

## Health Connections ~ Driver Intervention Program

Business Address: 6600 Sylvania Avenue, Suite 264, Sylvania, Ohio 43560  
Phone: (419) 517-4088 ext. 3 Email: [dip@healthconns.com](mailto:dip@healthconns.com) Fax: (419) 517-4089

# PARTICIPANT HANDBOOK

## 3793:4-1-02 DRIVER INTERVENTION PROGRAM

### MISSION STATEMENT

The mission of the Health Connections Driver Intervention Program (DIP) is to create a lasting impact with participants in order to promote sober and responsible driving by increasing knowledge and awareness.

The DIP is organized exclusively to provide educational resources to those individuals who have received alcohol and/or drug-related driving offenses. The ultimate goal is for participants to increase their knowledge base and prevent re-offense.

### OBJECTIVES

**Alcohol Education:** DIP staff will provide education related to alcohol use and abuse, including information on the effects of alcohol and driving impaired.

The objective of providing alcohol education is to increase participants' knowledge base, promote safe and responsible driving, and increase awareness of the dangers of driving while impaired.

**Traffic Safety:** DIP staff will provide education on the topic of driver safety and responsibility.

The objective of providing education on traffic safety is to provide participants with a greater understanding and awareness of traffic laws, safe driving techniques, and the dangers of impaired driving.

**Counseling:** DIP staff will offer both group and individual counseling to participants.

The objective of providing counseling to participants is to assist in addressing any troublesome or challenging life events which may have contributed to the individual receiving the driving offense; DIP staff will make appropriate referrals and provide participants with information on available community and treatment resources.

**Evaluation of Objectives:** Health Connections will collect achievement data, process data and perception data to evaluate the effectiveness of the DIP objective.

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### Driver Intervention Program Rules

1. I will abstain from alcohol and drugs throughout the 72-Hour Driver Intervention Program. I will arrive free of alcohol and illicit drugs. I will make staff aware of any and all medications that I am prescribed by a doctor.
2. I will attend all scheduled groups, discussions, and activities. I will participate in an appropriate manner.
3. I understand that I cannot bring any weapons, knives, guns, alcohol, illicit drugs or other items that are deemed dangerous to self or others, I understand that some items may be confiscated at the discretion of Health Connections staff.
4. I understand that there is no smoking on the premises or in the hotel room. Smoking is only allowed in designated areas outside. I understand that there is a fine for smoking in the hotel of \$250 (minimum) and I will be responsible for this fine if I violate this rule.
5. I will not dismantle or break the smoke detector in my room. I understand that I will be charged \$250 (minimum), if I tamper with the smoke detector.
6. I understand that gambling of any kind is prohibited.
7. I will treat other group participants and staff with respect. I understand that verbal insults, threats, or gestures that are seen as abusive or dangerous will not be tolerated.
8. I will not allow anyone into my room who is not assigned to my room. I will not have visitors or guests or other DIP participants in my room.
9. I understand that I cannot have any food delivered - other than what is provided, what is available through the vending machines, or my own snacks that were approved upon my admittance to the program.
10. I will remain in my hotel room between the hours of 11pm and 7 am.
11. I understand that there is no tolerance for congregating in hallways after lights out or during breaks. I understand that there is no leaving the hotel room after lights out, nor leaving hotel grounds at any time during the 72-hour program.
12. I will keep the hotel clean and will be responsible for the cleanliness of my room and facility. I will not destroy hotel property, or other personal property.
13. I will not have my cell phone in any public area due to confidentiality laws. I will not take any pictures on my cell phone and camera. If I choose to use my cell phone, I will only make calls while in my hotel room.
14. I will dress appropriately and will not wear any clothing that is too revealing or inappropriate in nature. I will not wear any clothes with alcohol or drug related images.
15. I know that if I violate any of these rules or act inappropriately, Health Connections will contact my referral source (court) and I will be asked to leave. I understand that dismissal from a court-referred program is seen as a violation of a court order and I may face additional punishment from the courts. I understand that the cost of the DIP will not be refunded.

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### 3793:4-1-02 DRIVER INTERVENTION PROGRAM

#### Confidentiality

Program staff shall not convey to a person outside of the program that a client attends or receives services from the program or disclose any information identifying a client as an alcohol or other drug services client unless the client consents in writing for the release of information, the disclosure is allowed by a court order, or the disclosure is made to qualified personnel for medical emergency, research, audit, or program evaluation purposes.

*(We share no information with anyone without written consent. This includes your emergency contact and the referral source.)*

Federal laws and regulations do not protect any threat to commit a crime, any information about a crime committed by a client either at the program or against any person who works for the program.

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.

Each disclosure made with the client's written consent includes required language re.: 42 CFR, Part 2 prohibition of re-disclosure.

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Confidentiality, privacy or trust of communication and information is unique in a group counseling environment. **It is the shared responsibility of all group members to protect the confidentiality of all group members.**

A group facilitator will not disclose participant communications or information except as provided by law or in other limited circumstances. However, group members' communications and information are not protected by law. Thus, this agreement serves as an attempt to remind you of the importance of confidentiality and to provide you and your fellow group members with as much confidentiality protections as possible.

***I will not divulge any confidential information, including the identity of other participants.***

***I will not discuss any information pertaining to any confidential information in a public place or any place where it can be overheard by anyone not directly involved with the group.***

***I will not contact any individual or agency outside of the Driver Intervention Program to get personal information about any group member.***

***I will not release any information, in writing or orally, regarding any group member to any person(s) or agencies.***

***I understand that violation of these confidentiality codes could potentially result in my termination from this program and will be reported to the referring court/agency.***

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### Client Rights

#### **As a participant in the 72-Hour Driver Intervention Program, you have the following rights:**

- 1) The right to be treated with consideration and respect for personal dignity, autonomy and privacy;
- 2) The right to reasonable protection from physical, sexual or emotional abuse and inhumane treatment;
- 3) The right to give informed consent to or to refuse any service;
- 4) The right to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others;
- 5) The right to be informed and the right to refuse any unusual or hazardous treatment procedures;
- 6) The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas;
- 7) The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations;
- 8) The right to have access to one's own client record;
- 9) The right to be informed of the reason for terminating participation in a service;
- 10) The right to be informed of the reason for denial of a service;
- 11) The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state, or federal laws;
- 12) The right to know the cost of services;
- 13) The right to be verbally informed of all client rights, and to receive a written copy upon request;
- 14) The right to exercise one's own rights without reprisal, except that no right extends so far as to supersede health and safety considerations;
- 15) The right to file a grievance;
- 16) The right to have oral and written instructions concerning the procedure for filing a grievance, and to assistance in filing a grievance if requested;
- 17) The right to be informed of one's own condition;
- 18) The right to consult with an independent treatment specialist or legal counsel at one's own expense.

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### **DRIVER INTERVENTION PROGRAM Policy for Complaint and Grievance Procedures**

- A. To begin the grievance procedure, client may advise any persons at Health Connections that he/she wishes to complain about some problem with the program or his/her treatment. This complaint may include, but is not limited to:
- I. Violation of rights
  - II. Inadequate services
  - III. Denial of services
  - IV. Payment of fees
  - V. Discrimination in the provision of services
  - VI. Any other complaint regarding the provisions of services or treatment offered at Health Connections
- B. Health Connections staff may assist clients with their complaints. Staff persons may assist clients in investigating and/or minimizing grievances and monitoring the program's implementation of State and federal code regulations. Official grievances may be filed with the CEO and President, Ross Chaban, at 6600 Sylvania Ave., Sylvania, Ohio 43560.
- C. Health Connections staff will attempt to bring about a resolution to the client's complaint. If the client's complaint is unable to be resolved in 10 business days, the client has a right to file a formal grievance. The grievance must include in writing the date, time, and description of the incident. The official grievance must be signed and dated by the client filing the grievance. Within three days to the official grievance being received, a written acknowledgement will be provided by a Health Connections Governing Authority Member and/or the CEO and President, Ross Chaban. A hearing with the CEO and Health Connections DIP Governing Body may be made available to the client in an effort to resolve the matter. If the client is not present for the hearing, the results of the hearing will be made available to the client in writing within 20 calendar days of the hearing.
- D. The client has the right to initiate a grievance with outside organizations. This could include the Lucas County Mental Health and Recovery Services Board, 701 Adams Street, Suite 800, Toledo, Ohio 43604, (419) 213-4600; Ohio Department of Mental Health and Addiction Services, 30 E. Broad St. Suite 742, Columbus, Ohio 43215, Phone: 614-466-2596; Disability Rights Ohio, 200 S. Civic Center Dr. Suite 300, Columbus, Ohio 43215, Phone: 614-466-7264 or 1-800-282-9181; or the U.S. Department of Health and Human Services, Office of Civil Rights Regional office, 233 N. Michigan Ave., Suite 1300, Chicago, IL 60601, Phone (312) 353-5160.
- E. If the grievance is satisfied, the issue is considered resolved. If the grievance remains unresolved, the issue will be referred to the Ohio Department of Mental Health and Addiction Services within 20 calendar days of the hearing. If the grievance concerns a policy issue, the CEO and Advisory Board will review Policy and Procedures and determine if changes to the policies need to be made within 20 working days of the hearing. If the matter requires an extensive review and/or revisions to the Policy and Procedures, which cannot be completed within 20 calendar days, matters will be extended for a timeframe of no longer than 60 days. The client will be notified in writing of any extenuating circumstances as well as the outcome of the grievance.
- F. There will be no retaliatory actions taken against a person who files a complaint or grievance. Health Connections welcomes feedback and suggestions regarding services and treatment programs.

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### POLICY: HIPAA Privacy Regulations Policy

#### PURPOSE:

To standardize the access of patient information, revocation process, and authorization to release information.

#### POLICY:

To protect the integrity, confidentiality and availability of Protected Health Information collected, maintained, used or transmitted by the agency.

#### ACCOUNTABILITY:

All staff, volunteers, contract staff, and interns.

#### PROCEDURE:

##### **1. Privacy Notice:**

At the first contact with a patient or personal representative, they shall receive our Privacy Notice explaining how we will use their Protected Healthcare Information and their right to file a complaint with our Agency or the Secretary of the Department of Health and Human Services. Each patient or personal representative shall sign their signature to verify they have reviewed and agree to the privacy notice.

##### **2. Authorization to release patient information:**

The Agency shall only release patient information if:

- a. The patient signs a release of information form
- b. Court Order
- c. Medical Emergency
- d. The patient commits or threatens to commit a crime against themselves or other people.

To release confidential information with a written consent, the release of information must be completely filled out and signed by the patient. The patient has the right to limit the amount of information we may give out and revoke the consent at any time.

##### **3. Revocation of a release of information:**

A patient may request to revoke their consent at any time. Health Connections is not responsible for information given to other entities prior to granting the request for a revocation.

##### **4. Access, designated record set, subject to access, authorization of request, response time and fee:**

The staff, volunteers, interns, consultants and medical staff shall have access to patient records. If a patient request access to his/her record, the medical records clerk shall review the request and grant access or deny access to the patient chart. If the patient is granted access to their chart, they shall not view copies of their treatment notes, unless a specific release of information is completed. The Agency shall make a decision to the request within thirty (30) days if the information is on-site and sixty (60) days if the information requests is stored at an off-site location. A standard fee will be given to the patient for access to, and copying of a chart, as well as, staff time and resources needed to grant the request. All patients shall know in advance the fee and agree to pay the fee prior to receiving the patient information.

##### **5. Accounting of Personal Healthcare Information**

All Patients have the right to request an accounting of personal healthcare information. This means that our Agency would have to account for all information given or received by another organization. The Agency has sixty (60) days to complete the task. A standard fee will be agreed upon between our Agency and the patient prior to receiving the patient information.

##### **6. Requests for confidential communications:**

Confidential communications means the right to receive information from our Agency at a patient approved location. For example. Office, PO Box, etc. All patients have the right to request their communication be sent to an alternative location. The Patient will need to present our Agency with a written request for this service.

##### **7. Identification of persons seeking disclosure of protected health information.**

The Agency shall request photo identification of all persons requesting protected health information to verify their authenticity and authority to request the information. If a request is mailed, or faxed to our Agency, signatures will be verified to ensure the proper person is requesting the information.