



**Capital Area Human Services District**  
**Mental Health • Addiction Recovery • Developmental Disabilities Services**  
Ascension • East Baton Rouge • East Feliciana • Iberville  
Pointe Coupee • West Baton Rouge • West Feliciana

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## Client Orientation Handbook

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### Mission

To deliver caring and responsive services, leading to a better tomorrow.

### Vision

We excel at making lives better.

### Philosophy

CAHSD commits to the philosophy that all individuals are valuable members of the community. The District exists to support each consumer, to the full extent that resources permit, to live productively in the location and environment of their choosing (within appropriate parameters). The services and supports provided by the District are those determined by the client to be important to their success and stability. Our staff works with the client as a unified team to facilitate the individual in attaining their goals.

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CAHSD is proud to be nationally recognized and accredited by the Commission on Accreditation of Rehabilitation Facilities



Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)  
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)  
Outpatient Treatment: Mental Health (Adults)  
Outpatient Treatment: Mental Health (Children and Adolescents)  
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

**Capital Area Human Services District • Administration**  
**7389 Florida Boulevard, Suite 100A • Baton Rouge, Louisiana 70806**

**Mail: P.O. Box 66558 • Baton Rouge, LA 70896**  
**Telephone (225) 922-2700 • Fax (225) 362-5319**

[www.cahsd.org](http://www.cahsd.org) [www.realhelpbr.com](http://www.realhelpbr.com)



**Capital Area Human Services District**  
**Acknowledgement of Receipt of Client Orientation Handbook**

Welcome to Capital Area Human Services District. This handbook contains the following information to help you better understand how we work and what is needed to provide you with the best possible care and treatment:

- Our mission, vision, and philosophy;
- Introduction and overview of organization;
- Clinical services, facilities/programs, and after-hours;
- Assessment and admission;
- Ineligibility for services and appeal procedure;
- Person-centered plan and potential course of treatment;
- Attendance and behavior expectations;
- Family participation;
- Court involvement;
- Medication policy;
- Transition and discharge criteria;
- Informed consent;
- Advance directives;
- Your rights and responsibilities;
- Confidentiality and Notice of Privacy Practices;
- Voter registration;
- Fees and payment;
- Requesting a copy of your records;
- Staff conduct;
- Health and safety practices;
- No weapons policy;
- Zero tolerance for violence policy;
- Tobacco and smoking;
- Illegal or legal substances brought onto the premises;
- Prescription medication brought onto the premises;
- Emergency preparedness and response;
- Clinic closures due to hazardous events;
- Diversity and cultural competence;
- Complaint process, comments, and suggestions.

If you have questions about any of this information, please talk with the admissions staff and/or the therapist assigned to coordinate your care.

By signing below, I am acknowledging that I received the handbook. I understand that it is my responsibility to read and understand the information contained in this handbook and ask questions if I do not understand something or if I have concerns.

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Adult - Printed Name	Signature	Date
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Minor Child/Youth - Printed Name	Signature	Date
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Parent/Guardian/Personal Representative - Printed Name	Signature	Date
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## Overview

**Capital Area Human Services District (CAHSD)** was established by legislation in 1996 and enacted in 1997 to direct the operation and management of publicly-funded community-based programs and services for mental health, addictive disorders, developmental disabilities, and co-occurring disorders in the Louisiana Parishes of Ascension, East & West Baton Rouge, East & West Feliciana, Iberville, and Pointe Coupee.

**Nondiscrimination Notice** CAHSD complies with applicable federal civil rights laws and does not discriminate on the basis of any non-merit factor, including race, national origin, color, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, genetic information, veteran status, or military status.

**We will work to help you identify and cope more effectively with problems you may be experiencing.** Our staff includes psychiatrists, psychologists, social workers, counselors, nurses, psychiatric aides, community support coordinators, peer support specialists, and support staff. When you are admitted to our facility or program, you will be given a name of a designated staff member to coordinate your services. This staff member will be the contact person if you have any questions about your treatment.

**Priority Notice** Our addiction treatment programs give priority admission and preference to treatment in the following order: 1. Pregnant injecting drug users; 2. Pregnant substance abusers; 3. Injecting drug users; and 4. All others. Tell us if any of these conditions apply to you.

**Charitable Choice** CAHSD complies with Substance Abuse and Mental Health Services Administration's (SAMHSA) two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] that allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. No provider of substance abuse services receiving federal funds from the SAMHSA may discriminate against a client or potential client on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice. If the individual objects to the religious character of this organization, federal law gives the individual the right to a referral to another provider of substance abuse services within a reasonable period of time after requested. The alternative provider must be accessible and have the capacity to provide substance abuse services of a value not less than the value of the services the individual would have received from the religious organization. When SAMHSA provides funding directly to another unit of government, such as a state or local government, that unit of government (e.g., CAHSD) is responsible for providing the alternative services.

**You are responsible for helping us treat you.** You will need to give us correct and complete information during the assessment process to help us determine the treatment that will be most helpful to you. You are also expected to play an active role in your treatment, including developing treatment plan goals, completing homework, and measuring your own progress as well as achievements. How many times you meet with us and how long we meet will depend on the type of professional staff member you are seeing and the recommended treatment services. We encourage you to involve family members or other members of your support system when possible. Unless a court orders you to participate in treatment, you may discontinue treatment at any time. However, we encourage you to talk with your counselor, social worker, psychologist, psychiatrist, or peer support specialist before leaving.

**You can get help in the event of a crisis.** In cases of crisis during clinic hours, you may walk into the facility or contact your assigned clinician. During after-hours, weekends, state holidays, and office closures, call the 24-hour crisis line at 225-923-1147. At any time, you can call 911 or go to the nearest emergency room.

**Recovery-Oriented Services** We provide our services based on your needs and on the belief that you can recover. We follow a trauma-informed care approach. Treatment services include individual, family, and group therapy and counseling. Treatment services may also include the prescription and management of medication. It is very important that you: Take the medication as prescribed; Do not adjust or stop using your medication without the advice of your prescriber; Tell us about any side effects that you experience from the medication; and Tell us about any other prescribed or over-the-counter medications that you take. Call us during business hours before you run out of medication. We do not call in medication refills after-hours.

**Referral Services** When necessary, our staff will arrange referrals to other service providers or community resources. You may contact the following to locate treatment, get support, or apply for benefits:

- Your family/primary care physician
- National Suicide Prevention Lifeline 1-800-273-8255 <https://suicidepreventionlifeline.org/>
- Lifeline Crisis Chat <http://www.contact-usa.org/chat.html>
- SAMHSA's Behavioral Health Treatment Services Locator <https://findtreatment.samhsa.gov/>
- SAMHSA's 24/7 National Helpline 1-800-662-4357, TTY 1-800-487-4889
- National Domestic Violence Hotline 1-800-799-7233, TTY 1-800-787-3224 <https://www.thehotline.org/>
- Louisiana 2-1-1 number connects callers to 24/7 info (get help, food, clothing, shelter, financial assistance) and services in times of need, even during disasters <http://www.louisiana211.org/>
- Al-Anon Family Groups <http://www.al-anon.org/>
- Alcoholics Anonymous <http://www.aa.org/>
- Narcotics Anonymous <https://www.na.org/>
- Gamblers Anonymous <http://www.gamblersanonymous.org/ga/>
- Depression & Bipolar Support Alliance <https://www.dbsalliance.org/>
- NAMI/National Alliance on Mental Illness <https://www.nami.org/Find-Support>
- Mental Health America <http://www.mentalhealthamerica.net/find-support-groups>
- Apply for Louisiana Medicaid <https://sspweb.lameds.la.gov/selfservice/>
- Apply for Louisiana SNAP (Food Stamps), Family Independence Temporary Assistance Program, Kinship Care Subsidy Program, or Child Support Enforcement Services <https://cafe-cp.dcf.la.gov/selfservice/>
- Apply for Louisiana Child Care Assistance (CCAP) <https://cafe-cp.doe.louisiana.gov/edselfservice/>
- Louisiana Housing & Homelessness Services <https://laboscoc.org/housing-intro>
- LWC HIRE <https://www.louisianaworks.net/hire/vosnet/Default.aspx>
- Louisiana Rehabilitation Services [http://www.laworks.net/WorkforceDev/LRS/LRS\\_Main.asp](http://www.laworks.net/WorkforceDev/LRS/LRS_Main.asp)
- Find federal benefits you may be eligible for in the U.S. <https://www.benefits.gov/>
- Apply for Social Security retirement, disability, and Medicare benefits <https://www.ssa.gov/onlineservices/>

**Admission/Transition/Discharge** We serve people who live in the surrounding area, have at least one diagnosable emotional, behavioral, developmental, or mental disorder as specified within the current *Diagnostic and Statistical Manual of Mental Disorders*, and would benefit from our services. People can refer themselves by contacting CAHSD or a referral source can refer people to CAHSD. Referral sources include and are not limited to the network of public and private behavioral health providers, the legal system, hospitals, emergency departments, primary care physicians, and pediatricians. You are responsible for informing us if your assessment or treatment are court-ordered and notifying us in advance of your due dates for court reports. Individuals are transitioned or discharged to other services within CAHSD or in the community when they have met the goals of their treatment plan, are unwilling to follow the treatment plan, exhibit violent or disruptive behavior, decide not return or not to continue treatment within 30 days of admission, decide not to keep the first scheduled appointment with the assigned clinician following admission, decide not to return to treatment within 90 days of the last scheduled appointment, or the guardian does not allow the client to return to treatment within 30 days of admission or 90 days of the last scheduled appointment.

**Ineligibility for Services and Appeal Procedure** If you are found not eligible for services, then you will be provided the reasons verbally and in writing. At least three appropriate community resources, when available, will be provided to you to meet your needs. With the individual's consent, the family/support system and/or the referring entity is also informed of the ineligibility for service. When individuals are assessed as not being eligible for service, they have the right to appeal the decision by submitting a written request for a review by the Medical Director or physician designee.

**Important Notice – Coronavirus COVID-19** We know this may be a difficult time for you, and we are making every effort to put your safety and well-being first. We are providing services while following state health guidelines and expanding our telehealth appointments. If you are out of your medication or have any questions about your appointment or making an appointment, you may call (225) 925-1906, Monday through Friday 8:00 a.m. – 4:30 p.m. Please continue to visit our website for ongoing updates at [www.cahsd.org](http://www.cahsd.org). For Louisiana Coronavirus COVID-19 information, visit <https://ldh.la.gov/Coronavirus/>.

**Our facilities and programs include the following:**

- **Nurse-Family Partnership** Phone 225-219-9520; Services are provided in the home. Hours Monday – Friday 8:00 a.m. – 4:30 p.m. by appointment. Maternal and early childhood health program provides first-time moms with home visits made by a specially trained nurse and a mental health professional throughout the pregnancy and until the baby turns two years old.
- **Developmental Disabilities Services** Phone 225-925-1910 / Toll free 1-866-628-2133; 7389 Florida Blvd., Suite 100C, Baton Rouge LA 70806; Hours Monday – Friday 8:00 a.m. – 4:30 p.m. by appointment; Single point of entry for people with developmental disabilities seeking government funded comprehensive services in the home or community.
- **ASCEND/Accelerated Supports for a Child's Evolving Neurodevelopment** Phone 225-922-0644 / Toll free 1-866-628-2133; 422 Colonial Dr., Baton Rouge LA 70806; Hours Monday – Friday 7:30 a.m. – 4:00 p.m. by appointment only. Preschool (2-5 years old) Applied Behavior Analysis Treatment Program.
- **Children's Behavioral Health** Phone 225-922-0445 / Toll free 1-800-590-2849; 422 Colonial Dr., Baton Rouge LA 70806; Monday – Friday 8:00 a.m. – 4:30 p.m., Monday & Thursday evening appointments. Clinic-based Child/Adolescent (5-18 years old) Behavioral Health Outpatient Treatment.
- **School Based Behavioral Health** Phone 225-922-0478 / Toll free 1-800-590-2849; Services are provided at the school where the child is enrolled; Mailing Address: 2751 Wooddale Blvd., Suite A, Baton Rouge LA 70805; Hours Monday – Friday 7:30 a.m. – 4:00 p.m. by appointment. School-based Child/Adolescent (5-18 years old) Behavioral Health Outpatient Treatment. Located in select schools.
- **Ascension Behavioral Health** (formerly Gonzales Mental Health Center) Phone (225) 621-5770 / Toll free 1-800-768-8824; 1056 E. Worthey St., Suite B, Gonzales LA 70737; Hours Monday – Friday 8:00 a.m. – 4:30 p.m. Adult Mental Health & Child/Adolescent (5-18 years old) Behavioral Health Outpatient Treatment.
- **Donaldsonville Mental Health** Phone (225) 621-5770 / Toll free 1-800-768-8824; 901 Catalpa St., Donaldsonville LA 70346; Call Ascension Behavioral Health for hours of operation; schedule varies. Adult Mental Health & Child/Adolescent (5-18 years old) Behavioral Health Outpatient Treatment.

- **Baton Rouge Behavioral Health** (formerly Center for Adult Behavioral Health) Phone (225) 925-1906 / Toll free 1-800-768-8824; 2751 Wooddale Blvd., Suite A, Baton Rouge LA 70805; Hours Monday – Friday 8:00 a.m. – 4:30 p.m. Adult Mental Health Outpatient Treatment.

- **North Baton Rouge Behavioral Health** (formerly Margaret Dumas Mental Health Center) Phone (225) 359-9315 / Toll free 1-800-768-8824; 7855 Howell Blvd., Suite 200, Baton Rouge LA 70807; Hours Monday – Friday 7:45 a.m. – 4:15 p.m. Adult Mental Health Outpatient Treatment.

- **Capital Area Recovery Program** Phone 225-922-3169 / Toll free 1-800-768-8824; 2455 Wooddale Blvd., Baton Rouge LA 70805; 24/7 facility; intake by appointment only. Adult Substance Use/Abuse Social Detox & Short-Term Residential Treatment for men ages 18 and older (women are referred to other facilities); services include co-occurring mental health treatment and medication-assisted treatment for opioid use.

- **Addiction Recovery Services** Phone (225) 925-1906 / Toll free 1-800-768-8824; 2751 Wooddale Blvd., Suite A, Baton Rouge LA 70805; Hours Monday – Friday 8:00 a.m. – 4:30 p.m. and Monday – Thursday evening groups. Adult Substance Use/Abuse Outpatient Treatment; services include co-occurring mental health treatment and medication-assisted treatment for opioid use.

- **Behavioral Health Outreach Services-Treatment** Phone (225) 907-2218; Mailing Address: 2751 Wooddale Blvd., Suite A, Baton Rouge LA 70805; Call Outreach Team for hours of operation; schedule varies. New clients first go to Baton Rouge Behavioral Health or North Baton Rouge Behavioral Health for intake and assessment. Adult Mental Health Outpatient Treatment.

- **Iberville Behavioral Health** 24705 Plaza Dr., Plaquemine LA 70764
- **Pointe Coupee Behavioral Health** 282A Hospital Rd., New Roads LA 70760
- **West Baton Rouge Behavioral Health** 685 Louisiana Ave., Port Allen LA 70767
- **West Feliciana Behavioral Health** 5266 Commerce St., St. Francisville LA 70775

- **Behavioral Health Outreach Services-Crisis** Phone (225) 922-0631; Mailing Address: 2751 Wooddale Blvd., Suite A, Baton Rouge LA 70805; Hours Monday – Friday 8:00 a.m. – 4:30 p.m. Mobile services are available for current adult clients of CAHSD who are in crisis and for any child in crisis within CAHSD's designated parishes.

- **Prevention Services** - School-based prevention curriculums, community-based programs, and summer programs are provided to prevent substance use among youth and promote a healthy lifestyle among families in the region.

- **Wellness Services** - Health education, tobacco cessation, nutrition, and physical fitness information is provided for adults.

**Informed Consent to Treatment** As part of the admissions process, we want to inform you about:

- Your responsibility to provide us with information as a condition of your admission into the program and your ongoing treatment;
- The nature of the proposed care, treatment, services, medication(s), interventions, or procedures;
- Reasonable treatment choices, discussed at the time of informed consent;
- Risks, benefits, and side effects related to your treatment, including the possible results of not receiving care, treatment, and services;
- When indicated, any limits on the confidentiality of information learned from or about you; and
- When indicated, potential problems about recovery or reuniting with your family.

**Advance Directives** If you are an adult interested in completing an advance directive for behavioral health treatment, then you will need to review the packet issued by the Louisiana Office of Behavioral Health (formerly called the Office of Mental Health) and the Mental Health Advocacy Service, titled Advance Directive for Mental Health Treatment, and available for download at the link below. For assistance with completing the advance directive, contact the attorneys at the Mental Health Advocacy Service (1-800-428-5432). <http://dhh.louisiana.gov/assets/docs/BehavioralHealth/publications/AdvanceDirective.pdf>

**Your privacy is respected and valued by our staff.** The Notice of Privacy Practices is required by the Health Insurance Portability and Accountability Act (HIPAA) and is included in this handbook. To protect your privacy, staff does not interact with clients on social networking sites.

**Confidentiality of your behavioral health information is respected and valued by our staff.** The information you provide and that we talk with you about is considered confidential and will not be released to others without your permission, unless 1) there is an emergency in which there is a danger to you or others, 2) required by law, 3) released for the purposes of providing and/or coordinating services with other CAHSD or Department of Health staff, or 4) for accreditation purposes. You may be asked to sign a release of information so that we may speak with others involved in your life about treatment issues.

**Voter Registration** In compliance with the National Voter Registration Act (NVRA), voter registration is available at CAHSD facilities to individuals seventeen years and one month (17.1) of age and older. Voter registration will be offered to all qualified individuals seeking services.

**Attendance Expectations** CAHSD programs may operate according to a scheduled appointment or walk-in format. CAHSD provides the option for scheduled and unscheduled appointments. Attending your appointments and following through with suggestions, recommendations, or homework assignments is an important part of the treatment process. For scheduled appointments, you are expected to notify us 24 hours in advance if you are unable to attend. Clients who miss appointments may lose their scheduling privileges.

**Fees and Payment at Time of Service** You will be provided with information about your financial obligations, fees, and financial arrangements including length of time benefits will be paid by payer source if this information is available at time of orientation and how updates of benefits will be provided. You are financially responsible for services rendered by CAHSD. Payment of copayments and/or charges incurred is due at the time of service unless other financial arrangements have been made prior to treatment. Your medical records may be sent to your payer on file in order to process claims on your behalf. You assign all benefits and payments from your insurance company or Medicaid/Medicare be directed to CAHSD for services rendered. You understand that if you fail to comply with this agreement, or if your account becomes delinquent, CAHSD may turn your account over to a third party company for collections.

**Requesting Copy of Records** You may inspect or request a copy of your protected health information (PHI) by submitting the request in writing to your assigned clinician by using the Client Request for Access to PHI Form 201P. A fee to copy your records will be charged to you per Louisiana law R.S. 40:1299.96 and must be paid at the time you receive the records as follows, "...one dollar per page for the first twenty-five pages, fifty cents per page for twenty-six to three hundred fifty pages, and twenty-five cents per page thereafter, a handling charge not to exceed twenty-five dollars... and actual postage." If PHI is provided in a digital format, the same above rates can be charged, not to exceed \$100, including all postage and handling charges actually incurred. If requested, a certification page will be provided.

**Consumer Complaint Process** Your satisfaction (and that of your family) with the quality of our services is very important to us. You have the right, and we encourage you, to voice any complaints or concerns you

have about the services you receive. The Consumer Complaint Process is posted in the waiting areas. We will review your feedback and will resolve any issues to your satisfaction, if possible. Making a complaint will not affect your ability to continue to receive services. The first step is to tell the staff person providing services to you about your complaint or you may go directly to the facility manager to resolve your concern. The manager will attempt to resolve your complaint, and if unable to resolve your concern, the staff will assist you in completing a Consumer Complaint Form that will be sent to the CAHSD Compliance Officer.

**Staff Conduct** CAHSD staff is expected to follow a code of conduct to ensure services are provided in a competent, respectful, and professional manner when serving clients and their families or representatives and when representing the organization within the communities we serve. All staff will perform their duties in compliance with all federal, state, and local regulations, abide by the State Code of Governmental Ethics, CAHSD Organizational Ethics and will follow the code of their professional certifications/licenses if applicable.

**No Weapons** CAHSD policy does not allow weapons in CAHSD facilities or on surrounding premises, except those carried by law enforcement officers acting in an official capacity.

**Zero Tolerance for Violence** CAHSD supports a violence free environment and does not use seclusion or restraints. CAHSD also does not tolerate threatening behaviors, harassment, or verbal or physical threats toward staff, clients, or visitors. Security/law enforcement will be notified to address the situation.

**Handling of Illegal or Legal Substances and Prescription Medication brought to CAHSD** If any person is discovered to be in possession of alcohol or an illegal substance while on CAHSD premises, then security/law enforcement will be notified to address the situation. If any person appears chemically impaired at a level that reasonably indicates leaving the premises might cause harm to self or others, security/law enforcement will be notified to intervene as appropriate. Any over-the-counter or prescription medication left at any CAHSD facility or program by a person served will be disposed of by taking it to the onsite pharmacy. CAHSD staff will attempt to contact the client before disposing the medication.

**Tobacco & Smoking Policies** The use of tobacco products and smoking are prohibited in CAHSD facilities and on surrounding premises except at Capital Area Recovery Program (CARP). Smoking is defined as the act of inhaling, exhaling, burning, carrying, or possessing any lighted tobacco product, including cigarettes, cigars, pipe tobacco, other lighted combustible plant material, other nicotine products, e-cigarettes, and smoking devices that expel a smoke or vapor. CAHSD strives to maintain a healthy workplace and productive environment for all staff, clients, and visitors. For that reason, CAHSD allows cigarette smoking at Capital Area Recovery Program only in designated outdoor smoking areas marked by signs. In continued efforts to promote a healthy environment, CAHSD offers smoking cessation assistance to those seeking to quit.

**Health and Safety Practices** A healthy and safe environment is promoted in all facilities where services are provided. Appropriate housekeeping, use of protective equipment, safe work practices, and regular inspections are used to maximize the health and well-being of persons served, visitors, and staff. All buildings are tobacco-free and this policy is regularly enforced. Staff is trained to provide first aid or basic life support, respond to emergency situations, and to take appropriate actions necessary to promote safety. Our staff will review your physical health needs and will make referrals to community resources when indicated. Be sure to let staff know if you have any symptoms of illness such as cough, rash, fever, night sweats, or other symptoms or if you need to request accommodations while receiving services. Proper hand washing and covering the mouth when sneezing or coughing are the best ways to prevent the spread of infection.



**Emergency Preparedness and Response** CAHSD uses a code system to alert clients, visitors and staff of emergency circumstances. In the event that a code is called while you are being served in one of our facilities, it will be identified as a real event or a drill. Our staff will assist you in getting where you need to go, such as another area inside the building or outside the building, and they will instruct you on what you need to do to remain calm and safe.

**Clinic Closures Due to Hazardous Events** When it is necessary to close CAHSD facilities or programs either fully or partially due to severe weather events, natural disasters, or other emergencies, notifications and instructions about the closures, medication refills, and crisis assistance will be provided through signs posted outside CAHSD facilities, recorded outgoing messages on the main phone numbers of CAHSD facilities and programs, and informational bulletins posted on the CAHSD website at [www.cahsd.org](http://www.cahsd.org). When possible, CAHSD staff will call clients about unexpected closures.

### **Respect for Diversity**

- We believe all individuals have intrinsic worth and make valuable contributions to our communities.
- CAHSD is committed to quality care for all CAHSD clients in need of mental health, addiction recovery and developmental disability services regardless of age, race, gender, ethnicity, sexual orientation, religion, disability, cultural origin, or their ability to pay.
- We continually evaluate the diversity of the individuals we serve in an effort to ensure that those served are representative of all individuals in need in our community.
- We respect the diversity of our employees. We strive to accept individual preference and respect individual differences.
- We strive to recruit, retain and develop culturally diverse workforce at all organizational levels of CAHSD who are representative of the individuals we serve.

### **Commitment to Cultural Competence**

- We accept that every individual has an ethnicity, as well as a gender, sexual orientation, level of ability, age, and socio-economic status; therefore, every human interaction is a cross-cultural encounter.
- We respect the dignity and worth of all persons.
- We are committed to providing ongoing cultural competence training for all employees and administrators.

### **Other Information**

- Louisiana Department of Children & Family Services - Child Protection Investigation  
To report child abuse or neglect, call toll free 24 hours a day, 365 days a year, at 1-855-452-5437.
- Louisiana Department of Health - Adult Protective Services  
To report abuse or neglect of adults ages 18-59 and emancipated minors, call 1-800-898-4910.
- Louisiana Governor's Office of Elderly Affairs - Elderly Protective Services  
To report abuse or neglect of people ages 60 or older, call 1-833-577-6532 or 225-342-0144.
- Louisiana Department of Health - Health Standards Section: To state a complaint against a health care facility, call 225-342-0138. (Note: Health Standards Section does not intervene in billing issues.)

**Your Opinion Matters** Thank you for choosing CAHSD as a part of your healthcare team. Our goal is to provide you with quality care and we value your opinion. CAHSD obtains input from persons served through suggestion boxes, satisfaction surveys, and complaint forms. Do you have any ideas about how to make CAHSD better? Your feedback tells us how we are doing and helps us make improvements. You can send comments or suggestions to: Performance Improvement, Capital Area Human Services District, P.O. Box 66558, Baton Rouge LA 70896.

## Client Rights Notice

The client and, if applicable, the client's parent(s) or legal guardian, have the following rights:

- Confidentiality of information;
- Privacy;
- Freedom from abuse, financial or other exploitation, retaliation, humiliation, and neglect;
- Access to information pertinent to the person served in sufficient time to facilitate his or her decision making and their own records;
- 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 entities for appropriate representation, self-help support services, advocacy support services;
- Adherence to research guidelines and ethics, if applicable;
- Investigation and resolution of alleged infringement of rights;
- to be informed of the client's rights and responsibilities at the time of admission or within 24 hours of admission;
- to have a family member, chosen representative and/or his or her own physician notified of admission to the BHS provider at the request of the client;
- to receive treatment and medical services without discrimination based on race, age, religion, national origin, gender, sexual orientation, or disability;
- to maintain the personal dignity of each client;
- to be free from abuse, neglect, exploitation and harassment;
- to receive care in a safe setting;
- to receive the services of a translator or interpreter, if applicable, to facilitate communication between the client and the staff;
- to be informed of the client's own health status and to participate in the development, implementation and updating of the client's treatment plan;
- to make informed decisions regarding the client's care by the client or the client's parent or guardian, if applicable, in accordance with federal and state laws and regulations;
- to participate or refuse to participate in experimental research when the client gives informed, written consent to such participation, or when a client's parent or legal guardian provides such consent, when applicable, in accordance with federal and state laws and regulations;
- for clients in residential facilities, to consult freely and privately with the client's legal counsel or to contact an attorney at any reasonable time;
- to be informed, in writing, of the policies and procedures for filing a grievance and their review and resolution;
- to submit complaints or grievances without fear of reprisal;
- for clients in residential facilities, to possess and use personal money and belongings, including personal clothing, subject to rules and restrictions imposed by the BHS provider;
- for clients in residential facilities, to visit or be visited by family and friends subject to rules imposed by the provider and to any specific restrictions documented in the client's treatment plan;
- to have the client's information and medical records, including all computerized medical information, kept confidential in accordance with federal and state statutes and rules/regulations;
- for clients in residential facilities, access to indoor and outdoor recreational and leisure opportunities;
- for clients in residential facilities, to attend or refuse to attend religious services in accordance with his/her faith;
- to be given a copy of the program's rules and regulations upon admission;

- to receive treatment in the least restrictive environment that meets the client's needs;
- to not be restrained or secluded in violation of federal and state laws, rules and regulations;
- to be informed in advance of all estimated charges and any limitations on the length of services at the time of admission or within 72 hours;
- to receive an explanation of treatment or rights while in treatment;
- to be informed of the: a. nature and purpose of any services rendered; b. the title of personnel providing that service; c. the risks, benefits, and side effects of all proposed treatment and medications; d. the probable health and mental health consequences of refusing treatment; and e. other available treatments which may be appropriate;
- to accept or refuse all or part of treatment, unless prohibited by court order or a physician deems the client to be a danger to self or others or gravely disabled;
- for children and adolescents in residential BH facilities, to access educational services consistent with the client's abilities and needs, relative to the client's age and level of functioning; and
- to have a copy of these rights, which includes the information to contact HSS during routine business hours; Louisiana Department of Health-Health Standards Section (HSS) Complaint Number: 225-342-0138.

### **Client Responsibilities Notice**

Clients who are provided care, treatment, and services at CAHSD facilities have the responsibility to:

- Treat all CAHSD staff, other clients, and visitors with respect and courtesy;
- Refrain from verbal abuse, threats, violence and aggression in accordance with the zero tolerance for violence policy;
- Refrain from the use of tobacco on the campus in accordance with the tobacco and smoking policy;
- Provide accurate, complete information as required for billing and patient assistance program purposes and notify staff if their financial status changes;
- Provide full information about problems, including physical health information, to allow for proper evaluation, diagnosis, and treatment;
- Assist clinical staff in developing a treatment plan, adhere to the treatment plan, and notify clinical staff of any concerns about their progress in treatment or care provided;
- Arrive for appointments at the designated time and to notify the CAHSD treatment facility or program at least 24 hours prior to cancelled appointments;
- Discuss the discontinuance of treatment with clinical staff prior to making the decision to terminate care;
- Refrain from discussing other clients' care at the facility or program;
- Follow CAHSD policies that are provided at the time of admission and during treatment;
- Pay required CAHSD assessed fees; and
- Notify staff anytime their behavioral or medical health advance directives change and provide a current copy for their medical record.

## Notice of Privacy Practices

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

Capital Area Human Services District (CAHSD) provides many types of services. CAHSD staff must collect information about you to provide these services. CAHSD knows that information we collect about you and your health is private. CAHSD is required to protect this information by Federal and State law. We call this information “protected health information” (PHI).

This Notice of Privacy Practices tells you how CAHSD may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you. CAHSD is required to follow the terms of the notice currently in effect. However, CAHSD may change its privacy practices and make that change effective for all PHI maintained by CAHSD. The effective date of this Notice of Privacy Practices is June 14, 2016.

### CAHSD May Use and Disclose Information Without Your Authorization

- **For Treatment.** CAHSD may use or disclose information to health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** CAHSD may use or disclose information to get payment or to pay for the health care services you receive. For example, CAHSD may provide PHI to bill your health plan for services provided to you.
- **For Health Care Operations.** CAHSD may use or disclose information in order to manage its programs and activities. For example, CAHSD may use PHI to review the quality of services you receive.
- **Appointments and Other Health Information.** CAHSD may send you reminders for medical services, checkups, and eligibility renewal. CAHSD may send you information about health services that may be of interest to you.
- **For Public Health Activities.** CAHSD may disclose information to the public health agency that keeps and updates vital records such as births, deaths, and the tracking of some health issues and diseases.
- **For Health Oversight Activities.** CAHSD may use or disclose information to inspect or investigate health care providers.
- **As Required by Law and for Law Enforcement.** CAHSD will use and disclose information when required or permitted by Federal or State law or by a court order. If Federal or State law creates higher standards of privacy, CAHSD will follow the higher standard.
- **For Abuse Reports and Investigations.** CAHSD is required by law to receive and investigate reports of abuse, neglect or exploitation involving CAHSD clients and makes a report to the appropriate agency as indicated.
- **For Government Programs.** CAHSD may use and disclose information for public benefits under other government programs. For example, CAHSD may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- **To Avoid Harm.** CAHSD may disclose PHI to law enforcement agencies in order to avoid a serious threat to the health, welfare and safety of a person or the public.
- **For Research.** CAHSD uses information for studies and to develop reports.
- **Disclosures to Family, Friends, and Others.** CAHSD may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information, unless it is a personal representative.

### Disclosures to LDH or other CAHSD Agencies

The Louisiana Department of Health (LDH) and CAHSD are business partners. Your PHI may be disclosed to LDH or other CAHSD agencies in order to provide treatment or for other reasons stated above. You have the right to object to this sharing of information; however, it may alter CAHSD’s ability to provide you full services.

### **Other Uses and Disclosures Require Your Written Authorization**

Any other uses and disclosures not described above will be made only with your written authorization. You may cancel this authorization at any time in writing. CAHSD cannot take back any uses or disclosures already made with your authorization. Authorization is required for the following: Most uses and disclosures of psychotherapy notes; and Uses and disclosures of Protected Health Information for marketing purposes.

### **Other Laws Protect Your Protected Health Information**

Many CAHSD programs have other laws for the use and disclosure of information about you. For example, your written authorization may be needed for CAHSD to use or disclose your mental health or chemical dependency treatment records.

### **Your Privacy Rights**

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Request to Correct, Amend, or Update Your Records.** You may ask CAHSD to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request (CAHSD form 301P).
- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health information.
- **Right to Get a List of Disclosures.** You have the right to ask CAHSD for a list of disclosures made after April 14, 2003. You must make the request in writing (CAHSD form 701P). This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family or information that was sent with your authorization.
- **Right to Request Restrictions on Uses or Disclosures of Protected Health Information.** You have the right to ask CAHSD to restrict how your information is used or disclosed. You must make the request in writing and tell CAHSD what information you want to limit and to whom you want the limits to apply. Generally, CAHSD is not required to agree to the request. However, CAHSD is required to agree to a request to restrict certain disclosures of Protected Health Information to a health plan when you pay out of pocket (you have requested that your health plan is not billed) in full for the healthcare item or service. You can request in writing that the limit be terminated (CAHSD form 501P).
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization in writing at any time. You can cancel an authorization verbally at any time, but you must cancel the authorization in writing within thirty (30) days for the cancellation to remain in effect. CAHSD cannot take back any uses or disclosures already made before an authorization was cancelled.
- **Right to Choose How We Communicate with You.** You have the right to ask that CAHSD share information with you in a certain way or in a certain place. For example, you can ask CAHSD to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.
- **Right to File a Complaint.** You have the right to file a complaint with CAHSD at the address listed below and with the United States Department of Health and Human Services if you do not agree about how CAHSD has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.
- **Right to Receive Notice of Change to CAHSD Privacy Practices.** You have a right to receive notice of changes in CAHSD privacy practices that affect you on or after the effective date of the change.

### **How to Review CAHSD Privacy Policies**

You may review CAHSD privacy policies and related forms by going to [www.cahsd.org](http://www.cahsd.org) and looking for the HIPAA Privacy Policy link. You may also contact the CAHSD Privacy Officer at the address listed at the end of this notice.

### **How to Contact CAHSD to Review, Correct, or Limit Your Protected Health Information (PHI)**

You may contact the local CAHSD office which collects and maintains your protected health information or you may contact the CAHSD Privacy Officer at the address listed at the end of this notice to:

- ✓ Ask to look at or copy your records;
- ✓ Ask to limit how information about you is used or disclosed;
- ✓ Ask to cancel your authorization;
- ✓ Ask to correct or change your records; or
- ✓ Ask for a list of the times CAHSD disclosed information about you.

Your request to look at, copy, or change your records may be denied. If CAHSD denies your request, you will receive a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with CAHSD or with the U.S. Department of Health and Human Services, Office for Civil Rights.

### **How to File a Complaint or Report a Problem**

You may contact the Privacy Office listed below if you want to file a complaint or to report a problem about how CAHSD has used or disclosed information about you. Your benefits will not be affected by any complaints you make. CAHSD cannot punish or retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful. Your Privacy Office contact is:

CAHSD Privacy Officer  
Capital Area Human Services District  
P.O. Box 66558  
Baton Rouge LA 70896

**Thank you for choosing Capital Area Human Services District.**