



## **Client Handbook**

**Office Telephone Number: 304-529-4276**

**After Hours Crisis Number: 304-529-4276**

4/17/26

**If you have questions or do not understand any information contained in this handbook, please contact your individual service provider for assistance.**

### **Office Hours of Operation**

8:00am – 4:00pm Tues, Wed, Fri

8:00am -7:00pm Mon, Thurs

### **Our Mission**

Lodestar exists to provide compassionate, evidence-based treatment that supports recovery, promotes dignity, and restores hope.

Our values include:

- Respect for the dignity and rights of every individual
- Commitment to ethical and professional care
- Creating safe, supportive environments for healing
- Fostering resilience, empowerment, and long-term recovery

### **Services**

- Mental Health Counseling and Outpatient Therapy
- Medication Management
- Mental Health Skills Training & Development
- Intensive outpatient Services
- Peer recovery Support

## **Program Descriptions and Likely Course of Treatment.**

### **Mental Health Counseling and Outpatient Therapy**

While the type and frequency of services will be determined in an individualized service plan the typical person who receives mental health outpatient therapy participates in individual therapy for 1 hour every 2 weeks. Group therapy may be offered some sites.

### **Medication Management**

Lodestar Behavioral Health Center offers psychiatric services, as an adjunct to other services provided. These services, which are provided consistent with guidelines for professional practice as determined by the American Psychiatric Association (APA), include the following medically necessary services: psychiatric evaluation and diagnosis; medication evaluation; medication management. While frequency of services will be determined in an individualized service plan the typical person who receives

mental health outpatient therapy participates in medication management on a 1-3 month basis.

### **Skills Training & Development**

Skills Training & Development is a service designed to help individuals build and strengthen the practical skills needed for successful daily living, emotional regulation, and independent functioning. While frequency of services will be determined in an individualized service plan the typical person who receives this service participates 1 to 2 times per week.

### **Intensive Outpatient Services**

Intensive Outpatient Services are structured, time-limited behavioral healthcare programs designed to treat individuals with mental health or substance use disorders who require more support than traditional weekly therapy but do not need 24-hour supervision. These services allow participants to live at home and maintain daily responsibilities like work or school while receiving multi-day, intensive treatment. Treatment typically occurs 3 to 5 days per week, with each session lasting approximately 3 hours.

### **Peer Recovery Support**

Peer recovery support services in West Virginia (WV) are non-clinical, evidence-based services for people with substance use issues delivered by individuals with lived experience in recovery from substance use. These services aim to improve long-term recovery by providing emotional support, mentoring, and navigating complex social and medical systems. While frequency of services will be determined in an individualized service plan the typical person who receives this service participates 1 to 2 times per week.

### **Expected Outcomes**

The expected outcomes of all these services include increased independence in daily living, improved social and interpersonal functioning, reduction in behaviors that interfere with community living, and enhanced ability to manage emotions, responsibilities, and relationships in a healthy and adaptive way.

### **Transition Planning**

A transition plan is initiated as soon as clinically appropriate.

The written transition plan is prepared or updated to ensure a seamless transition when a person served:

- Prepares for a planned discharge.
- Identifies the person's current:
  - Progress in recovery or move toward well-being.
  - Gains achieved during program participation.
- Identifies the person's need for support systems or other types of services that will assist in continuing recovery, well-being, or community integration.
- Includes information on the continuity of the person's medication(s), when applicable.
- Includes referral information, such as contact name, telephone number, locations, hours, and days of services, when applicable.
- Includes communication of information on options and resources available if symptoms recur or additional services are needed, when applicable.
- Includes:
  - Strengths.
  - Needs.
  - Abilities.
  - Preferences.
- Identifies the person responsible for coordinating the transfer or discharge.

### **Code of Ethics and Professional Conduct**

Lodestar is committed to the pursuit of excellence in the provision of services to persons with mental health and substance use challenges, and other disabilities that may limit full participation in daily life. The agency encourages and expects high standards of performance throughout the organization. Those serving at all levels of the organization including the CEO, managers, and supporting staff are expected to perform their duties competently, honestly, compassionately and with commitment to the highest standards of ethical conduct.

This Code of Ethics is designed to provide guidance to all employees in the company in achieving the expected level of ethical conduct. In maintaining the ethical standards required by the agency, each employee will:

- Provide all services in a manner that demonstrates the utmost respect for the humanity and dignity of each person served;
- Provide competent, caring service/support to each individual consistent with the goals in the person-centered plan;
- Communicate with persons served in a manner that is respectful and best helps them understand the information being presented;
- Protect all persons served from abuse, neglect, humiliation, or exploitation;
- Provide the individuals served with the information they need to make informed decisions about their services;
- Advocate for the rights of persons served;
- Protect the confidentiality of all information related to persons served
- Recommend only those services/treatments considered to be beneficial to the individual;

- Document honestly and accurately all services provided and bill responsible payers only for services provided;
- Maintain and continuously improve levels of professional competence in order to provide the highest quality of services;
- Operate within the scope of their professional practice
- Observe professional boundaries that are conducive to therapeutic or collegial relationships
- Not engage in dual relationships with persons served. Examples of multiple relationships that shall be avoided include but are not limited to those listed below:
  - Familial relationships;
  - Social relationships;
  - Emotional relationships;
  - Sexual relationships
  - Financial relationships;
  - Supervisory relationships;
  - Political relationships;
  - Administrative relationships; and/or
  - Legal relationships.
  - Social media/personal virtual relationships, including online communities.
- Comply with all local, state, and federal rules/regulations/laws governing the service provided
- Conduct business in a manner that is not wasteful, fraudulent, abusive or may be considered wrongdoing
- Market services in an ethical manner that is not self-serving
- Not use human resources for personal gain.
- Practice corporate citizenship in communities served.
- Not comment on the agency, persons served, or colleagues on any social media platform.
- Not use human or material resources for personal gain.
- Avoid any personal, business relationship or financial transactions that could reasonably impair objective judgment or effectiveness in service delivery or expose individuals served, families, staff or the company to harm including avoiding conflicts of interest such as
  - Exchanging gifts, money, or gratuities.
  - Soliciting or Personal fund-raising while at work
  - Fund-raising for community non-profits is allowable, with permission of the CEO.
  - Use of personal or real property of individuals served or property owned by the agency
  - Witnessing non-agency legal documents
  - Buying or selling goods to individuals served.
- Participating in any activities that might be construed as a conflict of interest or use his/her relationship with the agency for personal gain including:

- Receiving compensation from organizations in a position to make decisions on referrals to the agency, conduct utilization reviews of services, or monitor the agency;
- Receiving compensation from an organization to which the agency makes referrals or monitors services.
- Using Agency resources for personal gain.

### **Staff Qualifications**

Our staff are qualified substance use and mental health professionals with training to assist you achieve your goals.

### **Your Responsibilities**

Transportation: Understand that staff may transport you at times, if it applies to specific goals in your treatment or person-centered plan and is consistent with the guidelines of the service you are receiving. However, it is not part of the general service to take you places that are not part of your service plan.

Appointments: Understand that time with staff is extremely important, and you agree to make every effort to keep all scheduled appointments. The Agency reserves the right to discharge you from service if you do not show for scheduled appointments.

Assessments: Lodestar staff will work with you to cater your service(s) around your preferences, needs and wants. In order for us to get to know you better, you will be asked to participate in an assessment. The assessment you receive is dependent upon your specific needs.

Individualized Service Plan- Once an assessment is completed, you will work with your staff to develop your individualized plan for treatment. We ask that you are honest with yourself and staff about your goals. We encourage you to ask questions about things you do not understand. If you would like a copy of your Individual Service Plan please contact our medical records coordinator

Service plans are reviewed and updated quarterly, if you receive any mental health services.

### **Fees**

We have published fee schedules.

### **Court Mandated**

If you are receiving services because you have been ordered by a court of law, then appropriate reporting will be followed per the requirements of the court.

## Your Rights

Each person client who is admitted to and is receiving services from the agency has the right to treatment, including access to medical care and habilitation, regardless of age or degree of mental illness, developmental disabilities, or substance abuse. Each client has the right to an individualized service plan setting forth a program to maximize the development or restoration of his capabilities.

A list of your rights will be posted in the agency's facilities and staff will be available for clarification at all times. Your rights include:

- Freedom to choose his/her agency
- The right to ask for a different agency
- The right to participate in and request changes to their treatment plan, crisis plan, and discharge plan
- The right to confidentiality
- The right to review their record
- The right to complain about their services without fear of reprisal, such as discontinuance of services
- The right to be free from being restrained or secluded.
- To have privacy when receiving treatment
- Freedom from:
  - Abuse
  - Financial or other exploitation
  - Retaliation
  - Humiliation
  - Neglect
- Access to:
  - Information pertinent to the person served in sufficient time to facilitate his or her decision making
  - His or her records during business hours by contacting the medical records coordinator.
- Informed consent or refusal or expression of choice regarding:
  - Service delivery.
  - Release of information
  - Concurrent services
  - Composition of the service delivery team
  - Involvement in research projects, if applicable
- Access or referral to:
  - Legal representation at your cost
  - Self-help and advocacy support programs
- Adherence to research guidelines and ethics when persons served are involved, if applicable
- Investigation and resolution of alleged infringement of rights
- Explanation of fee assessment and collection practices for services rendered
- Grounds for suspension and expulsion

- Ways input is given regarding quality of care, achievement of outcomes and satisfaction
- Freedom from unnecessary or excessive medication. Medication shall not be used for punishment, discipline or staff convenience
- To be fully informed of the services that will or could be provided, the alleged benefits, potential risks, and possible alternatives and to give or withhold informed consent for any research projects, treatment or concurrent services and withdraw consent at any time
- To exercise the same civil rights and civil remedies as any other citizen, e.g., own and dispose of property, execute instruments, make purchases, enter into contractual relationships, register and vote, bring civil actions, and marry and get a divorce, procreate and have children, unless the exercise of a civil right has been precluded by an un-revoked adjudication of incompetence
- To receive a timely response from the agency to a request for service, support, or information
- To communicate with staff at all reasonable times

## **Grievances**

Lodestar Behavioral Health Center will provide individuals served and their family members and/or guardians with an opportunity to present grievances and to appeal management decisions through a dispute resolution/ grievance procedure. The agency attempts to resolve all grievances, including Title VI matters, promptly under the provisions of this policy. Filing a grievance under this policy does not alter or endanger the person's continued service by the agency.

A grievance is defined as an allegation of a violation of Agency policy/procedures.

The person's served has a right to an internal or personal advocate during the proceedings. We are listing our internal advocate below. Your personal advocate may be a friend, family member, an attorney or someone else. Your personal or internal advocate may participate in any meeting with Lodestar staff.

Name: Stephen Dilly  
 Title: Regional Manager  
 Hours of availability: 8a-4pm M-F  
 Email:sdilly@lodestarwv.com  
 Telephone: 304-601-9209

## **PROCEDURES FOR GRIEVANCES**

- Step One: Consumer completes Grievance form provided by employee or through Lodestarwv.com and submits to the Operations Team. The Operations Team has 10 business days to investigate and respond in writing.
  - An investigator will contact you to get more details of your grievance, and what would be a satisfactory resolution for you. We may ask you for any

evidence you may have such as copies of text messages, phone call logs, or e-mails. We will also ask you for contact information about any witnesses.

- **Step Two:** The Operations Team will attempt to resolve the issue. If The Operations Team resolution does not satisfactorily resolve the issue, the decision can be appealed in writing to the Clinical/Regional Director. The consumer is responsible for insuring that the appeal is received by the Clinical/Regional Director within 10 business days of the Operations Team response. The Clinical/Regional Director is to receive a copy of the original grievance form completed and signed by the person served. The Clinical/Regional Director has 10 business days to respond in writing.
- **Step Three:** If the person served is dissatisfied with the Clinical/Regional Director's decision a final appeal may be made to the CEO by submitting the grievance to the CEO. The Committee will hear the issue at the next regularly scheduled meeting.
- A person served filing a grievance against the Clinical/Regional Director may appeal to The Operations Team. The timeframes in Step One will apply.
- The person served has the right to contact WV OHFLAC and respective licensing boards.
- Final decisions on grievances are not precedent setting or binding on future grievances unless they are officially stated as Company policy.

The agency will not allow any retaliation against any person who files a grievance

### **Ways to give us input:**

- Satisfaction Surveys
- Talk to local staff for additional ways you can have input into services, quality of care and outcomes related to your services or service delivery in general.

### **Discharge Procedure**

You have the right to request to be discharged from any program at any time, for any reason. You have the right to appropriate discharge and/or transition planning. In some instances the Agency may decide to administratively discharge you from services for the following reasons: changes in service definition requirements for eligibility, it is determined that you need service(s) not offered by the Agency, you are not participating in services as it is defined in your service plan, not showing for appointments or failure to pay. If you are discharged and continue to need services the Agency will ensure linkage to appropriate care with 72 hours of discharge.

### **Confidentiality/HIPAA**

We require a written release of information to release any information about you, unless permitted or required by law. See attached privacy statement. Any information released will only be used for the specified purpose and is protected by State and Federal HIPAA regulations. Release/disclosure of information may only occur with a consent unless it is an emergency or for other exceptions as detailed in the CFR 42 Part 2 and 45 CFR 164.512 of HIPAA.

**Education about advanced directives**

The agency will provide forms and instruction about advanced medical and mental health directives at your request.

**Use of seclusion and restraint**

It is the policy of the agency not to use restrictive interventions, seclusion or therapeutic holds as emergency or planned interventions in its programs. If a person served behavior is an immediate threat to themselves or others law enforcement will be called.

**Dress**

This is a comfortable and casual environment. Please be respectful when choosing your attire, by avoiding suggestive clothing, t-shirts with inappropriate or offensive messages. We have learned that individuals feel better when they dress in a clean and neat manner, but we also understand that it can be a struggle. Even if you don't feel like "cleaning up", you are still encouraged to join us.

**Nicotine Use**

Nicotine use including e-cigarettes, chewing, and vaping are prohibited in all Agency offices. Smoking areas are available outside of the building for adult smokers. Please only smoke in designated areas.

**Medications**

We understand that you may have prescription or over the counter medications with you when you visit our office locations. We ask that you do not bring medications onto the premises unless necessary. If you must have medications with you when you are visiting an agency office, then please keep your medications on your person at all times.

**Illegal Drugs**

Agency offices are drug free.

**Weapons**

No weapons are allowed in agency offices or while in the community with staff. Weapons are considered anything which may cause physical harm. This includes, but is not limited to: guns, knives, pepper spray, stun guns, etc...

**Referring a Friend**

We would love for you to tell your friends about our programs and would be happy to arrange a meeting with them.

**Personal Items**

Please do not leave any personal items unattended at the Agency office or staff's vehicle. We are not for any lost, stolen or damaged items.

**Religion and Spirituality**

We provide care to individuals from families with varied religious backgrounds and beliefs.

We do not promote or teach religious doctrine at our centers; however, we have designed our learning programs to teach caring and respect for others, regardless of religious affiliation.

**The following list includes Holidays when the office is closed. Check with your staff regarding service availability for these days.**

- New Years Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

**Accounting and safeguarding personal funds-** the agency does not manage people's funds.

### **After Hours Crisis Line**

Out after hours crisis number will be given to persons served during intake. Information will be posted on the office doors. The office voicemail will give the telephone number.

### **Emergency Preparedness**

In the event of a natural disaster the agency office will be closed. Our staff will endeavor to assist you to find shelter and food. If you require our assistance, please call our crisis line.

### **Office Safety**

You will be given a tour of our office including emergency exits, shelter in place locations and where fire extinguishers are.

### **No Show**

If a client consecutively no-shows for two intake appointments, they will be unable to reschedule for 120 days.

If a client has three no-shows within 30 days across one or more lines of service (e.g., Medication Management, Therapy, Case Management), they may be subject to discharge or placed on a probationary period of up to 120 days for scheduling or pre-scheduling services. The decision regarding whether a client is placed on probation will be determined by Regional Leadership and the Clinical Manager, based on the severity and acuity of the client's case.

## Records Requests

All client requests for records must be submitted via email to: [contact@lodestarwv.com](mailto:contact@lodestarwv.com). Clients are required to complete a Record Request Form before any records can be released. The form is available from the local Office Manager. While clients may request urgency on their records, they should expect the following processing timelines:

1. Paperwork/Forms: 7-10 business days.
2. Letter from Provider (outside of scheduled session): 7-10 business days.
3. Service Records Request: 30 Calendar days.

Clients may ask the Office Manager for assistance with completing the records request

## NOTICE OF PRIVACY PRACTICES

**Effective Date:** February 16, 2026

This Notice of Privacy Practices (“Notice”) describes how medical, mental health, and substance use disorder (SUD) information and records about you may be used and disclosed and how you can access this information. This Notice applies to all programs and services operated by this organization, including mental health and substance use disorder services protected under federal and state law. Please review it carefully.

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### 1. Our Legal Duties

We are required by federal law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and its implementing regulations, to:

- Maintain the privacy and security of your protected health information (PHI).
- Provide you with this Notice of our legal duties and privacy practices.
- Follow the terms of the Notice currently in effect.
- Notify you if a breach occurs that compromises the privacy or security of your unsecured PHI.

In addition, we must comply with 42 CFR Part 2, a federal law that provides heightened confidentiality protections for records relating to substance use disorder diagnosis, treatment, or referral for treatment. Where 42 CFR Part 2 is more protective than HIPAA, we follow Part 2.

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### 2. Information We Protect

Protected Health Information (PHI) includes information that identifies you and relates to your past, present, or future physical or mental health condition, the provision of health care to you, or payment for that care.

**42 CFR Part 2 substance use protected records** include any information, written or electronic, that would identify you as having been diagnosed with, treated for, or referred for treatment for a substance use disorder by a substance use program.

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### **3. How We May Use and Disclose Your Information Without Your Written Authorization**

#### **A. Treatment, Payment, and Health Care Operations (TPO)**

We may use and disclose your PHI, including substance use protected information, for the following purposes:

- **Treatment:** To provide, coordinate, or manage your health care and related services. This may include sharing information with physicians, therapists, counselors, nurses, laboratories, pharmacies, hospitals, and other health care providers involved in your care.
- **Payment:** To bill and collect payment for services provided to you. This may include disclosures to insurance companies, Medicaid, Medicare, managed care organizations, or other payers to determine eligibility, coverage, or medical necessity.
- **Health Care Operations:** To support our business activities, such as quality assessment and improvement, utilization review, licensing, accreditation, credentialing, auditing, training, and administrative functions.

**Under updated 42 CFR Part 2 regulations effective February 16, 2026, disclosures of substance use protected information for TPO purposes are permitted without a separate written consent, provided the recipient is subject to the same confidentiality restrictions and may not redisclose the information except as permitted by law.**

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#### **B. Care Coordination and Case Management**

We may use and disclose your information to coordinate your care, manage referrals, support transitions between levels of care, and assist with case management and social service needs, including coordination with community-based providers and support services.

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#### **C. Public Health and Safety Activities**

We may disclose your information as permitted or required by law for public health and safety purposes, including:

- Reporting communicable diseases or adverse events.
  - Preventing or reducing a serious and imminent threat to your health or safety or the health or safety of others.
  - Reporting suspected abuse, neglect, or domestic violence, as required by law.
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## D. Health Oversight and Compliance Activities

We may disclose information to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, licensure actions, and compliance reviews.

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## E. Legal Proceedings and Law Enforcement

We may disclose information as required by law, such as in response to a valid court order, subpoena, or administrative request.

**Part 2-protected information will not be used or disclosed in criminal, civil, administrative, or legislative proceedings against you without a specific court order that meets the strict requirements of 42 CFR Part 2.**

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## 4. Uses and Disclosures Requiring Your Written Authorization

We will obtain your written authorization before using or disclosing your PHI for purposes not described in this Notice, including:

- Marketing communications.
- Sale of your PHI.
- Disclosures to third parties not otherwise permitted by HIPAA or 42 CFR Part 2.

You may revoke an authorization in writing at any time, except to the extent that action has already been taken based on your authorization.

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## 5. Redisclosure Prohibition (42 CFR Part 2 Notice)

Records related to substance use disorder diagnosis, treatment, or referral for treatment are protected under federal law.

**Federal law prohibits recipients of Part 2-protected information from redisclosing this information unless further disclosure is expressly permitted by 42 CFR Part 2 or you provide written consent.**

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## 6. Your Rights Regarding Your Information

You have the right to:

- **Access:** Inspect and obtain a copy of your PHI, including electronic records, with limited exceptions. Please ask our Office Manager for a Records Request form.
- **Amendment:** Request correction or amendment of your records if you believe information is incorrect or incomplete.
- **Accounting of Disclosures:** Receive a list of certain disclosures made of your PHI.
- **Restrictions:** Request restrictions on certain uses or disclosures of your information. We are not required to agree to all requested restrictions.

- **Confidential Communications:** Request that we communicate with you in a specific way or at a specific location.
- **Copy of This Notice:** Receive a paper copy of this Notice upon request, even if you agreed to receive it electronically.

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## 7. Complaints and Enforcement

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services, Office for Civil Rights. You will not be retaliated against for filing a complaint.

**Privacy Officer:** Carl Noyes

**Phone:** 919-223-4571

**Address:** 257 E 200 S., Salt Lake City, UT 84111

**Email:** cnoyes@pathihc.com

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## 8. Changes to This Notice

We reserve the right to change this Notice at any time. Any changes will apply to all PHI we maintain. The revised Notice will be available upon request, posted in our facilities, and published on our website.

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## 9. Contact Information

If you have questions about this Notice or your privacy rights, please contact:

**Privacy Officer:** Carl Noyes

**Phone:** 919-223-4571

**Email:** cnoyes@pathihc.com

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## **THIS NOTICE OF PRIVACY PRACTICES COMPLIES WITH HIPAA AND 42 CFR PART 2, INCLUDING THE FINAL RULE EFFECTIVE FEBRUARY 16, 2026.**

I, the undersigned, acknowledge that I have been oriented to the services I will receive and have received Lodestar Behavioral Health Center's Client Handbook and have had the opportunity to ask questions.

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Signature

Date

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Printed Name