

SYNTERO, INC. CLIENT ORIENTATION TO RULES, EXPECTATIONS, AND RISKS/BENEFITS OF TREATMENT

DESCRIPTION OF SYNTERO, INC.

Welcome to Syntero, we are pleased you have decided to receive your care here. Syntero is a nonprofit organization providing mental health, drug and alcohol, and other healthcare services.

Description of Services/Activities Offered and Expectations:

Syntero provides an array of professional treatment services that include, but are not limited to diagnostic assessments, case management services, individual/group/family counseling, and psychiatric services, provided by state licensed providers. Client services are provided by a qualified professional. As a client enters into a confidential client/provider relationship, there are several treatment expectations that Syntero maintains. We do not discriminate in the provision of service on the basis of religion, race, color, creed, sex, gender identity, national origin, age, lifestyle, physical and/or mental handicap, or developmental disability. All staff members are appropriately licensed and follow proper code of ethics. If your service provider is a graduate student, you will be notified. The primary responsibility of the provider is to respect the dignity and integrity of the client. Client growth and development are encouraged in ways that foster the client’s wellbeing and promote independence and recovery.

Confidentiality:

All communications are confidential and can only be revealed with your consent or as mandated by state and/or federal law. Syntero will not disclose information unless a client (or his/her parent/legal guardian or his/her authorized representative) has properly permitted, consented to, or authorized the release, or the release is otherwise permitted by law. In accordance with state law, confidentiality will not be maintained in the case of suspected child/elder abuse or neglect. It will also not be maintained if it is deemed that the client poses a danger to him/herself or others. All licensed staff members have a responsibility to report to the appropriate professional licensing board if they have knowledge or reason to suspect that a behavioral health professional is incompetent, impaired, or unethical.

Hours of Operation/Access to Service After Program Hours:

Syntero’s locations have variable hours. All locations are open a minimum of Monday-Friday 9:00am-5:00pm. Evening and weekend hours are available depending on location. Please check our website (www.syntero.org) for the most current operating hours at each location. If you are experiencing a non-life threatening mental health and/or substance abuse emergency during non-business hours, call:

Crisis Services	County	Population Served	Phone Number
Nationwide Children’s Hospital	Franklin	Child/Adolescent	614-722-1800
Netcare Access	Franklin	Adult	614-276-2273
HelpLine	Delaware/Morrow	Child/Adolescent & Adult	211(from in-county) 1-800-684-2324 898211 (text)

*For a life threatening emergency: Call 911 or go to your nearest emergency department

Appointments/Cancellations:

The time established for your sessions is dedicated to serve you. At times, these sessions may be rescheduled due to unforeseen events. As a behavioral health provider, we ask that you provide 24-hour notice when you need to reschedule an appointment. Three or more missed appointments without a 24-hour notice suggest a lack of investment in treatment and may result in termination of all services. To re-engage or reschedule treatment, each client may need to speak with their provider to determine the appropriate course of services and to schedule subsequent sessions. Syntero charges a fee for no-shows or

late cancels. Syntero also has the right to terminate services due to excessive missed appointments. You will be reminded of this before termination of services occurs.

There are times when critical situations demand our immediate attention because of the nature of our work. If we cancel an appointment, you will be called immediately and given a chance to reschedule.

Professional Records:

The laws and standards require that your provider keep protected health information about you in your clinical record. If records are requested for another provider, legal proceeding, etc. in most circumstances it is allowable to charge you or your personal representative a fee. The following items will be provided at no charge: Diagnostic assessment-initial & comprehensive; any updated treatment diagnoses; treatment plans; psychiatric assessment and medication records; and any transfer/discharge summaries. A records fee of twenty-five cents per page will be assessed for other treatment record items such as progress notes or record items received from other providers. Clients unable to meet this payment may request an exemption from the Client Rights Advocate. We can typically respond to requests for records within 30 days of the request, fees must be paid in advance.

Tour of Syntero via Map:

Syntero's map provides the following:

- Bathroom location
- Exits from the building
- Familiarization with the premises, including exits and/or shelters, fire suppression equipment and first aid kit.
- All restrictions placed on consumers while at Syntero

PROGRAM RULES

We welcome your involvement at Syntero and anticipate a positive working relationship with you. However, in order to meet regulatory requirements, we must list the following information.

Restrictions the Program Places on Clients:

Syntero does not use mechanical restraint, seclusion, chemical restraint, or major aversive behavioral interventions. Syntero staff utilizes de-escalation training procedures in order to intervene with a client experiencing behavioral difficulties. At no time will the staff utilize cruel and unusual punishment, including physical and verbal abuse to manage a client.

Syntero's policies prohibit smoking, including electronic cigarettes, inside agency buildings. The agency recognizes that a tobacco/vapor electronic free environment helps create a safe workplace and protects the health and lives of employees, client and visitors. Further, use or possession of alcohol, illicit drugs, and inappropriate use of licit drugs, including medical marijuana, is prohibited on Syntero's property. Clients are expected to attend and participate in sessions sober of the effects of alcohol and illicit or licit drugs. Clients receiving services in a home or community setting are asked to refrain from smoking during their appointment. Syntero reserves the right to end or cancel an appointment if there is suspected substance use occurring by any individual in the home/community setting while services are taking place.

In order to provide a safe environment for treatment, weapons of any kind are not prohibited on agency property. This means that only law enforcement officers in the performance of their duties are permitted to possess or carry firearms or weapons. Please be aware that weapons brought onto Syntero property in violation of this policy will be turned over to the police department. Clients receiving services in a home or community setting are asked to lock any weapons in a different room of the location where services are taking place. Syntero reserves the right to end or cancel an appointment if there is an unsecured weapon present in the home/community setting while services are taking place.

Physical aggression and verbally threatening behavior is not permitted.

Any individual who violates one of the above stated policies is subject to legal prosecution to the fullest extent of the law. Services may also be suspended or terminated. Clients may be reassessed by a qualified provider to determine as to whether services will be reinstated.

Noncompliance in treatment, either by behavior that disrupts others' treatment or failure to return to treatment, may result in termination.

Relationship

Your relationship with your provider is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that your provider not have any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. Our providers care about helping you, but are not in a position to be your friend or to have a social or personal relationship with you. Therefore, please do not attempt to "friend" your provider on Facebook or other social network sites.

Electronic Communication:

Electronic messages (email, text messages, etc.) are vulnerable to breaches of privacy, despite standard safeguards, which are outside our control. Therefore, we are unable to exchange clinical information with you by electronic communication. We can communicate regarding scheduling or billing issues if the message is initiated by you, including your agreement to receive appointment reminders. By signing you received this document, you agree to these conditions and understand and agree there is a possibility that if you initiate an email or text message to your provider, your identification, information you communicate, and/or other protected health information could inadvertently be disclosed to an outside party.

Prohibition of Audio, Video, or Photographic Recording:

While in treatment at Syntero there is to be no audio, video, or photographic content recorded whether in individual sessions or in the waiting areas. By signing you received this document, you agree to not use any type of documenting or recording device while in treatment and understand that doing so may lead to termination of services. If, due to unusual circumstances, you would like to record or videotape your session, and if your provider deems an exception is reasonable and necessary, the exception will be granted to you in writing.

DESCRIPTION OF THE EXPECTED COURSE OF TREATMENT BY THE PROGRAM

We appreciate that you chose to seek services at Syntero and we are committed to providing you with the high quality services you deserve.

Treatment Risks/Benefits:

There are some risks to treatment. These include experiencing negative feelings and emotions that result from discussing the difficult situations and life experiences that led to seeking treatment. The potential benefits of treatment include improved functioning in your life and betterment of the symptoms that led you to seek treatment.

Assessment Purpose/Process and Individual Treatment Plans:

Assessment will be ongoing in an effort to determine the necessary services to meet your needs. Your active participation in the development of goals and objectives will be helpful in addressing your presenting problems. You will receive an explanation of what to expect while in treatment. You will be told at the end of your assessment what the recommended length of stay is and the treatment recommendations. Please be aware that assessment typically takes more than one session. All clients will be involved in the development of their treatment plan. You may request a copy of your treatment plan if

you so desire. During the course of treatment, staff will work diligently with you to meet your goals/objectives and assist with a seamless transition to indicated services, additional resources, and/or successful termination. With your consent and when appropriate, family members or other support persons will be actively involved in the assessment, development of individual treatment, plan goals/objectives, ongoing evaluations of the services received and the quality of care.

You may be asked at several times during treatment to complete an outcomes survey or other forms and periodically thereafter. This can be used by you and your provider to identify problem areas and later to determine progress.

Aftercare/Quality Improvement:

At the completion of your treatment, you will be offered a Service Termination Summary/Continued Care Plan. This plan will provide you with a summary of discharge recommendations. Furthermore, as a means to continue to improve the quality of services, you may be asked to participate in a satisfaction survey to evaluate the services you received and your perception of your treatment progress. We greatly appreciate your input and participation in this final aspect of your treatment.

Thank you for choosing Syntero!

Syntero, Inc.

CLIENT & FAMILY RIGHTS

It is the policy of Syntero to comply with all regulatory statutes regarding client rights. Ohio law and CARF rules provide specific safeguards for client rights while clients are receiving services at Syntero. The rights of minor children will be covered by the legal consent of parents, adoptive parents, or legal guardians. Additional questions regarding client rights may be discussed with the staff or the Client Rights Advocate.

As a client of Syntero you have the right to:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. The right to reasonable protection from physical, sexual or emotional abuse, inhumane treatment, humiliation, neglect, and financial or other exploitation
3. The right to receive services in the least restrictive, feasible environment.
4. The right to express choice or refusal to participate in any appropriate and available service that is consistent with an individual service plan (ISP), regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation.
5. The right to give informed consent to or refuse any service, treatment or therapy, including medication absent an emergency; this includes informed consent or refusal regarding concurrent services.
6. The right to participate in the development, review and revision of one's own individualized treatment plan including composition of the services delivery team and the right to receive a copy of the plan.
7. The right to freedom from unnecessary or excessive medication, and to be free from restraint or seclusion unless there is immediate risk of physical harm to self or others.
8. The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
9. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs or other audio and visual technology. This right does not prohibit an agency from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include bathrooms or sleeping areas.
10. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under state and federal laws and regulations.
11. The right to have access to one's own client record unless access to certain information is restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction, a goal to remove the restriction, and the treatment being offered to remove the restriction. There may be a fee for records.
12. The right to access to information pertinent to the person served in sufficient time to facilitate his or her decision making. In addition, clients have the right to be informed in a reasonable amount of time in advance of the reason for terminating participation in a service, and to be provided a referral, unless the service is unavailable or not necessary.
13. The right to be informed of the reason for denial of a service.
14. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state, or federal laws.
15. The right to know the cost of services.
16. The right to be verbally informed or in a way that is understandable to the person served of all client rights, and to receive a written copy upon request. Client rights will be provided to persons served prior to the beginning or at initiation of service delivery and annually for persons served longer than one year. A written copy of client rights shall be available at all times for review and/or clarification.
17. The right to exercise one's own rights without reprisal or retaliation, except that no right extends so far as to supersede health and safety considerations.
18. The right to file a grievance and to receive investigation and resolution of alleged infringement of rights.
19. The right to have oral and written instructions concerning the procedure for filing a grievance, and to receive assistance in filing a grievance, if requested.
20. The right to be informed of one's own condition.
21. The right to consult with an independent treatment specialist or legal counsel at one's own expense.
22. The right to access or referral to legal entities for appropriate representation, self-help support services, and advocacy support services.
23. If the client consents to participate in research, the client has the right to expect the organization to adhere strictly to research guidelines and ethics.

To ensure understanding of client rights, the clinical staff will verbally review client rights during the intake process and at the time of treatment plan updates. In the event of a crisis or emergency situation clients will be verbally advised of at least pertinent rights that include the right to consent to or to refuse treatment and the consequences of that agreement or refusal. Clients will be advised that a written copy and full verbal explanation of their rights will be given at the next meeting or once stabilization is established.

The clinical, support, and volunteer staff will all receive training in Client Grievance Procedures and Client Rights as part of orientation to agency operations. Ongoing updating of the procedures with staff will occur as needed through staff development.

Syntero will provide each client with the following information upon intake which identifies the Client Rights Advocate as:

CLIENT RIGHTS ADVOCATE

Kathy Ritchey Ph.D.

Director of Clinical Quality Improvement and Medical Services

299 Cramer Creek Ct. Dublin, OH 43017

614-889-5722 x292; Availability: Full-time

FINANCIAL POLICIES

Syntero is a not-for-profit agency serving the behavioral health needs of the community for over 30 years. Syntero is committed to providing you services of the highest quality. To ensure that you have a positive experience, it is important for us to explain at the outset of service your financial responsibilities. Outlined below are the Financial Policies of Syntero. We ask that you read these and ask any questions that you may have. Please keep this document for your records.

We appreciate your cooperation and the opportunity to be of service to you.

1. Syntero realizes that your time is valuable and we will do our best to stay on schedule and not keep you waiting. We also expect the same courtesy in return. In the event that an appointment must be cancelled, please give us at least one business day advance notice in order to schedule someone else. If an emergency arises and this is not possible, please notify your clinician of the situation. Syntero may charge a cancellation fee for any appointments not cancelled one business day in advance. Three or more missed appointments without one business day notice may result in termination of services.
2. Syntero staff will facilitate the processing of insurance claims and assist you in any way we can. **However, you are the responsible party, not your insurance carrier.** In the event that insurance does not reimburse as expected, the client is responsible for any remaining balance.
3. Payment is due in full at the time of service unless prior arrangements have been made with our billing department. We accept cash, personal checks, money orders and American Express, Discover, MasterCard or Visa. A \$30.00 fee will be charged for checks returned for insufficient funds. A monthly finance charge of 1.57% (annual rate of 18%) may be charged on any unpaid balances. You may also be responsible for any legal and/or collection fees that may be incurred. If extenuating circumstances exist which prevent you from making payment, please notify your clinician immediately.
4. Account balances with a credit of less than \$25 will not be refunded unless specifically requested.

Revised 3.13.19

SYNTERO PRIVACY NOTICE

You should read this notice before signing the Acknowledgement of Receipt of Privacy Notice.

Syntero's Duty to Safeguard Your Protected Health Information.

Protecting the privacy of information about your health is an important responsibility at Syntero. We are committed to protecting the confidential nature of information regarding your health status.

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered Protected Health Information (PHI). We are required to extend certain protections to your PHI, and to give you this notice about our privacy practices that explains how, when, and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

We are required to follow the privacy practices described in this notice, though **we reserve the right to change our privacy practices and the terms of this notice at any time.** If we do so, we will post a new notice in our lobby. You may request a copy of the new notice from your service provider or front office.

How We May Use and Disclose Your Protected Health Information

We use and disclose PHI for a variety of reasons. For most uses/disclosures, we must obtain your consent. For others, we must have your written authorization. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more description and examples of our potential uses/disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations. Generally, we must have your consent to use/disclose your PHI:

For treatment: We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of our staff involved in your care here.

To obtain payment: We may use/disclose your PHI in order to bill and collect payment for your health care services. For

example, we may release portions of your PHI to Medicaid, OhioMHAS, the local ADAMH Board and/or a private insurer to get paid for services that we delivered to you.

For health care operations: We may use/disclose your PHI in the course of operating our outpatient facility. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Release of your PHI to the GOSH or SHARES system/ ADAMH Board and/or Medicaid might also be necessary to determine your eligibility for publicly funded services.

Appointment reminders: Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home, or we may call or text to remind you of appointments.

Exceptions: Although your acknowledgement is usually required for the use/disclosure of your PHI for the activities described above, the law allows us to use/disclose your PHI without your acknowledgement in certain situations. For example, we may disclose your PHI if needed for emergency treatment if it is not reasonably possible to obtain your consent prior to the disclosure and we think that you would give consent if able.

Uses and Disclosures Requiring Authorization: For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Acknowledgements and authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures Not Requiring Consent or Authorization: The law provides that we may use/disclose your PHI without acknowledgement or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we report information about suspected abuse, including child and/or elder abuse/neglect, in response to a court order, or in other areas required by law. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For public health activities: We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority. Behavioral health organizations such as Syntero typically have very few such requirements.

For health oversight activities: We may disclose PHI to the ADAMH Board of your home county, if your services are publicly funded, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.

Relating to decedents: We may disclose PHI relating to an individual's death to coroners, funeral home directors, or medical examiners.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For specific government functions: We may disclose PHI to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Uses and Disclosures Requiring You to have an Opportunity to Object: In the following situations, we may disclose your PHI if we inform you about the disclosure in advance and you do not object. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

To families, friends or others involved in your care: We may share with these people information directly related to your family's, friend's or other person's involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

Your Rights Regarding Your Protected Health Information. You have the following rights relating to your protected health information:

You have the right to request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

You have the right to choose how we contact you: You have the right to ask that we send you information at an

alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

You have the right to request a copy of your PHI:

Unless your access is restricted for clear and documented treatment reasons, you have a right to see your protected health information if you put your request in writing. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

You have the right to request amendment of your PHI:

If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

You have the right to find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure which you acknowledged (i.e. for treatment, payment, operations, to you, your family). The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

You have the right to receive this notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

Confidentiality of Alcohol and Drug Abuse Records (42 CFR part 2 summary)

The confidentiality of alcohol and drug abuse records maintained by Syntero is protected by Federal law and regulations. Generally, we may not say to a person outside the agency that a client is involved in services, or disclose any information identifying a client as an alcohol or drug abuser unless:

- (1) The patient consents in writing
- (2) The disclosure is allowed by a court order
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

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

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Who to Contact about our Privacy Practices:

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, we encourage you to contact the Client Rights Advocate, information listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at:

The U.S. Department of Health and Human Services
280 North High Street Columbus, Ohio 43215
The U.S. Department of Health and Human Services
Civil Rights Regional Office
233 N. Michigan Ave. Ste. 240
Chicago, Illinois 60601

We will take no retaliatory action against you if you make such complaints.

Notification to clients of any breach of protected health information:

It is Syntero's policy and the law that we safeguard your protected health information (PHI). If we ever learn of a breach of your PHI, we are required to contact you promptly using First Class, U.S. Mail at your last known address.

Notice about fund-raising communication:

It is Syntero's policy not to send fund-raising communication to our clients or consumers.

Contact Person for Information or to Submit a Complaint:

If you have questions about this notice or any complaints about our privacy practices, please contact: Kathy Ritchey Ph.D, Director of Clinical Quality Improvement and Medical Services at 614-889-5722 x292.

Effective Date: This updated notice was effective on 10/16/17.

Information regarding exposure and transmission of infectious diseases

People who abuse alcohol and other drugs are more at risk for the following diseases due to:

1. Impaired judgement resulting in high-risk behavior of unprotected sex, share needles, and more than one sexual partner in a lifetime; and
2. Weakened immune systems due to chronic diseases

Testing is important. Visit or call:

The Columbus
Department
240 Parsons
Columbus, OH

614-645-7772:
Department
614-645-2199:
Disease

Disease	Human Immuno-Deficiency Virus (HIV)	Hepatitis B
Route of Transmission	<ol style="list-style-type: none"> 1. Unprotected anal, oral, and/or vaginal sex 2. Sharing needles for injection drug use or tattooing/body piercing 3. Mother to child 	<ol style="list-style-type: none"> 1. Unprotected anal, oral, and/or vaginal sex 2. Sharing needles for intravenous drug use or tattooing/body piercing 3. Sharing personal items like razors, toothbrushes, and nail clippers 4. Mother to child
Symptoms	<ol style="list-style-type: none"> 1. Many people have none for years 2. Flu-like symptoms that go away 3. Diarrhea 4. Weight loss/tiredness 	<ol style="list-style-type: none"> 1. Many people have none 2. Flu-like symptoms that go away 3. Tiredness 4. Jaundice (yellow skin)
Diagnosed By	Blood test	Blood Test
Vaccine Available	No	Yes- Prevention Only
Curable	No (Medications available for chronic disease management)	No (Can resolve on its own)
Disease	Hepatitis C	Tuberculosis
Route of Transmission	<ol style="list-style-type: none"> 1. Sharing needles/ syringes for injection drug use, tattooing, and body piercing 2. Sharing personal items like toothbrushes, nail clippers, or razors 3. Unprotected sex (<20% of infections) 	When infected person puts germs into the air by: <ol style="list-style-type: none"> 1. Coughing 2. Sneezing 3. Laughing 4. Singing
Symptoms	<ol style="list-style-type: none"> 1. None for years 2. Tired, fever, headache, jaundice 	Weakness, fever, night sweats, weight loss, cough, chest pain, coughing up blood
Diagnosed by	Blood test	Skin test; Sputum test; x-ray
Vaccine Available	None	None
Curable	No	Yes

Health
Avenue
43215

Sexual Health

Communicable