

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:

- Mission, Vision, Philosophy, and Overview of Organization
- Nondiscrimination Notice, Priority Notice, and Charitable Choice
- Service Coordination, Assessment, Person-Centered Planning, and Clinical Services
- Potential Course of Treatment, Family Participation, and Court Involvement
- Crisis Help After-Hours, Recovery-Oriented Services, and Medication Policy
- Referral Services and Admission/Transition/Discharge
- Ineligibility for Services and Appeal Procedure
- Seasonal Respiratory Illnesses
- Facilities and Programs
- Informed Consent to Treatment and Advance Directives for Behavioral Health Treatment
- Health Insurance Portability and Accountability Act (HIPAA)
- Notice of Privacy Practices of Capital Area Human Services District
- 42 CFR § 2.22 Notice to Clients of Federal Confidentiality Requirements
- Voter Registration, Attendance Expectations, and Fees & Payment at Time of Service
- Requesting Copy of Your Records
- Complaint Process, Comments & Suggestions, and Staff Conduct
- Service Animals, No Weapons Policy, and Zero Tolerance for Violence Policy
- Illegal or Legal Substances and Prescription Medication Brought onto the Premises
- Tobacco and Smoking Policies
- Health and Safety Practices
- Emergency Preparedness & Response and Clinic Closures Due to Hazardous Events
- Respect for Diversity and Commitment to Cultural Competence
- Protective Services, Client Rights Notice, and Client Responsibilities Notice

If you have questions about any of this information, please talk with the admissions staff and/or the therapist assigned to coordinate your care. If you choose to apply for the Client Assistance Program, then you must provide financial information within fourteen (14) days of admission for addiction recovery services or within thirty (30) days of admission for mental health services and annually thereafter to determine your fee amounts for appointments as well as eligibility for pharmacy assistance.

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.

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