

**ADULT BEHAVIORAL HEALTH SERVICES
INFORMED CONSENT AND AUTHORIZATION FOR TREATMENT**

We would like to inform you regarding your treatment and other business-related practices of Capital Area Human Services District (CAHSD). When you sign this document, it means that you agree to be treated by Capital Area Human Services District and you authorize CAHSD to provide your treatment.

BEHAVIORAL HEALTH SERVICES There are many different ways of treating people with behavioral health problems. Therapy (counseling) is one form of treatment. Therapy can have risks and benefits. Since therapy often involves discussing uncomfortable issues in your life, you may initially experience upsetting feelings. On the other hand, therapy often leads to better relationships, improved behaviors, solutions to specific problems, and reductions in feelings of distress. In addition to therapy, CAHSD also provides psychological testing. If you require psychological testing, you have the right to an explanation of the test(s) and the right to a summary (which may be either verbal or written) of any test results. You may refuse testing at any time. Another part of your treatment may include the use of medications. Your medical prescriber will review risks and benefits, regarding your prescribed medications. You have the right to accept or reject medication.

SESSIONS WITH CLINICIANS The admission process starts with your initial contact and continues through the psychiatric evaluation. You are expected to keep your scheduled treatment sessions and we urge you to call the clinic if you need to cancel your appointment 24 hours in advance.

SCHEDULING APPOINTMENTS Sessions are scheduled during regular clinic hours. If you have an urgent situation between appointment times, you may call and leave a message for your clinician to return your call during clinic hours. If you are unable to reach your clinician, or if it is after clinic hours and you feel that you have an emergency, contact your family physician or the nearest emergency room.

CLIENT RECORDS You are entitled to a copy of your records unless your clinician believes that seeing them would interfere with your treatment. Your clinician may review your records with you in case you have any questions or concerns. CAHSD charges a fee for copies of records. Inactive records may be destroyed according to state and federal law.

CONFIDENTIALITY In general, the law protects the privacy of communications between a client and a clinician. Your clinician can only release information about your treatment to others with your written permission. But there are a few exceptions.

- If your clinician thinks that you are a danger to yourself or gravely disabled, your clinician will initiate actions to ensure your safety. This may include calling a family member or arranging hospitalization.
- If your clinician thinks that you are a danger to others, your clinician will take action to warn the potential victim and inform the police of your intent to harm someone else.
- If your clinician receives a court order or subpoena signed by a judge for your records, CAHSD can be required to disclose a copy of your medical record to the appropriate courts. This may include your clinician testifying in court about your treatment.
- The law requires your clinician to contact Child Protective Services if there is any suspicion or evidence of child abuse or neglect (this also includes past abuse/neglect). Your clinician will make every effort to talk with you before taking any action, unless contacting you might cause the child harm.
- The law requires your clinician to contact Adult Protective Services if there is any suspicion or evidence of abuse or neglect of a vulnerable adult age 18-59 or an emancipated minor (this also includes past

abuse/neglect). Your clinician will make every effort to talk with you before taking any action, unless contacting you might cause harm to the vulnerable adult or emancipated minor.

- The law requires your clinician to contact Elderly Protective Services if there is any suspicion or evidence of elder abuse or neglect (this also includes past abuse/neglect). Your clinician will make every effort to talk with you before taking any action, unless contacting you might cause the elder harm.
- In order to provide continuity of care and services, your clinician may exchange information with other Louisiana Department of Health agencies or business associates without your written consent.
- CAHSD trains graduate students and employs unlicensed clinicians, who are supervised by licensed clinicians. You have the right to know the names and qualifications of any persons involved in your treatment.
- CAHSD also employs administrative staff and needs to share protected health information with them for both clinical and administrative purposes. Staff members are trained to protect your privacy and have agreed not to release any information without the permission of a professional staff member.

OTHER CLINIC-RELATED INFORMATION

- Urine drug testing or alcohol breathalyzer testing may be indicated as part of your treatment. If urine drug testing is indicated, you may be responsible for the cost.
- CAHSD requires you to provide financial information within the first sixty (60) days of your admission and then annually to determine your fee(s) for appointments and eligibility to receive pharmacy services. Your financial information will determine if you qualify for medication(s) through the patient assistance programs offered by pharmaceutical companies. If you do not provide your financial information within sixty (60) days of admissions and within thirty (30) days of annual financial updates, CAHSD will charge you the full fee for services and you will not receive CAHSD pharmacy services.
- CAHSD supports a violence free environment for clients, visitors, and employees. CAHSD will not tolerate threatening behaviors, harassment, or verbal or physical threats toward our staff, visitors, or clients. If you engage in any such behaviors, you risk termination of services from CAHSD. If your behaviors result in termination of services, CAHSD cannot guarantee finding another provider. With warning, you may be discharged from CAHSD services for failure to follow recommended treatments.

On admission, CAHSD requires you to sign this Informed Consent and Authorization for Treatment form. Your signature below indicates that you understand the information in this form and agree to follow its terms for the duration of your treatment.

Client Name (Printed)	Client Signature	Date
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*Personal Representative Name (Printed) *If Needed	Personal Representative Signature	Date
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Witness Name (Printed)	Witness Signature	Date
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