



Families First  
OF FLORIDA

# Client Handbook

A Guide for Your Care

**Welcome to Families First of Florida! We are excited you chose us to assist you on your journey to wellness.**

Families First of Florida (FFF) serves children and families by providing in-home services in the areas of individual and family counseling, case management, psychiatry, assessments, medication management, and substance abuse services.

FFF also serves children who reside in foster care through our therapeutic foster care programs.

### **Your Client Handbook**

Your handbook was designed to act as a guide for you while receiving services with FFF. This will introduce you to our services and is full of useful information to assist you with understanding your rights as well as the expectation of treatment.

### **Families First of Florida’s Mission**

It is our mission to facilitate the growth and development of children with emotional or behavioral problems by providing them with quality, comprehensive in-home clinical services utilizing best practice therapeutic interventions that support trauma informed care.

Families First of Florida is committed to carrying out its mission with empathy, compassion, and integrity.

**Thank you for choosing FFF to serve you and it is our goal to provide effective, individualized services based upon your strengths and preferences.**

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**Locations and Hours of Operations**

*All Service Centers provide in-home or in office counseling with a focus on children and their families.*

**To make an appointment, call (813) 290-8560 and follow the prompts for the appropriate service center.**

All departments and service centers are accessible through our main number at **(813) 290-8560**.

<b>Tampa Service Center</b> 4902 Eisenhower Blvd., Suite 315 Tampa, FL 33634-6344 <i>(813) 290-8560 Option 1</i>	<b>Lakeland Service Center</b> 3020 S. Florida Ave. Ste. 201 Lakeland, FL 33803 <i>(813) 290-8560 Option 2</i>
<b>Marianna Service Center</b> 4440 Lafayette Street Suite K Marianna, FL 32466 <i>(813) 290-8560 Option 3</i>	<b>Ocala Service Center</b> 1701 NE 42nd Ave. Suite 301 Ocala, FL 34470 <i>(813) 290-8560 Option 4</i>
<b>Orlando Service Center</b> 7984 Forest City Rd. Suite #103 Orlando, FL 32810 <i>(813) 290-8560 Option 5</i>	<b>Tallahassee Service Center</b> 2365 Centerville Rd., Suite R5 Tallahassee, FL 32308 <i>(813) 290-8560 Option 3</i>
<b>Pinellas Park</b> 5030 78th Ave. N., Ste 9 Pinellas Park, FL 33781 <i>(813) 290-8560 Option 6</i>	<b>Records Department</b> <i>(813) 290-8560 Option 1</i>
<b>Billing Department</b> <i>(813) 290-8560 Option 1</i>	<b>Emergency Information</b> <i>(813) 290-8560 Option 7</i>

**Office hours are 8:30am-5:00pm Monday-Friday.**

However, certain programs offer services outside of these hours.

Our offices are closed the following holidays: MLK, President’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, the day after Thanksgiving, Christmas, and New Year’s Day.

It is our policy to provide services in a timely manner regardless of race, religion, gender, sexual orientation, ethnicity, age, disability or communication needs.

All service centers are accessible and usable for disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. We will make translator and/or interpreter services available or other assistive and communications devices available free of charge to clients. If possible, please provide 24-hour’s notice if a translator or interpreter is needed. To request assistance with our facilities, an interpreter, translator, or other assistive device, please call 813-290-8560 ext. 202.

### **General Program Information**

FFF offers a variety of services to our community focusing on children and youth and their families. Below is a brief description of each service offered:

- **Individual and Family counseling.** Provides in-home treatment planning and therapy to children and their families struggling with mental health concerns.
- **Substance Abuse services.** This is for clients who are diagnosed with a substance abuse disorder and is delivered either individually and/or in a group setting. This includes treatment planning in order for clients to maintain a substance free life. Currently we only provide this service in our Lakeland office.
- **Psychiatric Services.** This is a support for clients receiving treatment services in another FFF program. It is to provide medication treatment for clients who need medication to make progress in treatment.
- **Targeted Case Management.** Provides assessment and coordination of services for clients who qualify and need additional support in order to be successful in their treatment.
- **Licensed Care.** FFF licenses foster homes to provide treatment in a home setting. This is for children who are dependent on the state for their care. Currently we only provide this service in our Tampa office.
- **Parenting Program.** These are in-home parenting classes for parents who have been referred by the dependency system as potentially benefitting from these to improve their parenting skills.

In-home services include Individual and Family Counseling, individual Substance Abuse services, Psychiatric services, Targeted Case Management and Parenting. All others are either at a services center or other designated spot.

### **What to Expect When You Come for Services**

Each new client is scheduled an 'intake' appointment and this will either be scheduled in your home or at the service center. The intake appointment consists of you completing all necessary paperwork allowing us to treat you. You will also receive an assessment to best determine your needs. The assessment includes discussing you and your family's current situation, your history and your family's history. We will also discuss what strengths you have in order to best create your treatment plan.

The assessment will guide FFF in determining what services will best meet your needs. Once the assessment is complete your Treatment Plan will be created with your input. A Treatment Plan is a document with all of the goals listed of what you want to accomplish and the steps that will occur in order for you to be successful in treatment. Your Treatment Plan will be reviewed regularly to see how you are doing in treatment and if changes need to be made.

Once you have completed your treatment plan, you will be discharged from FFF and a Discharge Plan will be created to assist you to continue to be successful after receiving services at FFF.

Your therapist, or targeted case manager, will be managing your treatment/case with FFF and is your contact person for any questions or concerns. If you have an emergency and are unable to get in touch with your therapist, call the main office and assistance will be provided. For after-hour emergencies that may be life threatening, 911 should be called. If you are unhappy with your therapist or case manager, FFF recommends discussing with that person. If this does not help, the Program Manager will evaluate your request and determine if a transfer should occur.

### Appointments and Fees

If you need to cancel an appointment, FFF requires at least twenty-four (24) hours in advance. If there is a pattern of cancellations and/or failures to keep appointments, services may be discontinued.

Fees for services are based upon type of insurance. Most insurance types require a fee, usually a minimum of \$15. However, if you have Medicaid or a Medicaid HMO, there is no fee or co-pay. If you have a fee, you will be advised prior to any services being provided. If your insurance doesn't cover the full cost of services or if you don't have insurance, FFF offers fee reduction and waivers. A copy of our policy is available upon request.

**This is a statement of our financial policy** and by signing the Client Handbook Acknowledgement form, you are agreeing to this:

***You understand that you are obligated to ensure that our fees are paid in full. We will verify your coverage and bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill.***

***You agree that you will pay any deductible and co-payment, or co-insurance as determined by your insurance plan. Those payments will be due at the time of service or, if the service is held outside of a FFF Service Center, an invoice will be mailed to the client and must be paid upon receipt. Many insurance companies have additional requirements or stipulations that may affect your coverage. You are responsible for any amounts not covered or payable by your insurance. If your insurance denies any part of your claim, you agree to be responsible to pay the full balance.***

### Your Safety in Our Service Centers

FFF wants to ensure your safety at our service centers. Each service center is equipped with fire alarms and first aid kits. To find the closest exit, look for the lighted Exit signs in all of our hallways, or for the posted Fire Escape Route.

In the event of an emergency, FFF staff will guide any visitors appropriately. Depending on the nature of the emergency, directions may change. It is important to follow any, and all directions given by FFF staff when an emergency is declared. If you are unsure of what to do, please ask the nearest employee.

## Your Rights and Responsibilities

Each client has certain rights protected by law as well as certain responsibilities in order to be safe and successful.

### **Your Rights:**

- To be treated with courtesy and respect, with appreciation of your individual dignity, and protection of privacy
- To receive a prompt and reasonable response to questions and requests
- To know who is providing services, his or her qualifications, and who is responsible for your care
- To participate in the development and review of treatment/service and discharge planning
- To know what client support services are available, including whether an interpreter is available if you do not speak English, or are Deaf or Hard of Hearing
- To know what rules and regulations apply to your conduct
- To be given information regarding the reason for admission, diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- To consent to or refuse any treatment, except as otherwise provided by law.
  - Consent can be taken back, either verbally or in writing by you, your guardian, or guardian advocate
- To be given full information regarding fees for services and available financial resources for your care prior to treatment.
- Receive a copy of an understandable itemized bill and, if requested, to have the charges explained.
- To access to care regardless of race, national origin, religion, handicap, or resource of payment.
  - If you believe you have been discriminated against in any way, please assist us in our commitment to providing impartial services by contacting the Vice President of Operations at **(813) 290-8560**.
- To give consent or refusal to participate in experimental research
- To express grievances in your dissatisfaction that can include, but is not limited to, services, manner of treatment, outcomes, or experiences.
  - To request a copy of FFF's formal grievance policy and process, please call (813) 290-8560.
  - If you wish to file a formal grievance, please contact Quality Management at **(813) 290-8560** and they will direct your call.
- To express grievances regarding any violation of your rights, including abuse or neglect, as stated in Florida law. This information is provided during the orientation process and is posted in office reception areas. To express a violation of your rights, clients can also contact the Department of Children and Families at 813-558-5700. To report abuse or neglect, contact the Florida Abuse Hot Line at 1-800-96-ABUSE.
- For youth admitted to FFF's foster care program, you have a right:
  - To the care and custody of your personal belongings.
  - To a written inventory of your personal clothing or belongings.
  - To receive a minimum allowance, as required by the state, each month.
  - To receive an education in the least restrictive, most appropriate environment.

### **Your Responsibilities:**

- To provide accurate and complete information to the best of your ability
- To report unexpected changes in your condition.
- To report whether or not you understand a suggested course of action and what is expected of you
- To follow the treatment plan agreed upon by you and your treatment provider
- To keep appointments regularly and to call and cancel any appointments you cannot keep at least 24-hours in advance.
- To act appropriately and safely when there are consequences that result from refusing treatment or not following the treatment provider's instructions
- To make sure all financial responsibilities are carried out and to communicate as early as possible when you are not able to guarantee payment of any applicable fees.
- To treat all other people within the agency, home, and facility with courtesy and respect
- To refrain from attending appointments when actively infectious or contagious and seek appropriate medical treatment before returning for services
- To follow the facility rules regarding conduct as follows:

- Avoid being violent or threatening to staff, visitors, or other clients. You can be denied services if you become violent or threatening, or destroy property which does not belong to you. If you become violent, our staff may use crisis intervention techniques to protect you, themselves, others, and/or property.
- Do not bring unauthorized weapons onto FFF property. If it is discovered that you have an unauthorized weapon, you will be required to leave immediately, **and** we will inform a law enforcement agency in the event of any threatening behavior.
- Avoid bringing any illegal substance in or around our property. If it is discovered that you have an illegal substance with you, you will be required to leave immediately, and we may inform a law enforcement agency.
- Avoid exposing staff, visitors or other clients to contagious diseases or conditions such as lice, scabies, active tuberculosis, infectious hepatitis, or other contagious diseases. Services can be refused to anyone who has or claims to have, a currently contagious disease or condition until appropriate medical attention has been initiated and the physical condition is no longer contagious.
- FFF is a smoke-free environment.
- Wear appropriate clothing when in or around our buildings
- To permit the Department of Children and Families, and other funding sources to review information regarding your treatment or services if they help pay for your treatment or services provided by FFF.

If ever you feel as though your rights have been violated or you have been abused or neglected, please feel free to contact the numbers below:

Florida Abuse Hotline 1800-96-ABUSE	Department of Children and Families at 863-578-1733
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**Your Right to Privacy**  
(Notice of Privacy Practices)

This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.

FFF is required by law to protect certain aspects of your health care information known as **Protected Health Information or PHI** and to provide you with this Notice of Privacy Practices.

This Notice describes our privacy practices, your legal rights, and lets you know how FFF is permitted to:

- Use and disclose PHI about you
- How you can access and copy that information
- How you may request amendment of that information
- How you may request restrictions on our use and disclosure of your PHI.

In most situations, we may use this information described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

FFF respects your privacy, and treats all health care information about our patients with care under strict policies of confidentiality that all of our staff are committed to following at all times.

**PLEASE READ THE FOLLOWING DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT THE HIPAA PRIVACY OFFICER AT 813-290-8560 ext. 212.**

## **FFF is permitted by law to use your PHI:**

**For treatment:** This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other healthcare personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital, dispatch center, or the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

**For payment:** This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third-party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts. Upon request, you can restrict disclosure of PHI for services paid out of pocket.

**For health care operations:** This includes quality assurance and improvement activities, licensing and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, audit functions, including fraud and abuse detection and compliance, creating reports that do not individually identify you for data collection purposes.

### **FFF may also contact you:**

*To remind you about appointments and give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.*

## **Use and disclosure that does not require FFF to have an authorization:**

FFF is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

- For FFF's use in treating you or in obtaining payment for services provided to you or in other health care operations;
- For the treatment activities of another health care provider;
- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
- To another health care provider (such as the hospital to which you are transported or First Responder Agencies) for the health care operation activities of the covered entity that receives the information as long as the covered entity receiving the information has or has had a relationship with you and the PHI pertains to that relation;
- For health care fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, or close personal friend or other individual involved in your care or payment of care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts;
- To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law;



- For health oversight activities including audits or government investigations, inspections disciplinary proceedings and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, when the information is needed to locate a suspect or to stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- For research projects, but this will be subject to strict oversight and approvals. Health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;
- If you are an organ donor, we may release health information to organizations that handle organ procurements or organs, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- To the food and drug administration(FDA) relating to problems with food, supplements and products;
- We may use or disclose health information about you in a way that does not personally identify or reveal who you are;
- To the Department of Corrections should you be an inmate of a correctional institution. We may disclose to the institution or agents thereof, health information necessary for your health and the safety of other individuals;

Any other use or disclosure of PHI, other than those listed above, including most uses and disclosure of psychotherapy notes, uses and disclosures for marketing purposes and disclosure that constitutes a sale of PHI will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it.) **You may revoke your authorization at any time, in writing except to the extent that we have already used or disclosed medical information based upon that authorization.**

#### **Your Health Information Rights:**

As a patient, you have a number of rights with respect to the protection of your PHI, including:

**The right to access copy or inspect your PHI:** This means you may come to our office and inspect and copy most of the medical information that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a fee to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have forms available for you to request access to your PHI. We will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy liaison listed at the end of this Notice.

**The right to request amending your PHI:** You have the right to ask us to amend written medical information that we may have about you. If errors are found, we will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information, but only in certain circumstances. For example, if we believe the information is correct and no errors exist, your request will be denied. If you wish to request that we amend the medical information that we have about you, you should contact in writing the privacy officer listed at the end of this Notice. You have a right to amend your PHI for as long as we keep it.

**The right to request an accounting of our use and disclosure of your PHI:** You may request an accounting from us of certain disclosure of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purpose of treatment, payment, or health care operations, or when we share your health information with our business associates such as our billing company or a medical facility from/to which we have transported you.

We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempt from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.

**The right to request that we restrict the uses and disclosures of your PHI:** You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that we have about you for treatment, payment, or health care operations, or to restrict the information that is provided to family, friends, and other individuals involved in your health care. However, if you request a restriction and the information you ask us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. FFF is not required to agree to any restrictions you request, but any restrictions agreed to by FFF are binding on FFF.

**Copy of Paper Notice on Request:** A copy of this Notice will be posted and made available through the FFF Web-site; copies are also readily available at the FFF Polk and Tampa offices.

**Revision to the Notice:** FFF reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

**Your legal Rights and Complaints:** You also have the right to complain to us, or the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to the privacy officer listed at the end of this Notice.

**Right to be Notified of Breaches:** You have the right to be notified if there is a breach in the unsecured PHI.

**Complaints regarding your privacy:**

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

HIPAA Privacy Officer Liaison  
5707 N 22<sup>nd</sup> St Tampa, FL 33610  
813-236-3594

You can also submit a complaint to the United States Department of Health and Human Services. Send to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
OCR Hotlines-Voice: 1-800-368-1019

## Your Satisfaction

FFF wants you to be as pleased with your care as possible and values your input. Please feel free to tell staff members when you are satisfied or dissatisfied with your services. You may also complete a satisfaction survey by clicking the attached link. <https://www.surveymonkey.com/r/FFFCLSATIS>

We appreciate your efforts in communicating with us in areas you find exceptional or areas you think we need to improve upon. You can also email our Vice President of Operations with any feedback you think might be helpful at [jbrown@familiesfirstfl.com](mailto:jbrown@familiesfirstfl.com).

In the event any client, family member, or legal representative feels the need to file a formal notice of complaint/grievance we have a process in place. Our Grievance Procedure is as follows:

Families First of Florida highly recommends you try and resolve your concern or complaint directly with the staff member. If you have not been able to resolve the issue directly with your treatment provider, or you aren't comfortable doing this, you can contact the Quality Management Department by either calling (813) 290-8560 or emailing the Vice President of Operations, Jennifer Brown, at [jbrown@familiesfirstfl.com](mailto:jbrown@familiesfirstfl.com).

You may also ask any Families First of Florida employee for a Grievance Form and submit the completed form to Jennifer Brown, [jbrown@familiesfirstfl.com](mailto:jbrown@familiesfirstfl.com). A copy of the form is kept at each front desk for your convenience.

It is the policy of Families First of Florida to resolve all concerns as quickly as possible. The normal timeframe is 7 business days from day the complaint was received. Families First of Florida will provide you, in writing, any decision made about the complaint.

If you are not happy with the outcome, you may request another review of the complaint to be completed by the President or Chief Executive Officer. The decision of the Chief Executive Officer is considered final.

You may request a copy of our Grievance Policy at any time. FFF will not retaliate against any person who reports a concern or assists the organization in the investigation or a complaint.

If you believe you have been discriminated against with regard to accessing services, being denied benefits, or being excluded from services on the basis of race, color, religion, national origin, sex, age, or disability, you may file a grievance with FFF as directed above or you may file a written complaint within 180 days of the alleged discriminatory act with:

Assistant Staff Director for Civil Rights DCF Office of Inspector General Office of Civil Rights 1317 Winewood Blvd. Building 1, Room 110 Tallahassee, FL 32399-0700 (850) 487-1901; TDD (850) 922-9220	United States Dept. of Health and Human Services (HHS) Attn: Office for Civil Rights Sam Nunn Atlanta Federal Center, Suite 16T70 61 Forsyth Street S.W. Atlanta, GA 30303-8909 (494) 562-7881; (800) 537-7697
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FFF is committed to operating in accordance with all federal/state laws and ethical standards. All FFF staff is responsible for adhering to FFF Code of Ethics. A copy of the Code of Ethics is available to you upon request.

## Health Information

Our client's health is important to us. If you have any questions regarding your health, we will be happy to provide you with health information and referrals for care.

Some health concerns come in the form of 'communicable diseases' which includes Human Immunodeficiency Virus (HIV) and Tuberculosis (TB). HIV is the virus that causes Acquired Immunodeficiency Syndrome (AIDS) and has the ability to harm, disable, or destroy the immune system which is what the body uses to fight infection. Many people with HIV/AIDS often look and feel healthy; you cannot tell by looking at them if they are infected or if they can infect you. This disease affects people of all ages, sexes, races, cultures, and socioeconomic statuses.

### HIV/AIDS

Below is some basic information on HIV/AIDS which includes some of the ways the disease can, and cannot, be transmitted, the early signs and symptoms, and how you can protect yourself and your family.

<b>HIV is NOT spread by casual contact such as:</b>	
➤ Sharing a drinking glass	➤ Toilet seats
➤ Mosquitoes	➤ Sharing offices and rooms
➤ Coughing	➤ Water fountains
➤ Sneezing	➤ Showers
➤ Hugging	➤ Restaurants/cafes

<b>HIV CAN be spread by:</b>	
➤ Exposure to blood through needle stick, instruments, or sharps	➤ Exposure to body fluids—blood, semen, vaginal secretions, or amniotic fluid.
➤ Unprotected oral, anal, or vaginal sex.	➤ Sharing of needles as in drug administration, tattoo equipment and body piercing.

Early signs and symptoms include unexplained weight loss, swollen glands, and persistent diarrhea.

You can protect yourself by never sharing needles in piercing or tattooing, learn how to clean needles properly, and abstaining or postponing sex. Sexual abstinence is the only way to avoid getting or passing along HIV through sexual contact. For sexually active people, using condoms is the best protection.

The Department of Health requires that we inform our clients about the Florida law on HIV and AIDS testing, confidentiality of test results, and treatment of patients pursuant to FS [381.004](#) and [384.25](#). You or your guardian must give consent to be tested for HIV. You have the right to be informed about your test results. If your test result is positive, you should also receive information regarding the availability of appropriate medical and support services, preventing transmission of HIV, and notification of partners who may have been exposed. You have a right to have the results of your test kept confidential. However, you should know that the Health Department is required to keep a record of all positive results including identifying information if available.

The Health Department is required to maintain a list of sites at which anonymous testing is performed.

Information about your HIV status may be released without your consent to medical personnel in a medical emergency, to personnel involved in your daily care when you are incarcerated or living in a congregate facility, to partners who may have been exposed if you do not inform them yourself, to the health department if you have not already done so, or by court order.

FFF does not provide HIV testing nor do we require any person to take or submit to a HIV related test as a condition of admission.

To obtain HIV Testing and Counseling, contact the Florida AIDS hotlines at:

- 1 – 800 – FLA – AIDS (English)
- 1 – 800 – 545 – SIDA (Spanish)
- 1 – 800 – AIDS – 101 (Creole)

### **Tuberculosis (TB)**

Tuberculosis, also known as TB, is a contagious bacterial infection that mainly involves the lungs, but may spread to other organs. TB is spread by inhaling the air droplets from the cough or sneeze of an infected person. Most people will recover from a TB infection without further symptoms. However, in some people, the infection may be asleep, or dormant, for years and then reactivate.

Some people are at higher risk for developing a TB infection, including the elderly, infants, and people with weakened immune systems. Symptoms include cough, coughing up blood, excessive sweating (especially at night), fatigue, fever, and unintended weight loss. Other symptoms might include breathing difficulty, chest pain, or wheezing.

You should get tested for TB if:

- You have spent time with a person known to have active TB disease or suspected to have active TB disease
- You have HIV infection or another condition that puts you at high risk for active TB disease
- You think you might have active TB disease
- You are from a country where active TB disease is very common
- You live somewhere in the United States that active TB disease is more common (such as a homeless shelter, migrant farm camp, prison or jail, and some nursing homes)
- You inject illegal drugs

Treatment of TB typically involves a combination of several medications and may last for about six months. Symptoms usually improve within 2-3 weeks of beginning treatment.

Your health care provider is required to report to the local health department if you have TB.

### **MRSA Skin Infections**

Staphylococcus aureus (“Staph”) bacteria is a skin infection resistant to many antibiotics (drugs that kill bacteria), also called methicillin-resistant Staphylococcus aureus— “MRSA.”

MRSA may look like a pimple, rash, boil, or an open wound and is commonly found on the skin of healthy persons. Staph/MRSA infections often begin with an injury to the skin. Symptoms of a Staph infection include redness, warmth, swelling, and tenderness of the skin, and boils or blisters. If left untreated, it can cause serious skin infections or worse.

Staph/MRSA can rub off the skin of an infected person onto the skin of another person during skin to skin contact. Or, the Staph can come off of the infected skin of a person onto a shared object or surface, and get onto the skin of the next person who uses it. Examples of commonly shared objects include towels, soap, benches in hot tubs, and athletic equipment—in other words, anything that could have touched the skin of a Staph infected person can carry the bacteria to the skin of another person. Staph/MRSA lives on skin and survives on objects for 24 hours or more. The cleanest person can get a Staph/MRSA infection.

To prevent MRSA:

- Wash your hands with soap and warm water
- Keep cuts and scrapes clean with soap and water
- Avoid skin contact and sharing personal items with anyone you suspect could have a Staph skin infection
- When using protective gloves to treat infected area, remove and dispose of them properly, then wash your hands with soap and water

If you think that you have a skin infection, consult your doctor or healthcare provider as soon as possible.

If you are infected, here are ways to keep others from getting infected:

- Clean your bandages, your hands, and your home
- Keep the infected area covered with clean, dry bandages, as pus from infected wound is very infectious
- Wash your hands frequently with soap and warm water, especially after changing your bandages or touching the infected skin
- Regularly clean your bathroom, kitchen, and all other rooms, as well as your personal items
- Wash clothes and other items that become soiled with hot water or bleach, when possible, and dry clothes in a hot dryer, rather than air-drying, to help kill bacteria in clothes
- Tell any healthcare providers who treat you that you have an antibiotic-resistant Staph/MRSA skin infection

### **Scabies**

Scabies is a transmittable, parasitic skin infection caused by a mite called sarcoptic scabies. Scabies is characterized by intense itching of the tiny, red bumps or marks caused by the mites which burrow into the skin to lay their eggs. Scabies in humans is highly contagious and an infestation can require treatment for the entire family or group such as classmates and nursing home residents. Scabies in humans is not the same type of scabies that cats or dogs get, which is called mange. Although pet scabies can spread to humans, those types of mites usually die after a few days.

Although people with weakened immune systems are more vulnerable to scabies (including children and the elderly), scabies can infest anyone of any age group or of any social class.

According to the Centers for Disease Control, scabies is spread by direct, prolonged skin to skin contact with an infected person, including sexual contact. Scabies cannot be spread by a simple handshake or hug. Mites are unable to fly or jump. A person can also become infected with scabies by sharing clothes, towels, and bedding with someone who is infected.

If you believe you have scabies, you should see your doctor or dermatologist. Scabies is most commonly treated with prescription strength topical, medicated lotions. In severe or persistent cases, an oral anti-parasite medication may be prescribed. If left untreated, the intense scratching may lead to bacterial infections and impetigo, which is a highly contagious skin infection, characterized by crusting and pus-filled blisters called pustules.

Since scabies can live in clothing, bedding and towels, all items that were in contact with the infected person should be washed in hot water with detergent and dried in a hot dryer.

### **Lice**

Head lice are tiny insects that live on the scalp. They can be spread easily by close contact with other infected people or by sharing clothing, bedding, or hair brushes. Head lice are more common in close living conditions. Having head lice does NOT mean a person has poor hygiene. Head lice can infect people of all social classes, genders, or ages.

Symptoms of head lice include intense itching, small red bumps on the scalp, neck and shoulders, or tiny white specks in the bottom of the hair.

Head lice are highly treatable by using a lotion or shampoo with an anti-parasite chemical. Additionally, the nits (eggs) must be removed from the hair and all bedding, linens, and clothes in hot water with detergent. To prevent head lice, never share hair brushes or combs, hats, hair pieces, bedding, towels, or clothing with someone who has head lice.

**If you want additional information on these, please contact your local health department.**

**For information and referral services you can dial 211 or visit the 211 website at [www.211tampabay.org](http://www.211tampabay.org).**

We welcome your feedback and questions regarding this handbook. For any feedback, please email [jbrown@familiesfirstfl.com](mailto:jbrown@familiesfirstfl.com).