



Kolpia Personnel Policies

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1. Personnel Licensing, Qualifications and Credentialing:

- a. All personnel qualifications and credentialing is to be compliant with OAR 309-019-0120 and 309-019-0125.
- b. All counselors, teachers, physicians and care providers hired or contracted by Kolpia Counseling must provide proof of required education, relevant and up to date certifications and relevant and up to date state and federal licensing if applicable. Management will review and qualify that the employee has the adequate licensing, credentialing and qualifications necessary to provide the services that are within their scope of practice.
- c. It is the responsibility of the employee to maintain their continuing education, certification and licensing pertinent to their position. The employee must submit all completed re-certification and licensing documents to the agency to keep on record. If an employee allows their certifications or licenses to lapse outside of any grace period, they will be subject to review and corrective counseling including termination as well as reporting the infraction to the employees licensing and accreditation board.
- d. It is the responsibility of the immediate clinical supervisor to review credentialing and licensing requirements with the employee and to keep a log of their licensing and credentialing that includes the expiration dates. Licensing and credentialing is to be reviewed every three months. A copy of the employee's most recent license and credentials is also kept in their employee file that is maintained by the director.
- e. All employees providing medical, mental health, integrative care or substance abuse care will sign an employment agreement outlining their responsibilities regarding the maintenance of their professional licenses and certifications. If an employee fails to maintain their license and certifications in good standing, the management can terminate the employee's contract if remediation does not take place within 30 days of notification.
- f. Each practitioner must maintain their own professional and malpractice liability insurance unless it is expressly provided by the agency. Proof of current liability insurance must be submitted to the agency to keep on record and re-submitted when the policy renews.

Credentialing by Service:

- g. Substance Use Disorder (SUD) Counselor Minimum Qualifications:
 - i. Must have a certification in addiction counseling issued by SAMHSA.
 - ii. The certification must include (1) 750 supervised hours in substance abuse counseling, (2) 150 contact hours of education and training in substance use related subjects, (3) successful completion of a written objective exam or portfolio reviewed by the certifying body.
- h. SUD Allied Health Provider Minimum Requirements:
 - i. For treatment staff holding a health or allied provider license, the license or registration must have been issued by one of the following state bodies: (A) Board of Medical Examiners; (B) Board of Psychologist Examiners; (C) Board of Licensed Social Workers; (D) Board of Licensed Professional Counselors and Therapists; or (E) Board of Nursing.
 - ii. The person must possess documentation of at least 60 contact hours of academic or continuing professional education in substance use disorders treatment. An allied health provider may provide treatment for SUD if they are receiving or have received 2 hours per month of SUD supervision and 60 hours of education specific to the treatment of SUD. The provider has 2 years to complete these requirements from the date they begin providing SUD treatment. The allied health provider must keep a detailed curriculum

vitae outlining and documenting the supervision and 60 hours of education in their employee file.

i. SUD Clinical Supervisor Minimum Qualifications:

- i. Counselors: Counselors providing clinical supervision must have a certification or license in addition counseling with the minimum qualifications of: (1) 4000 hours of supervised experience in substance use counseling; (2) 300 contact hours of education and training in substance use related subjects; and (3) Successful completion of a written objective examination or portfolio review by the certifying body. In addition the clinical supervisor must have one of the following qualifications: (1) Five years of paid full-time experience in the field of substance use disorders counseling; or (2) A Bachelor's degree and four years of paid full-time experience in the social services field, with a minimum of two years of direct substance use disorders counseling experience; or (3) A Master's degree and three years of paid full-time experience in the social services field with a minimum of two years of direct substance use disorders counseling experience.
- ii. Allied Health Providers: Allied health providers providing clinical supervision must hold a health or medical license and have at minimum 120 contact hours of training, education and supervision. This information must be outlined in a curriculum vitae maintained by the employee and submitted to their supervisor as well as the director to keep in their employee file. In addition they must have one of the following qualifications: (1) Five years of paid full-time experience in the field of substance use disorders counseling; or (2) A Bachelor's degree and four years of paid full-time experience in the social services field, with a minimum of two years of direct substance use disorders counseling experience; or (3) A Master's degree and three years of paid full-time experience in the social services field with a minimum of two years of direct substance use disorders counseling experience.

j. SUD Peer Support Specialist Minimum Qualifications:

- i. Peer support specialists must demonstrate knowledge of approaches to support others in recovery and resiliency, and demonstrate efforts at self-directed recovery.

k. Mental Health Counselor Minimum Qualifications:

- i. Qualified Mental Health Provider: QMHP's must demonstrate the ability to conduct an assessment, including identifying precipitating events, gathering histories of mental and physical health, substance use, past mental health services and criminal justice contacts, assessing family, cultural, social and work relationships, and conducting a mental status examination, complete a DSM diagnosis, write and supervise the implementation of a Service Plan and provide individual, family or group therapy within the scope of their training. QMHPs must meet the following minimum qualifications: (a) Bachelor's degree in nursing and licensed by the State or Oregon; (b) Bachelor's degree in occupational therapy and licensed by the State of Oregon; (c) Graduate degree in psychology; (d) Graduate degree in social work; (e) Graduate degree in recreational, art, or music therapy; (f) Graduate degree in a behavioral science field; or (g) A qualified Mental Health Intern, as defined in 309-019-0105(61).
- ii. Qualified Mental Health Associate: QMHA's must demonstrate the ability to communicate effectively, understand mental health assessment, treatment and service terminology and apply each of these concepts, implement skills development strategies, and identify, implement and coordinate the services and supports identified in a Service Plan. QMHAs

must meet the follow minimum qualifications: (a) Bachelor's degree in a behavioral science field; or (b) A combination of at least three years of relevant work, education, training or experience; or (c) A qualified Mental Health Intern, as defined in 309-019-0105(61).

I. Mental Health Supervisor Minimum Requirements:

- i. For Academic Intern / QMHA Supervision: Clinical supervisors in mental health programs must meet QMHP requirements and have completed two years of post-graduate clinical experience in a mental health treatment setting.
- ii. For Registered Intern / QMHA / QMHP Supervision: Clinical supervisors providing supervision for QMHA's / QMHP's engaged in their registered internship pursuant of their professional license (LPC/LCSW) must meet the above requirements in (I.i) as well as be trained and certified to provide professional supervision to post-graduate QMHA's and QMHP's.

2. Personnel Documentation, Training and Supervision:

- a. All personnel documentation, training and supervision is to be compliant with OAR 309-019-0130.
- b. Personnel Documentation will include at a minimum:
 - i. Staff orientation.
 - ii. Employment contract and job description
 - iii. Criminal Records Check if required for position
 - iv. Copies of current licensing, credentialing, liability insurance (if required by the agency), diplomas and curriculum vitae or resume.
 - v. Periodic performance appraisals conducted at a minimum of 2 times per year by the staff management. This does not include professional supervision appraisals and reports.
 - vi. Disciplinary documentation.
- c. Personnel training:
 - i. All new staff will go through orientation training within 1 week of hire. Documentation confirming the orientation training will be submitted, signed and put into the employee file within 30 days of the hire date.
 - ii. Policy training: All new staff will be trained on the following provider policies within 7 days of hiring. The staff will periodically review the policies at least once per year and when there are any pertinent changes.
 1. Crisis prevention and response
 2. Emergency evacuation procedures
 3. Pertinent program policies and procedures
 4. Individual Rights
 5. Mandatory Abuse Reporting
 6. HIPAA and Confidentiality
 - iii. CPR training: All clinical staff will have current CPR certifications that include airway management, CPR and AED training.
- d. Personnel Supervision: Clinical supervision will be provided by a clinical supervisor that meets the standards outlined above for the purpose of assisting program staff and volunteers to increase their skills, improve quality of services to individuals, and supervise program staff and volunteers' compliance with program policies and procedures.
 - i. Supervision Documentation:

1. Documentation of two hours per month of supervision for each certified drug and alcohol counselor supervised. The two hours must include one hour of individual face-to-face contact for each person supervised, or a proportional level of supervision for part-time program staff. Individual face-to-face contact may include real time, two-way audio visual conferencing.
2. Weekly supervision of a minimum of 2 hrs per month for all A&D interns and counselors in training (CIT).
3. Documentation of two hours of quarterly supervision for program staff holding a mental health license, health or allied provider license, or clinical supervisors. This includes at least one hour of individual face-to-face contact for each person supervised
4. Documentation of weekly supervision for program staff meeting the definition of Mental Health Intern.
5. Volunteers will be supervised by the supervisor or program manager responsible for the program that the volunteer is supporting. A minimum of 30 minutes per month is necessary for all volunteers working directly with clients, including peer support leaders.
6. All supervision documentation is to be turned into the Clinical Director at the end of each month by the clinical supervisors. The Director will then put the documentation in the appropriate file.

3. Mandatory Abuse Reporting:

- a. When a client, family member or related party discloses information regarding abuse it is important for the counselor or case manager to get as much information as possible before continuing forward with the report procedures.
- b. Abuse can be defined as any physical, verbal or nonverbal action that is situationally inappropriate and has affected the physical, mental and emotional safety and wellbeing of the recipient of such actions. This includes but is not limited to physical abuse, verbal abuse, sexual abuse, sexual harassment and child abuse, including neglect. It could be an extreme one-time violent outburst or continuous abuse over time.
- c. Neglect: Mandatory reports are required for negligent treatment or maltreatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter or medical care that is likely to endanger the health or welfare of the child. Neglect also includes the use of illicit drugs, abuse of alcohol and abuse of prescription drugs while caring for a child, or while in the presence of a child.
- d. It is important to exercise sensitivity and to make every effort to maintain confidentiality when deciding to file a report. When a reporter (client, family member, related party) is disclosing an abusive story or situation please keep the following guidelines in mind:
 - i. Use active and compassionate listening.
 - ii. Inform the reportee that you are obligated to report any abuse that has been disclosed or is about to be disclosed. Discuss the reasons why it is necessary for a report to be made using informative and non-coercive language.

- iii. Do not challenge, jump to conclusions, make uninformed assumptions or in any way manipulate the reportee to disclose more information than they are ready or willing to report.
- iv. Encourage the reportee to file a formal report themselves and help them through the process by providing the appropriate contacts, forms and guidance necessary to complete and file the report.
- v. A report must be made by phone within 24 hours and can be done by the reporter at the agency. If the reportee opts to file the report outside of the agency, the mandatory reporter must call to make a report within 24 hours of the disclosure.
- vi. The report should be entered into the EMR within 24 hrs of receiving it. For details of what should be included in the report (see **f. [i.-vi]** below). If written documentation or a written report is given, scan a copy of the report into their service record. It is also important to note in the client's chart what, if any, follow-up actions were taken, and the status of the report.
- vii. If there is a question about the reportability of certain information, an anonymous call can be made to child welfare. This can be done on speaker phone with the client present so the client can hear what the child welfare worker is saying and know how to proceed.
- viii. If they are unwilling to file the report themselves and the incident warrants a report to be filed, gather as much pertinent information as possible (see 1-5 below) and submit the report to the appropriate agency (see **e.** below)
- ix. If there are any doubts or concerns about the process, consult your supervisor.
- e. What to do when filing the report: When a report is required under ORS [430.765 \(Duty of officials to report abuse\)](#) , an oral report shall be made immediately (within 24 hours) by telephone or otherwise to the Department of Human Services, the designee of the department or a law enforcement agency within the county where the person making the report is at the time of contact. To make a report for both adults and children call: 1-855-503-SAFE (7233). You may also visit the Oregon DHS website for more information: <http://www.oregon.gov/dhs/pages/index.aspx>
- f. If known, the report should include:
 - i. The date of the incident.
 - ii. The name, age and present location of the allegedly abused adult or child.
 - iii. The names and addresses of persons responsible for the client's care;
 - iv. The nature and extent of the alleged abuse, including any evidence of previous abuse;
 - v. Any information that led the person making the report to suspect that abuse has occurred plus any other information that the person believes might be helpful in establishing the cause of the abuse and the identity of the perpetrator.
 - vi. The name and contact information of the person giving the report.
 - vii. The name of the person receiving the report.

4. Criminal Records Checks:

- i. Criminal background checks will be conducted for:
 - 1. All providers, interns or volunteers providing counseling or care to the patients of the agency beginning Jan 2015.
 - 2. All non-clinical staff that are hired in a supervisory position for overnight supervision of inpatients as well as activities off property such as field trips, fitness, medical visits, entertainment, etc.

- ii. DHS criminal background checks will be conducted for all personnel providing direct mental health service to all mental health patients whose care is funded by medicaid and medicare.
- iii. Potentially Disqualifying Crimes and Considerations:
 - 1. Federal, state, military and local felonies and misdemeanors depending on:
 - a. The nature of the crime
 - b. Age at which the crime was committed. Juvenile convictions will be taken into consideration
 - c. Evidence of remediation or rehabilitation
 - d. The amount of time since remediation
 - e. Letters of recommendation from employers, supervisors, judges or parole / probation officers.
 - 2. All convictions involving sexual assault or sexual abuse.
 - 3. All convictions involving physical or violent assault not in self-defense.

5. Fraud, waste and abuse in Federal Medicaid and Medicare programs:

- a. All claims for reimbursement made by Kolpia Counseling to private insurance, Medicare and Medicaid programs are to be accurate and correlate to the approved care provided. All claims must correlate to appropriate chart notes that delineate the assessments, treatment plans, and services provided. In most cases a pre-authorization is necessary to provide reimbursable services which limits the chance for erroneous or fraudulent claims.
- b. If an employee is found to be outside of current standards regarding appropriate charting and billing, an internal investigation will ensue and the employee will be counseled appropriately. If fraud is suspected the employee will be put on probation while an investigation is conducted. If it is determined that fraud has been committed, the employee will be terminated and the appropriate programs (medicare, medicaid, private insurance) will be notified.
- c. Kolpia Counseling Services contracts with Excel Medical Billing for all billing services. Excel carries Errors and Omissions Insurance and is diligent to make sure that all services billed out are accurate.
- d. If the investigation reveals that fraud or false claims took place, it is the responsibility of the Executive Director to contact the appropriate state or federal agencies' fraud department and file a claim. The claim must have at minimum:
 - i. Details of the suspected fraud
 - ii. Dates
 - iii. The names of employees involved.
- e. Employee Policy Regarding False Claims:
 - i. Detailed information about False Claims can be found in the False Claims Act, Title 31 (3729-3733).
 - ii. It is the employee's responsibility to prevent fraud and false claims. A false claim is defined as
 - 1. Billing for services not rendered
 - 2. Billing for services at a frequency that indicates the provider is an outlier as compared with their peers.
 - 3. Billing for non-covered services using an incorrect CPT, HCPCS and/or Diagnosis code in order to have services covered
 - 4. Billing for services that are actually performed by another provider
 - 5. Up-coding
 - 6. Modifier misuse, for example modifiers 25 and 59

7. Unbundling
 8. Billing for more units than rendered
 9. Lack of documentation in the records to support the services billed
 10. Services performed by an unlicensed provider but billed under a licensed provider's name
 11. Alteration of records to get services covered
- iii. Penalties for false claims:
1. one who is liable must pay a civil penalty of between \$5,000 and \$10,000 for each false claim (those amounts are adjusted from time to time; the current amounts are \$5,500 to \$11,000) and treble the amount of the government's damages. Where a person who has violated the FCA reports the violation to the government under certain conditions, the FCA provides that the person shall be liable for not less than double damages.
- iv. Whistleblower procedures and protections:
1. If an employee suspects false claims or fraud, they are to report it immediately to the executive director or medical director. A written statement is to be submitted that states the nature of the suspected fraud, the alleged dates and the names of employees or contractors involved. If the employee feels there is a conflict of interest and does not feel comfortable reporting to the management, they are encouraged to report directly to the appropriate federal or state agencies' fraud department.
 2. As it is the responsibility of each employee to prevent and report fraud and false claims the employee must be protected from backlash or abusive reciprocation by those involved in the claim. The management will exercise due diligence in maintaining the anonymity of the reporting employee or contractor except as it relates to an investigation or trial in court of law.

6. Drug-free Workplace:

- a. Kolpia is a drug free workplace and expects all employees, contractors and subcontractors to adhere to this policy. At any place where the term "employee" is used relative to this policy, it is inferred that it applies to all contractors and subcontractors as well.
- b. It is unlawful to manufacture, distribute, dispense, possess or use a controlled substance in the workplace except as may be present in lawfully prescribed or over-the-counter medications.
- c. It is the policy of the agency that an employee is not to arrive at the workplace under the influence of alcohol or any legal or illicit substance that results in intoxication. This includes entering the agency when the employee is not on shift to discuss scheduling, admin, visiting friends, etc.
- d. If an employee is suspected by the management of being under the influence of alcohol, a legal or illicit intoxicant the employee will be confronted by the management. A urinalysis may be administered as part of this process.
 - i. Valid Prescription Medications: If the employee has a valid prescription for the medication a determination by the management will be made as to whether or not the employee is able to do their job completely and safely. If the employee is found to be impaired a friend, relative or transportation service will be contacted and the employee is to return to their home. The management will meet with the employee within 72 hours to discuss the effects of the medication on their ability to perform their job. They will then come to an agreement regarding probation, sick-time, vacation or termination.

- ii. **Alcohol and Illicit Drug Use:** If it is determined the employee is under the influence of alcohol or an illicit drug, the employee will be terminated and encouraged to call a friend, relative or transportation service, and to return home.
- e. **DUI and Public Intoxication:** If an employee of Kolpia is cited and/or convicted for DUI or public intoxication they will immediately be put on an unpaid administrative probation and will not be allowed to carry out their duties at the workplace. Once they have completed their appropriate education or rehabilitation program, they must demonstrate a total of at least 24 months of sobriety and abstinence from alcohol and illicit drugs. At that point they can meet with the management and a determination will be made as to their employment status.
- f. **Recovering Staff:** Program staff, contractors, volunteers and interns recovering from a substance use disorder, providing treatment services or peer support services in substance use disorders treatment programs, must be able to document continuous abstinence under independent living conditions or recovery housing for the immediate past two years.
- g. **Drug-free awareness training** is to be completed within 1 week of the employee's date of hire. This will take place as part of the new employee orientation. Pertinent information will be provided in the employee handbook and will be signed and dated by the employee at the time of training. This training will include
 - i. information about the policies of the agency regarding drug and alcohol use in the workplace.
 - ii. Dangers of drug and alcohol use in the workplace.
 - iii. Rehabilitation options available to the employee.

7. Handling and Discarding Prescription Opioids and Other Controlled Substances:

- a. In the event that a client or patient leaves or gives an employee of Kolpia a controlled substance the following steps should be take.
 - i. **Prescription Opioid Medication:**
 1. Call the prescriber to inform them we have their patient's prescription.
 2. Call the pharmacy to inform them we have the patient's prescription.
 3. Contact the Director immediately.
 4. If the prescription needs to be discarded a designated staff member is to take the prescription to the local Ashland or Medford police department and discard it in the prescription bin provided by the police department.
 5. The actions are to be documented in the patient's chart and signed within 24 hours of receiving the prescription.

8. Personal and Professional Conduct:

- a. Each employee, provider, intern and volunteer is considered a professional at Kolpia. It is important to establish professional norms and modes of conduct that create and preserve an atmosphere of healing and safety for our staff and clients. We should strive be impeccable in our communication, work relationships, client relationships, and ethics (see code of ethics below). It is also important to remember that how we conduct ourselves in public can also reflect on us professionally.
- b. **Kolpia's Code of Ethics and Conduct:**
 - i. **Our Mission:** Kolpia is a patient-centered integrative recovery center that provides services and support for the treatment of substance use disorders and mental health challenges. We serve our community and especially the poor and underserved. We strive

- to create therapeutic experiences that are safe, effective, challenging, enjoyable and relate our feeling that each recipient is deserving of the highest quality of care.
- ii. Each of us are of service to our clients and the community and should keep foremost in our mind the health and wellbeing of our clients.
 - iii. Professional, financial or intimate relationships with the clients of Kolpia in our care is expressly forbidden. If we have had a relationship of any kind with a client or potential client we must be immediately transparent with the management, our supervisors and the team.
 - iv. We are a team comprised of different members that each bring something different and useful to the practice. It is important to treat each member with respect and to apply the principles of a trauma informed approach, active listening and compassionate conflict resolution to how we collaborate and communicate with one another. Conflicts can be resolved: (1) directly, (2) mediated by supervisors (3) at team meetings or by management determination. It is a best practice to resolve conflicts in a timely manner and at the lowest level possible.
 - v. Relationships of a romantic nature between employees at Kolpia are not allowed. It is also important to be aware of how we conduct ourselves with each other out of work and to be wary of conflicts of interest and preferential or biased treatment that stems from our involvement with each other outside the workplace.
 - vi. We strive to create an atmosphere of peacefulness. This includes: (1) being aware of our volume and tone of voice, (2) keeping our workspace and office clean and uncluttered, (3) keeping the common areas clean and uncluttered.
 - vii. When interacting with current or past clients in public areas it is important to remember that their anonymity is a priority and that just by their association with you as an employee of Kolpia, one could assume that person is in treatment. As a basic rule, avoid all interactions with current and past clients whenever possible. We should never discuss the client's involvement at Kolpia with them or a concerned party outside of Kolpia.

9. Dress Code and Personal Appearance:

- a. We are professionals and should dress the part. It makes the client feel a sense of respect when we show up looking good for them. Besides it feels good to look good.
- b. General: Avoid all clothing or accessories that could potentially be triggering for our clientele. This includes logo's or slogans that could be perceived as vulgar, violent or disrespectful. Tattoos should be covered if they can be perceived as vulgar, violent, or disrespectful in any way. Supervisors and managers can make decisions and offer corrective suggestions to employees, interns and volunteers. If the employee does not address the situation of concern, the supervisor or manager is to engage in professional corrective action through direct counseling with the employee, their direct supervisor, and documenting the issue in their employee record.
- c. Men: Hair should look well groomed, clean and kept. Facial hair should be trimmed neatly and exposed skin should be shaved. Nails should be kept well trimmed and clean. All clothing is to be clean and free of lint and animal hair and dander. Shirts must have a collar unless engaging in a movement or athletic activity. Long pants can be clean and nice jeans, khaki style, or dress slacks. Shorts may be worn in hot weather but must be dress-shorts or khaki style. Shoes should be clean and serviceable. Flip flop sandals are not to be worn while working with clients.
- d. Women: Hair should look well groomed, clean and kept. Nails should be kept clean and well manicured. All clothing is to be clean and free of lint and animal hair and dander. The length for dresses and skirts must be at knee level or below. Low cut dresses and blouses that expose excessive cleavage should be avoided. Pants can include slacks, jeans, khaki's and culottes.

Tights and athletic pants are to be avoided unless leading or participating in a movement activity or athletic event. Shorts may be worn but the length must fall between the bottom of the hip and the knee and must not be of an athletic nature. Shoes should be clean and serviceable. Flip flop sandals are not to be worn while working with clients.

10. Personnel and Building Security:

- a. Safety is a priority. It is the responsibility of each employee, intern or volunteer to be familiar with the crisis response and emergency evacuation procedures. If you feel unsafe, have witnessed or suspect any unsafe activity you are encouraged to call 911 immediately. You may also trigger the alarm by pressing the “panic” button.
- b. It is the responsibility of each employee, intern, or volunteer to maintain the safety and security of the premises. Lock your office when leaving for lunch or an extended break. If you are the last one leaving the building (1) check the building to make sure there is nobody left inside, (2) lock all doors and windows including deadbolts, (3) set the alarm. If you are working outside of normal operating hours, be sure the doors are locked and the building is secure.

11. Protecting PHI and HIPAA

- a. The complete HIPAA and HITECH policies can be referenced in Kolpia’s HIPAA / HITECH handbook.
- b. One person, usually the clinical director or program manager is designated as the HIPAA compliance officer. They are responsible for:
 - i. Writing and maintaining up to date HIPAA and HITECH policies and procedures.
 - ii. Ensuring adherence to HIPAA and HITECH policies and procedures.
 - iii. Mandatory training of personnel on all existing and revised HIPAA policies.
 - iv. Notifying the Director, the patient(s), OHA and the insurance provider of any HIPAA breach and following the breach protocol outlined in the HIPAA handbook.
- c. Each provider is responsible for protecting their client’s PHI at all times. The individual provider can now be held personally responsible for any HIPAA violation or breach. When in doubt protect!

12. Vacation Request and Emergency Leave:

- a. Vacation Requests: Vacation and breaks from work are very important to staying healthy and happy in our personal lives which will support us in our professional work at Kolpia. We encourage each employee to fully enjoy their vacation benefits and to use them each year. If for some reason you are unable to take all of your accrued vacation time, it will carry over to the next year. Please follow the procedure listed below to ensure continuity in the care of our clients and to make sure your responsibilities are covered while you are enjoying your vacation.
 - i. Plan for your vacation at least 1 month ahead of time and discuss it with you clinical supervisor.
 - ii. Check the vacation calendar to make sure that your requested dates do not coincide with another counselor that provides the same services that you do. This ensures that your clients and responsibilities will be covered while you are away.
 - iii. Request your vacation directly to the Clinical Director.
 - iv. Once approved, write it on the vacation calendar.

- v. Coordinate with the others on your team to make sure your classes, services and responsibilities will be covered while you are away.
- vi. Enjoy your time off!
- b. **Emergency Leave:** If you have to take emergency leave for personal health reasons or to take care of a family member let your direct supervisor and the clinical director know as soon as possible. We will work with your specific situation to make sure you have the time and support to care for yourself or your family. In the case that you are injured or ill and are unable to continue you perform your job and responsibilities we will put you on vacation leave up to the time you have accrued and if you are unable to return to work will help you with filing for unemployment and disability benefits. Returning to work will be handled on a case by case basis but know that you are a valued member of the team and we will do all that we can to help you return to work if that is your desire.

13. Reimbursable Expenses: If you purchase equipment and supplies or accrue education or travel expenses in the performance of your job, Kolpia will reimburse you for those expenses. In order to receive your reimbursement you must follow the procedure outlined below.

- a. You must get approval from the Clinical Director or Executive Director before accruing any expense for equipment, supplies, education or travel.
 - i. Approval must include the exact cost of the item or service, or an estimated cost of travel.
 - ii. Travel is paid out at:
 - 1. \$0.56/mile for use of your own vehicle
 - 2. Per diem of \$30/day for food
 - 3. Lodging up to \$200/night
- b. Submit your receipts or invoice for items, services or travel within 1 week of accruing the expense. This can be done directly or through email and should be delivered to the Clinical Director or Executive Director depending on who approved the expense.