

**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