typically provided to individuals who are not in need of emergency services, but rather need, and are appropriate for, routine outpatient care.

Clients may be either indigent or financially disadvantaged to the point they cannot obtain treatment from private sources.

Clients present with a variety of psychiatric diagnoses including, but not limited to, adjustment disorders, anxiety, depressive, bipolar, and psychotic disorders.

Triage: An Admission Specialist conducts a telephonic initial screening with an individual to ensure that they are exhibiting or experiencing mental health symptoms appropriate for treatment through Ibis, or if not appropriate for treatment through Ibis, refers them to the most appropriate community agency for treatment. Triage also includes the collection of basic demographic information needed for opening a clinical record for the client.

Intake Evaluation: A thorough bio-psychosocial assessment of the client's needs is conducted by non-medical clinical staff during the intake evaluation, which occurs on the day the client has a clinical record opened to the program. In addition, clients may be referred to a medical direct-service provider for a psychiatric evaluation. The outpatient program also completes updated bio-psychosocial assessments annually.

Individualized Treatment Plans: A structured, goal-oriented schedule of services is developed jointly by the client (and the client's legal guardian if s/he has one), the treatment team, and the family or other ancillary service providers per the client. The plan contains written, measurable, treatment-related goals, objectives and interventions. The plan also outlines the strengths, needs, and barriers towards achieving the long-term views. Services must be deemed medically necessary and prescribed for the client on an individual basis based

upon findings of the assessment and treatment planning services. Services and service frequency should accurately reflect the needs, goals and abilities of each client. The Stage of Change is also indicated in relation to mental health and substance use disorders.

Individualized Treatment Plan Reviews: This must be conducted at least every six months or earlier based on treatment updates to ensure that services and treatment-related goals and objectives continue to be appropriate to meet the client's needs and to assess progress and continued need for services. Appropriate modifications to the treatment plan must be done based on the review findings. This review shall include the treatment team, the client, family, and any other ancillary service providers per client's choice.

Individual therapy: Includes any verbal dialogue between a mental health professional and client on a one-to-one basis in order to facilitate problem solving, conflict resolution, insight development and coping skills, build self-worth, and basic needs skills used to decrease the mental health symptoms and improve the client's quality of life.

Group therapy: Includes any psychotherapeutic activity in which two or more clients engage with at least one staff facilitator to foster constructive interaction and feedback among clients and staff, increase education, and to promote the client's psychosocial growth toward identified treatment goals and objectives.

Couples/Marriage therapy: A therapeutic intervention with at least one significant other.

Family counseling: Focuses on exploring family dynamics and systems that contribute to the client's problems, improving family communication patterns, and reintegrating the client into the family system, as appropriate.

Psychiatric evaluations: A comprehensive evaluation provided by the assigned Psychiatrist or Advanced Practice Register Nurse (APRN) that investigates the client's clinical status, including the presenting problem, the history of the present illness, previous psychiatric, physical and medication history, relevant personal and family history, personal strengths and assets and a mental status examination. The evaluation concludes with a summary of findings, diagnostic formulation, including prognosis and treatment recommendations.

Medication reviews: A Psychiatrist or APRN reviews with the client his/her medication regime, performs an assessment of the presence or absence of adverse side effects or poly-pharmaceutical effects and communicates with the client any information relevant to their medication regime or compliance issues. Data regarding the effectiveness of psychotropic medications, complications or compliance issues is forwarded by the clinical staff to the appropriate psychiatrist so that corresponding medication adjustments can be made as needed.

MEDICATIONS AND YOU

Medication cannot "cure." Medication can assist the body's natural defenses and processes to promote recovery. All effective medications produce desirable changes in the body, but these same medications may also cause undesirable adverse reactions or side effects. Likewise, a particular medication will not be useful to everyone. The complexity of the human body, individual responses (in different people and in the same person under different circumstances), past and present health, age and gender all influence how well a medication works.

Some suggestions for wise medication use apply to all medications:

Provide medical practitioner with accurate information. Remember to always give your medical provider a complete list of all medical history, your current medications, allergies or adverse reactions to medications, and your current medical plans. Be sure to mention your progress with or concerns about your treatment with current medications. Tell your doctor about any unexpected new symptoms you have while taking medication.

Know your medications. Learn the medication's generic, as well as brand name, your dosage, and the times you are to take your medication. Be familiar with all the medication's effects (including its "side effects"). Resources for information are: your medical practitioner, pharmacist, books in your public library and the Internet.

Never take medications other than those prescribed. Medications don't always fall into the category of "taking more increases the benefits." Some medications act differently at different dosages, and only your medical provider should make dose adjustments. The label on your medication package will give specific instructions for dosages and schedules. You should also request a supplemental medication information fact sheet from your pharmacist to supplement the information on the medication label.

Avoid mood altering substances. Alcohol, cocaine, marijuana or other mood-altering substances may prevent your medication from being effective and can cause life-threatening interactions with your medications. Avoid the use of these substances.

Check your prescription bottle before taking any medication. One of the more common ways people mismanage their medications is to pick up the wrong medication bottle and take a pill before checking to make sure that it is the correct medication at the prescribed dosage. Never take medication in the dark.

Properly store your medication. Keep your medications away from moisture and heat and out of the reach of children. Safely secure them against theft. Put them where you will remember to take them at the proper time.

Don't double dose if you miss a dose. If you should miss a dose of medication, don't automatically double the amount of medication at the next scheduled dosage. Consult your information/fact sheet about how to handle missed dosages of your medication. If you should need to change the dosage schedule, consult your medical care provider.

Follow diet instructions when you take your medications. Some medications work better on a full stomach; others on an empty stomach.

Notify your medical care provider of medical status changes. If you should experience any changes in your medical status (pregnancy, development of a medical condition, pending surgeries, etc.), notify your medical care provider immediately to make sure that your medications are safe to continue using. If you are seeing a mental health practitioner, as well as a medical doctor, make sure you have authorized communication between them about your care.

FOLLOWING YOUR MEDICAL CARE PROVIDER'S RECOMMENDATION

It is important to follow your medical care provider's recommendations in order to benefit the most from treatment. You will be asked to complete a treatment plan when receiving medical treatment. A treatment plan is made with your input and works towards the goal of improving your health and ability to function. Patients that do not follow their provider's recommendation often fail in their treatment. Below are some examples of recommendations that may be difficult to follow, and what you can do:

- If you do not understand the instructions, ask your provider to explain it again. Sometimes it is difficult to believe that the instruction or recommendation will make a difference. If you are not sure how it will make a difference, ask your provider.
- Recommendations for lifestyle changes (abstaining from alcohol, dieting, exercise, etc.) are sometimes very difficult to follow through with. Let your provider know if you are struggling – he/she may have some tips to help.
- Long-term treatment regimens (such as continuing treatment for chronic conditions) can be very discouraging. This is common for anybody with a long-term illness. Let your therapist and your provider know. There are support groups you can attend that may help, and talking to your therapist may also make you feel a little better.
- You may think that a lessening or disappearance of symptoms indicates that your medications are no longer necessary. This actually means they are working like they are supposed to. This is a great step. Now following the recommendations of your provider becomes very important to make sure you continue to feel better.
- Side effects of medications may be unpleasant or uncomfortable. This is common, but still not something you probably look forward to. Talk to your provider about ways to manage these side effects. Sometimes they will go away; other times there are ways to make them not seem so bad. Make sure you report any side effects each time you talk to your provider.
- Cost of treatment and medications is financially difficult. There may be other options to receive treatment and medications that could be within your financial reach. Ask your medical provider.
- Failure to keep appointments or follow through with recommended laboratory tests or medical physicals can be detrimental to your progress and long-term results. Try as hard as you can to keep your appointments, as this is the best time to report what is happening to people who can hopefully help.
- Attitudes, beliefs and perceptions of others can keep you from being committed to treatment recommendations. Remember, you and your provider need to be the ones to make the decisions about you. Don't let others make these important decisions for you.

In order for your treatment to be effective, you and your health care providers must work as a team. If you do not follow their instructions and communicate with your provider about how things are going, you cannot expect that the treatment will be effective. If you have reservations or fears about treatment, discuss them with your medical care provider. There are several groups available to provide you with both information and support to address your concerns about your condition and its treatment.

BENZODIAZEPINES AND STIMULANT MEDICATIONS

Ibis does not routinely prescribe benzodiazepines and stimulant medications. If you are prescribed one of these classes of medications, you will be required to review and sign the "Benzodiazepines and Stimulant Treatment Contract". See a copy of it below:

Benzodiazepines are a class of medications used to treat anxiety and other disorders and consist of Valium (Diazepam), Ativan (Lorazepam), Xanax (Alprazolam), Klonopin (Clonazepam), Librium (Chlordiazepoxide), Restoril (Temazepam), Serax (Oxazepam), and others.

Stimulants are a class of medications used to treat attention deficit hyperactivity disorder (ADHD), narcolepsy, and other disorders. These medications include Adderall (Amphetamine/Dextroamphetamine), Ritalin (Methylphenidate), Concerta (Methylphenidate), Vyvanse (Lisdexamfetamine), Dexedrine (Dextroamphetamine), and others.

I freely and voluntarily agree to accept this treatment contract, as follows:

General Agreement

1. I agree that the medications prescribed to me, whether benzodiazepines or stimulants, are my responsibility, and I will keep them in a safe, secure place. I understand that it is a felony to keep these medications outside their properly labeled containers as they are controlled substances under the Controlled Substances Act 1970 21 U.S.C. §801 et seq. & sec 1308 Title 21 (CFR) Part 1300.

Acknowledgment of Risks

1. I understand that both benzodiazepines and stimulants may be abused and that misuse may have serious consequences:
    - **Benzodiazepines:** Potential consequences include sedation, memory loss, unconsciousness, and death.
    - **Stimulants:** Potential consequences include increased heart rate, high blood pressure, agitation, hallucinations, and risk of addiction or overdose.
2. If I lose my medication, I agree that it will not be replaced regardless of the reasons for such loss.
3. I understand that stopping these medications abruptly may lead to serious withdrawal symptoms:
    - **Benzodiazepines:** May cause seizures, panic attacks, hallucinations, and psychosis.
    - **Stimulants:** May cause fatigue, depression, or other withdrawal symptoms.
4. If I wish to stop taking these medications, I will consult my treating provider and follow a supervised tapering plan if necessary. I agree to contact my provider immediately if withdrawal symptoms occur unexpectedly.

Prescriptions and Office Visits

1. I agree that my medication or prescriptions will only be provided during regular office visits. Any missed office visits will result in my not being able to get medication until the next scheduled visit.

Multiple Providers and Medications

1. I agree not to obtain benzodiazepines, stimulants, or any other controlled substances from any other providers, pharmacies, or sources without informing my treating provider. Doing so may constitute fraud, a felony punishable by a prison sentence. I will bring any medications being prescribed by another provider with me to the clinic and register them.

2. I understand that my treating provider will regularly check the Florida Drug Monitoring Program, which provides information on all controlled substances prescribed to me in Florida over the previous year.

Mixing Substances

1. I understand the risks of mixing these medications with other substances:
    - **Benzodiazepines:** Mixing with alcohol, sedative drugs, or opioids can be dangerous or fatal.
    - **Stimulants:** Mixing with alcohol, other stimulants, or medications affecting heart rate or blood pressure can have serious or fatal consequences.
2. I agree to inform my provider if I am prescribed other medications and to avoid alcohol and recreational substances while taking these medications.

Dosage and Usage

1. I agree to take my medication as prescribed and not to alter the dosage or frequency without consulting my provider. In particular:
    - I will not increase or decrease the dosage of my medications without provider approval.
    - I will not take my stimulants in a manner inconsistent with the prescribed purpose (e.g., to enhance performance or stay awake).

Sharing or Selling Medications

1. I agree not to sell, share, or give my medications to any other person for any reason. Doing so is a felony and may result in serious legal consequences for me.

Compliance Monitoring

1. I understand that I may be:
    - Drug tested at any time.
    - Asked to bring my medications for a pill count.
2. A positive drug test for a substance for which I do not have a valid prescription, or an incorrect pill count, may lead to termination of my prescriptions.

Release of Information

1. I agree to sign a release of information for any other provider who is currently or who has recently treated me, especially if they are prescribing benzodiazepines, stimulants, narcotic pain medications (Percocet, Vicodin, Oxycodone, Dilaudid, etc.), muscle relaxants (Soma, Flexeril), or other medications which may interact with my prescriptions.

Non-Compliance

Failure to comply with this contract may lead to my treating provider deciding that benzodiazepines or stimulants can no longer be safely prescribed for me. In this case, my provider may discontinue the medication and discuss alternative treatment options, including drug detoxification and other non-controlled medications.

MEDICATION AND SUBSTANCE USE ADVISORY

Use Medications as Prescribed

Medications should only be taken as directed by your provider. Misuse of alcohol, street drugs, or addictive prescription medications can:

- Interfere with treatment and reduce medication effectiveness.
- Worsen mental health symptoms.
- Increase serious health risks, including dependence, overdose, and withdrawal effects.

Commonly Misused Substances

Some substances that may negatively impact treatment include:

- Marijuana
- Benzodiazepines/Tranquilizers (e.g., Xanax, Valium, Klonopin)
- Stimulants (e.g., Cocaine, Amphetamines, Adderall, Ritalin)
- Narcotic Pain Medications & Opiates (e.g., Heroin, Morphine, Fentanyl, Percocet)
- Hallucinogens (e.g., LSD, PCP, Mushrooms)
- Kratom

Addictive Prescription Medications

Some prescription medications can be addictive but are safe and helpful when used correctly. When prescribed by a doctor for the right condition and taken as directed, they can effectively treat issues like anxiety, ADHD, sleep disorders, and pain.

If you are working to manage your mood, thoughts, or mental health, avoid using these substances unless they are prescribed to you. Misusing them can interfere with your treatment and make your medications less effective.

Need Help? We Can Support You

If you have difficulty discontinuing substances, Ibis offers counseling and support groups to assist. Speak with your healthcare provider or therapist for more information.

OPIOID SAFETY AND OVERDOSE PREVENTION PLAN

WHAT ARE OPIOIDS?

Opioids are a type of drug that includes:

- Prescription painkillers, such as:
  - Morphine
  - OxyContin®
  - Dilaudid®
  - Percocet®
  - Vicodin®
  - Demerol
  - Codeine
  - Hydrocodone
  - Hydromorphone
- Fentanyl (legal or illegal) and heroin

RISK FACTORS FOR OVERDOSE

Physical Health: Opioids can slow breathing. If you have asthma or other breathing problems, you are at high risk for overdose. Those with liver and/or kidney problems or who are HIV positive are also at increased risk.
Previous Overdose: If you have had a nonfatal overdose in the past, you have an increased risk of a fatal overdose in the future.
Mixing Drugs: Many overdoses occur when opioids are mixed with alcohol, benzodiazepines (sedatives and/or anti-anxiety medicine) or other substances for medical and non-medical reasons.
Tolerance: If you take a break from using opioids, restarting at the same dose may cause an overdose, so please know you will have a much lower tolerance for opioids when you are following and participating in an abstinence-based treatment program or if you were recently discharged from a medication-assisted treatment program. Having a lower tolerance for opioids will make you more likely to overdose.

PREVENTING AN OVERDOSE

Explore ways to manage pain that do not include opioids.
Use only prescription painkillers prescribed to you by a medical professional.
Take opioids around other people who can respond if there is a medical emergency.
Consider using a fentanyl test strip before taking or injecting any drugs.
Dispose of any unused opioids at a drop box located at many pharmacies and police stations.
Store opioids in a secure place to prevent access by people not prescribed the medication, e.g., a locked container such as a lock box.

RECOGNIZING AN OVERDOSE

An opioid overdose can take hours to occur.
A person who is having an overdose may experience **slow breathing** (less than one breath every five seconds), **shallow breathing**, or **no breathing**.
Other signs and symptoms of an overdose include:

- Nodding out; snoring noises while asleep.
- Vomiting.
- Blue or pale lips, skin or fingernails.
- No response when you rub your knuckles in the middle of their chest (see right) or shake their shoulders.
- Pale or clammy face.
- The black circle in the center of the colored part of the eye (pupil) is very small, sometimes called "pinpoint pupils," in someone difficult to awaken.

DO'S AND DON'TS WHEN RESPONDING TO AN OVERDOSE

- DO attend to the person's breathing and cardiovascular support needs by administering oxygen or performing rescue breathing and/or chest compressions.
- DO administer **Naloxone** and use a second dose, if no response to the first dose.
- DO put the person in the "recovery position" on the side, if you must leave the person unattended for any reason.
- DO stay with the person and keep the person warm

- ✖ DON'T slap or forcefully try to stimulate the person; it will only cause further injury. If you cannot wake the person by shouting, rubbing your knuckle on the sternum (center of the chest or rib cage), or light pinching, the person may be unconscious.
- ✖ DON'T put the person into a cold bath or shower. This increases the risk of falling, drowning, or going into shock.
- ✖ DON'T inject the person with any substance (e.g. saltwater, milk, stimulants). The only safe and appropriate treatment is Naloxone.
- ✖ DON'T try to make the person vomit drugs that may have been swallowed. Choking or inhaling vomit into the lungs can cause a fatal injury.

WHAT IS NALOXONE?

Naloxone (also known as NARCAN®) is a drug used to reverse an opioid overdose. Everyone who uses opioids is at risk for an overdose. If you or someone you know uses opioids, carry naloxone. **It can be lifesaving.** However, always get emergency medical help right away in any cases of known or suspected overdose. NARCAN® Nasal Spray is not a substitute for emergency medical care. Administer in accordance with the Instructions for Use.

- It stops the effects of opioids on the brain and body.
- It has no effect on someone who has not taken opioids.
- It is safe for children, pregnant women and even pets.
- It has no potential for misuse.
- It has minimal or no side effects.
- It wears off in 30-90 minutes.

Storage: Store naloxone away from extreme heat or cold and keep away from direct sunlight.

Expiration Date: Check expiration date on the packaging of naloxone on a regular basis (once per month) and return for a refill if it's expired.

Naloxone is like a seat belt. You hope you won't need it, but you should have it on hand as a safety precaution just in case you do.

WHAT IS NARCAN®?

Narcan® is the brand name for the nasal spray version of Naloxone. Although Narcan® Nasal Spray is a prescription medication, you can purchase Narcan® Nasal Spray directly from a pharmacist. Your insurance may cover all or part of the cost. Let Narcan® Nasal Spray be there to help you. **If there are prescription opioids in your home, then Narcan® Nasal Spray should be there too.**

To learn how to use and how and where to access, please visit the site below.

https://www.narcan.com/patients/how-to-get-narcan

HOW SHOULD I USE NARCAN NASAL SPRAY?

Read the Instructions for Use at the end of the Patient Information leaflet for detailed use of NARCAN® Nasal Spray.

- Use NARCAN® Nasal Spray exactly as prescribed by your healthcare provider
- Each NARCAN® Nasal Spray contains only 1 dose of medicine and cannot be reused
- Lay the person on their back. Support their neck with your hand and allow the head to tilt back before giving NARCAN® Nasal Spray
- NARCAN® Nasal Spray should be given into one nostril
- If additional doses are needed, give NARCAN® Nasal Spray in the other nostril.

Talk to your loved ones about a care plan in case of overdose.
Call 911 immediately if you know or suspect someone is experiencing an overdose.
For any sign of overdose, give Naloxone. Go to WWW.SAMHSA.GOV for more information.

Note: Fentanyl is a high potency opioid created in multiple forms for medical and non-medical reasons. It is becoming common for fentanyl to be mixed with other illegal drugs. Use caution when taking any illegal drugs.

INFECTION CONTROL

Ibis is committed to promoting good physical health as well as good mental health. In keeping with this commitment, we feel that it is important to address infectious diseases that are prominent in today's society; diseases to which we all can be susceptible. The following information is presented to help prevent infectious diseases and encourage you to seek appropriate medical treatment, if you are concerned. This information is not all-inclusive. We encourage you to get more information from the resources listed at the end of this document.

Ibis has a policy and procedure for infection control. In summary, the policy states that Ibis will identify and handle potential and actual infectious diseases of both employees and clients.

The Nursing Director will receive all reports of infectious illness, both clients and employees, and make recommendations to the CEO/COO for handling these cases.

If you have an infectious disease, your treatment will continue until your condition deteriorates to the point where your health may be jeopardized, mental health therapy becomes problematic, or if you become a health threat to other clients and/or employees.

The agency confidentiality policy/procedures will be followed. Unauthorized disclosure of sensitive information and discrimination in decision-making regarding client care will not be permitted.

All agency responses to employees and clients with infectious diseases will comply with applicable federal, state and other relevant guidelines, including notification of proper authorities.

TYPES OF INFECTIOUS DISEASES

Human Immunodeficiency Virus (HIV)

- A virus that attacks the body's immune system and if not treated can lead to AIDS.
- Currently no effective cure, once people get HIV, they have it for life, but with proper medical care, HIV can be controlled to where people with HIV can live long, healthy lives and protect their partners.
- Transmitted through contact with blood, sharing needles, semen, pre-seminal fluid, rectal or vaginal fluids, and from mother to child during pregnancy, delivery, or breastfeeding. CDC reports unprotected sex with a HIV positive person is how most individuals get HIV.
- Symptoms present in a wide variety of ways that include flu-like fever, sore throat, headache, muscle aches and pains, enlarged lymph nodes in neck, armpits, and groin, skin rash, abdominal cramps, nausea, or vomiting, and/or diarrhea.
- Treatment is the use of three or more HIV medicine called antiretroviral therapy (ART) that attacks the virus at different stages in its life cycle.

Acquired Immune Deficiency Syndrome (AIDS)

- The most severe phase of HIV infection.

In regards to HIV/AIDS, please be aware:

*Florida law requires providers involved in the care of a pregnant individual related to their conditions of pregnancy must offer STD tests, including HIV. If pregnant, is it encouraged to get tested for HIV regardless if you believe you are HIV free. Speak with your doctor or visit your local health department. If you opt-out, you must do so in writing. (F.S. ch 384)

*Minors under the age of 18 do not need parental consent for HIV or STD testing. If not consented by the minor, informing the parent of the testing, results, or treatment, or indirectly such as through health insurance is forbidden by Florida law. (F.S. ch 384)

*HIV/AIDS tests are informed, voluntary, and confidential. HIV/AIDS test results are super confidential, specific written consent is required to release such info, breach of confidentiality is a 3rd degree felony. (F.S. ch 384)

*HIV/AIDS are notifiable diseases in Florida, physicians and laboratories are required to report positive test results with patient

identifiers or HIV+ diagnoses to local health authorities. (F.S. ch 384)

*It is a 3rd degree felony for a person who knowingly knows they are HIV+ and knows that it can be transmitted by sexual intercourse to have sexual intercourse with any other person, unless the other person knows you're HIV+ and has consented to sexual intercourse. If you are HIV/AIDS positive and have a partner that you engage in sexual intercourse, it is important to seek Partner Notification Services, go to your local county health department for more information. (F.S. ch 384)

In partnership with the Department of Health, Ibis provides free HIV and Hepatitis C testing and counseling at the Ybor campus; 4422 E Columbus Dr. Tampa, FL 33605.

Hepatitis

Hepatitis is liver inflammation caused by a viral infection. There are 5 different viral infections that result in Hepatitis: A, B, C, D, and E.

Hepatitis A (HAV):

- The most common form of hepatitis.
- Caused by eating or drinking food or water that is contaminated with feces containing the virus.
- Symptoms include fatigue, nausea, vomiting, abdominal discomfort, dark urine, yellowing of skin and eyes (jaundice). Liver enzymes may be elevated.
- Can last from 3 weeks to 6 months.
- Treatment for Hepatitis A: Immune globulin vaccine for short- term protection and for people already exposed, bed rest and avoidance of intimate contact. For long-term protection, a Hepatitis A vaccine is recommended.

Hepatitis B (HBV):

- Caused by exposure to infected blood, unprotected sex, sharing contaminated needles, and through childbirth or breastfeeding by infected mothers.
- Symptoms include loss of appetite, nausea, vomiting, fever, fatigue, abdominal pain, dark urine, or yellowing of skin and eyes (jaundice). Some people have no symptoms and infection goes away without treatment.
- If infection remains in blood cells and liver for 6 months or more chronic HBV is diagnosed. Chronic HBV can result in cirrhosis and liver cancer. People with Chronic HBV usually do not have symptoms unless liver disease is present.
- Treatment for Hepatitis B is injections of the drug Interferon Alpha.

Hepatitis C (HCV):

- Most common blood-borne infection in the United States.
- Most serious of the 5 types of hepatitis.
- Caused by exposure to infected blood through unsafe, high-risk sexual behavior, injecting or snorting drugs using contaminated equipment, getting a tattoo or body piercing with contaminated equipment, using infected person's toothbrush, razor, or anything else that has contaminated blood on it.
- Less than 5 percent of spouses of people with HCV become infected & less than 5 percent of infants are infected during childbirth. No evidence of transmission through breastfeeding.
- Symptoms may occur immediately, lie dormant for years, or never develop. More than half of infected people have no symptoms. Symptoms include loss of appetite, fatigue, nausea, fever, dark- dark urine, yellowing of skin and eyes (jaundice). Liver enzymes may be elevated.
- Treatment for Hepatitis C is 3-times weekly injections of Rebetron (combination of antiviral drug Ribavirin with Interferon). Currently, there is no vaccine available for Hepatitis C.

Hepatitis D (HDV):

- Caused by contact with contaminated blood. Hepatitis B must be present for Hepatitis D to survive, so it is contracted at the same time as Hepatitis B or the person already has Hepatitis B.

- Symptoms are the same as Hepatitis B (loss of appetite, nausea, vomiting, fever, fatigue, abdominal pain, dark urine, or yellowing of skin and eyes (jaundice), except more severe.
- Treatment for Hepatitis D is injections of the drug Interferon Alpha, which is the same treatment for Hepatitis B.

Hepatitis E (HEV):

- Caused by consuming contaminated uncooked shellfish, fruits, and vegetables, and contact with water contaminated with feces.
- Symptoms are nausea, vomiting, fever, fatigue, abdominal pain, dark urine, and yellowing of skin and eyes (jaundice).
- There is no drug treatment or vaccine available for Hepatitis E. The recommended treatment is plenty of bed rest.

For more information on hepatitis contact the following agencies:

American Liver Foundation (Hepatitis)
212-668-1000
www.liverfoundation.org

Hepatitis Foundation Int'l
800-891-0707
www.hepfi.org

Centers for Disease Control and Prevention (CDC) (Hepatitis)
800-232-4636
www.cdc.gov/hepatitis

Tuberculosis (TB)

- TB is a bacterial infection that can spread to any organ in the body, but is usually found in the lungs. It is transmitted through the air and can be very contagious. However, it is nearly impossible to catch TB through casual contact with an infected person.
- People who are malnourished, live in crowded conditions, or have weakened immune systems, such as those with AIDS or leukemia, are at greater risk of contracting TB.
- 90% of people infected with TB have latent infections and never develop symptoms, nor can they transmit the infection to others.
- A positive tuberculin skin test is the only way to diagnose TB.
- Symptoms begin gradually and develop over a period of weeks or months. Some people have one or two symptoms, others have several symptoms. Symptoms include coughing up thick, cloudy, sometimes bloody mucus for more than two weeks, fever and chills, fatigue, weight loss, night sweats, shortness of breath, loss of appetite, chest pain that is worse when inhaling, rapid pulse, and muscle weakness.
- Treatment is antibiotics used to kill the TB bacteria. People who have inactive TB infections are treated to prevent the infection from becoming active, which can spread.

RESOURCES

For more information on infectious diseases contact the following agencies:

Hillsborough County Health Department
813-307-8000
Testing for HIV, STDs, and TB is routinely available through county health departments.

DCF Substance Abuse and Mental Health Program Office
813-337-5700

National Centers for Disease Control & Prevention (CDC)
1-800-232-4636

National Alliance on Mental Illness (NAMI)
727-791-3434

UNIVERSAL PRECAUTIONS

Universal Precautions are work practices that help prevent contact with other people's blood and certain bodily fluids. Ibis uses these universal precautions.

Infection can occur if infected blood enters the body through:

- A needle stick.
- A cut or break in the skin.
- A cut or break in mucous membranes (mouth, eyes and nose).

Universal Precautions help prevent infection through the use of:

- Protective barriers such as gloves, gowns, masks and protective goggles.
- Safe work practices such as proper disposal of needles and infectious waste.

Steps you can take to protect yourself:

- Wear gloves whenever contact with blood or other infectious bodily fluid may occur.
- Wash your hands and other skin surfaces for a minimum of 15 seconds with soap and water immediately after direct contact with blood or other bodily fluids.
- Cover open wounds and broken skin.

If a work area becomes contaminated with blood:

- Notify a staff member immediately if you see any blood in an area.
- Avoid touching or going near the spill to prevent any potential exposure.
- Wait for staff to clean and decontaminate the area before returning.

What to do if you are exposed to blood or other infectious fluids:

- Wash the exposed area immediately.
- Report the incident.
- Follow procedures for testing and treatment.

NOTICE OF PRIVACY PRACTICES

Ibis understands that information about you and your health is personal, and we are committed to protecting health information about you.

If you have any questions about this Notice or feel your HIPAA rights have been violated, please contact our Privacy Contact at: Health Information Management Manager
(813) 239-8279

COPIES OF THIS NOTICE OF PRIVACY PRACTICES ARE AVAILABLE AT ALL OFFICE LOCATIONS FROM THE FRONT DESK OR YOUR CASE WORKER/THERAPIST/CLINICIAN.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" refers to information about you that may identify you and your past, present or future physical or mental health and related health care services.

By law, we are required to:

- make sure that health information that identifies you is kept private;
- give you notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the Notice of Privacy Practice that is currently in effect.

USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION

You will be asked by the medical staff, clinical staff or case manager to sign a consent form. Once you have consented to the use and disclosure of your protected health information for treatment, payment and health care operations, and agency staff will use or disclose your protected health information as described in this section. Your protected health information may be used and disclosed by the medical staff, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the agency's practice.

Following are examples of the types of uses and disclosures of your protected health care information that Ibis is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we may disclose your protected health information, as necessary, to another agency that provides care to you. We may also disclose protected health information to other physicians who may be diagnosing and treating you when we have the necessary permission from you to disclose your protected health information.

Payment: We will use your health information for payment. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. This may also include information required for payment by funders such as the Department of Children and Families, the Juvenile Welfare Board, or other funders.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Information may also be disclosed to the health plan to obtain approval for day treatment services.

Health Care Operations: We may use and disclose protected health information about you for agency operations. These uses and disclosures are necessary to run the agency and make sure that all of our clients receive quality care.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. We may remove information that identifies you from this set of health information, so others may use it to study health care and health care delivery without learning who the specific clients are.

We may disclose your protected health information to interns or students that see clients at our agency locations. In addition, we may also call you by name in the waiting room when staff is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party business partners that perform various activities (e.g., pharmacy, billing, and transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

OTHER USES AND DISCLOSURES BASED UPON WRITTEN AUTHORIZATION

Other uses and disclosures of all or part of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You have the opportunity to agree or object to the use or disclosure of protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed. You may revoke this authorization, in writing, at any time.

Individuals Responsible for Your Care: Florida Statute 394.4615 states that your clinical record shall be released when the patient or the patient's guardian authorizes the release. The patient or the patient's guardian or guardian advocate may authorize the release of information and clinical records to appropriate persons to ensure the continuity of the patient's health care or mental health care. The parent, next of kin, or guardian of a person who is treated under a mental health facility or program may receive a limited summary of that person's treatment plan and current physical and mental condition. Release of such information shall be in accordance with the code of ethics of the profession involved.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, the agency shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your agency staff is required by law to treat you and the agency has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Research: Under certain circumstances, we may use and disclose protected health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all

patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of protected health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose protected health information for research, the project will have been approved through this research approval process, but we may; however, disclose protected health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific needs, so long as the health information they review does not leave the agency. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the agency.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

Required by Law - We may disclose your protected health information when it is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

To Avert a Serious Threat to Health or Safety - We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure; however, would only be to someone able to help prevent the threat.

Public Health Risks - We may disclose protected health information about you for public health activities.

These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Abuse or Neglect - We may disclose your protected health information to a public health authority that is authorized by law to report the abuse or neglect of children, elders and dependent adults; to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight - We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Legal Proceedings - We may disclose your protected health information when the court orders such release. In determining whether there is good cause for disclosure, the court shall weigh the need for the information to be disclosed against the possible harm of disclosure to the person to whom such information pertains. Information may be released if the patient is represented by counsel and the records are needed by the patient's counsel for adequate representation. (Florida Statute 394.4615)

Law Enforcement - A patient has declared an intention to harm other persons. When such declaration has been made, the administrator may authorize the release of sufficient information to provide adequate warning to the person threatened with harm by the patient. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) In emergency circumstances to report a crime;

the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Military and Veterans - When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for the purpose of a determination by the Department of Veterans Affairs of your eligibility for certain benefits.

National Security - We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President of the United States or others legally authorized.

Workers' Compensation - Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs. These programs provide benefits for work-related injuries or illness.

Coroners - We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

Research - Information from clinical records may be used for statistical and research purposes if the information is abstracted in such a way as to protect the identity of individuals.

Inmates - The client is committed to, or is to be returned to, the Department of Corrections from the Department of Children and Family Services, and the Department of Corrections requests such records.

Required Uses and Disclosures - Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

CONCERNS AND GRIEVANCES

If you have a concern with your Ibis services, you can express it without fear of retaliation. To formally address your concern, follow the steps for filing what is called a grievance. All Ibis staff are trained and knowledgeable about the formal grievance process.

It is recommended to file a grievance within 30 days of the service.

1. Talk with your counselor, case manager, or therapist about your concern first, or ask to speak with the program manager. All Ibis staff are trained to understand the grievance process and its importance.
2. If your concern is not resolved, complete a Client Grievance Form available from the front desk. You can request assistance in completing this form. Family members or others important to you may also complete the form on your behalf.
3. Once completed, submit the form to the front desk or mail it to Ibis. Upon receipt, the Compliance Officer or their designee may contact you for additional information. If you do not have a working phone, a letter will be sent to your address.

   Mail to:
   Ibis Performance Improvement
   5707 N. 22nd St.
   Tampa, FL 33610

4. A written decision will be provided to you. If you are not satisfied with the Compliance Officer's response, you may submit a written appeal request to escalate the grievance. Your appeal will be reviewed, and a written response will typically be sent within 30 days after receiving your appeal. If further dissatisfaction remains, you may submit another written request for review by the Executive level, whose decision will be final. A written response from the Executive level will generally be provided within 60 days of receiving your request.

Ibis aims to resolve grievances promptly, typically within 14 working days. More complex cases or appeals may require additional time, and we will keep you informed throughout the process. Timeframes are estimates and may vary depending on the nature of the grievance. We will provide regular updates if resolution takes longer than expected.

To submit a formal grievance, follow the steps outlined or call (813) 384-4000 to speak with Performance Improvement staff. You will not be penalized for expressing concerns or filing a grievance.

Please note: All formal grievances received by Ibis are tracked and logged for a minimum of five years. This information is used to identify opportunities for service improvement.

You may also submit your grievance to the agencies funding your program or to your health insurance provider.

Department of Children & Families (DCF): (813) 337-5700
Central Florida Behavioral Health Network (CFBHN): 813-740-4811

Discrimination complaints may be filed with DCF Office of Civil Rights or with the U. S. Department of Health and Human Services Office of Civil Rights.

Department of Children & Families Office of Civil Rights
1317 Winewood Blvd.,
Bldg. 1 Room 110
Tallahassee, FL 32399-0700
850-487-1901
Fax: 850-921-8470
TDD: 850-922-9220

U. S. Dept. of Health & Human Services
Office of Civil Rights Atlanta Federal Center, Suite 3B70
61 Forsyth Street S.W. Atlanta,
GA 30303-8909
404-562-7886
TDD: 404-331-2867

Florida Department of Health – Hillsborough
P.O. Box 5135
Tampa, FL 33675
813-307-8000

Disability Rights Florida
2473 Care Drive, Suite 200
Tallahassee, FL 32308
1-800-342-0823
1-800-346-4127 (TDD)

Central Florida Behavioral Health Network
719 South US Highway 301
Tampa FL 33619
813-740-4811

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain the effective date. In addition, we will offer you a copy of the current notice in effect.

IBIS FUNDERS:

Ibis

is a 501(c)(3) Corporation.

Selected programs at Ibis accredited by Joint Commission on Accreditation of Healthcare Organizations (JCAHO)