



# Client Handbook



**THE CALL LINE**  
(CRISIS ASSIST LINK LINE)

**1-877-500-9997**

# What is SCLHSA?

South Central Louisiana Human Services Authority (SCLHSA) is a local governing entity that was established by Legislative Act 449 in 2006 and is contracted with the Louisiana Department of Health (LDH) to provide addictive disorders, developmental disabilities and mental health services to the residents of Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary and Terrebonne Parishes.

## Behavioral Health Philosophy

SCLHSA's primary strategy is to maximize opportunities for all clients to achieve their highest possible quality of life. The goal of this process is to guide them in becoming active in and responsible for their recovery process and to manage their addictions. Inherent to this philosophy is the assumption that within each individual is the potential to heal themselves and to make positive changes in their behavior and life.

The Assessment component serves as the point of entry for all SCLHSA Behavioral Health services. The assessment process utilizes a person-centered approach to collect client and collateral information used to develop an appropriate plan of care that incorporates internal outpatient services and/or external referrals to appropriate services in the community.

Treatment is based on the recovery process. The goal of this process is to guide clients in understanding their potential to heal themselves by advocating for and collaborating with the client, family members and other individuals. This collaboration forms a supportive network, enabling clients to make positive changes and manage their behavior in order to achieve their highest possible quality of life.

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# Orientation to Services

## I. Building:

- The locations of emergency exits, evacuation routes and shelter in place are posted in each hallway, office, lobby and/or doors.
- Fire extinguishers are in designated areas in accordance with the State Fire Marshal.
- First aid kits are available for use to assist you when requested.

## II. Code of Ethics:

- Staff is required to follow SCLHSA's Code of Conduct. Each treating profession (counselors, peer support specialists, nurses, doctors) have their own ethical codes and codes of conduct they must also follow. The Code of Ethics does not allow staff to accept gifts or have a relationship with clients outside of the professional relationship. Please ask the staff if you would like additional information about this topic.

## III. Mandated Treatment:

- If you are mandated to treatment, you are asked to sign an authorization to release information to inform the referral source of your treatment progress, including attendance and compliance with treatment.

## IV. Client Expectations

- Follow the program rules.
- Be involved in choosing treatment goals and services to improve your treatment results.
- Work toward the goals, objectives, and interventions developed in the individualized person-centered plan.
- Identify family members, friends and support groups that can participate and assist you during and after your treatment.
- Parent/guardian should be present during all child appointments.

## V. Restricted Behaviors/Program Rules:

- Threatening, intimidation, verbal attacks or violent behavior directed towards anyone is not allowed. Such behavior may lead to restrictions in use of the facilities, administrative discharge, transfer to other agencies or law enforcement involvement. SCLHSA does not use seclusion or restraint, but does utilize non-violent crisis intervention practices, including therapeutic holds.
- Firearms/Weapons, including knives, are not allowed on the premises.
- This is a tobacco free facility. Tobacco products are not allowed on the facility's property. This includes smokeless tobacco and vaping products.
- Alcohol and illegal drugs are not allowed on the premises.
- Prescription medication, over-the-counter medication, vitamins, herbs and any other legal medication should not be brought in unless medically necessary or requested by staff. If such items are brought into the facility, the medication should be in original bottle and/or packaging and should remain on the owner of the medication.
- Confidentiality must be respected. If you reveal any other client's name or identity, you may be discharged from the program.

- When in groups, you must respect other group members by listening without distracting or disrupting.
- You must take medication as prescribed. Misusing your medication may lead to a restriction of services or discharge.
- You must dress appropriately when coming to the clinic. Shoes and shirts are required. No revealing attire (short shorts, tank tops, halter tops, cutoff shorts, see through shirts or muscle shirts). No clothing displaying obscenities, promotion of illegal acts, drug paraphernalia, alcohol, tobacco or gambling.
- Additional program rules, including treatment duration can be found in the treatment contract and/or person-centered plan and is based on the specific service/program you are receiving.
- If you do not comply with the clinic rules, treatment contract and/or person-centered plan, you may be discharged from the clinic or transitioned/referred to a more appropriate program/facility/level of care.

#### **VI. Readmission to treatment:**

- Once discharged from treatment, you may request to return to be readmitted. The determination to readmit will be based on observable or documented evidence.

#### **VII. Billing and Fees:**

- Fees are assessed and will be charged at time of service. Billable services include, but are not limited to: assessments, medical screenings/evaluation, counseling (individual, group, family, couple), psychiatric assessment, medication management, and urine screens.
- We accept Medicare, Medicaid and commercial insurance. You are required to bring in proof of insurance at your first visit, when there are any changes in your insurance carrier and annually. Service fees will be billed to your insurance company. You are responsible for charges not covered by your insurance company. Some insurance companies may not cover all services provided by all providers.
- No one will be denied access to services due to inability to pay.
- There is a discounted/sliding fee schedule available based on family size and income.
- The cost of service is based on household income and the number of dependents. You are required to bring in proof of income at your first visit. If you do not bring in proof of income at your first visit, you will be charged the full self-pay rate of the service until proof of income is provided. Proof of income also determines cost of urine screens and eligibility for patient assistance programs, when applicable.
- Payment plans are available. Refusal to pay or non-payment of service fees may result in discharge from the program.

#### **VIII. Assessment:**

- The assessment is a structured interview with you and a trained staff member discussing areas of your life including physical health, education, employment, family, social, legal, alcohol/drugs and mental health. The purpose is to help determine which services would best meet your needs. You may also receive information about services within the community that may be able to help you.

#### **IX. Person-Centered Plan:**

- The person-centered plan lists the goals you would like to work on while in treatment. It gives you a guide with objectives and the interventions you will need to follow to meet your goals. Trained staff will help you develop this plan at assessment and will be revise it with you as determined by program requirements.

#### **X. Contact Person:**

- Your contact person will be either a counselor or nurse and will be assigned to you during the assessment.

#### **XI. Advance Directive:**

- Information and forms are available for behavioral health advance directive. Please ask your counselor if you are interested.

# Client Bill of Rights and Responsibilities

As a client receiving services, you have certain rights afforded to you, these include:

## I. Information Disclosure.

- ✓ Have these rights explained to you in a way you can understand them upon admission.
- ✓ Receive a copy of these rights annually.

## II. Choice of Providers and Plans.

- ✓ Accept or refuse treatment/medication at facility (unless specifically restricted by law).
- ✓ Change your mind about treatment at any time (unless specifically restricted by law).
- ✓ Be informed in advance of all estimated charges and any limitations on the length of services.

## III. Participation in Treatment Decisions.

- ✓ Be told the condition to be treated.
- ✓ Be told about the risks, benefits and side effects of all proposed treatment and medication.
- ✓ Be told about the probable health and mental health consequences of refusing treatment.
- ✓ Be told about other available treatments that may be appropriate for you.
- ✓ Be told about the transition and discharge criteria of the program you are entering.
- ✓ Appropriate treatment in the least restrictive setting available that meets your needs.
- ✓ To take part in developing a plan designed to meet your treatment needs.
- ✓ If unable to fully participate in treatment decision, you have the right to be represented by parents, guardians or family members.
- ✓ Refuse unnecessary and/or excessive medication.

## IV. Consumer Responsibilities.

- ✓ To follow the rules and expectations of the program as outlined in your treatment contract and/or person-centered plan.
- ✓ To inform staff and provide a copy of advanced directives, if applicable.
- ✓ To inform staff of any potential environmental, physical or other risk and be told of the action taken to correct the risk.

## V. Access to Emergency Services.

- ✓ Contact the clinic at any time to talk with your assigned counselor/nurse/caseworker.
- ✓ Contact CALL (Crisis Assist Link Line) after office hours by calling **1-877-500-9997**.
- ✓ Contact the Poison Control help line at 1-800-222-1222 or PoisonHelp.org

## VI. Respect and Nondiscrimination.

- ✓ Be treated with dignity and respect.
- ✓ Be free from abuse, neglect, humiliation, financial or other exploitation and/or retaliation.
- ✓ Be served without discrimination as to age, sex, race, creed, color, disability, national origin, religion, sexual orientation, or gender identity.
- ✓ A humane environment that provides reasonable protection from harm and appropriate privacy.
- ✓ Be provided with communicative services needed such as interpreting or telephone relaying services.

## VII. Confidentiality of Health Information.

- ✓ Have personal information kept confidential.
- ✓ Except as required by law, no information, written or verbal, concerning you or your family shall be released or requested without a valid authorization of consent. Information can be released without your consent if you are planning to harm yourself, if you are planning to harm someone else, gravely disabled, if you have abused a child/elder, if you are a child/elder being abused, if you have committed a crime on the premises or against staff, or if ordered by the court.
- ✓ To request a copy and/or review your own medical records. You are responsible for costs related to copying records.

## VIII. Complaints and Appeals.

- ✓ Make a complaint to a supervisor or Clinical Director without fear of retaliation.
- ✓ Receive a fair response within a reasonable time as outlined in the complaints/grievance policy.
- ✓ Receive the policy and process for filing a complaint immediately upon request.





# Consents and Acknowledgements

## **Client Bill of Rights and Responsibilities, Informed Consent and Orientation to Services:**

I acknowledge that I have read, I understand the information and was offered a copy of the Client Handbook.

## **Authorization to Use Social Security Number:**

SCLHSA uses DOB, first and last name and medical record numbers as primary verification, however, social security numbers may be needed as a source of verification at times. I hereby give consent for SCLHSA to verify and use my social security number as identification for record-keeping purposes.

## **State and Federal Confidentiality Regulations:**

The HIPAA Notice of Privacy Practices and Federal Confidentiality information found in your client handbook tells you how SCLHSA uses and discloses information about you. Not all situations may be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you.

## **Notice of Privacy Practices:**

SCLHSA complies with all applicable state and federal confidentiality requirements including but not limited to provisions of the HIPAA Privacy, Security, Enforcement and Breach Notification Rules, found at 45 C.F.R. Parts 160 and 164. SCLHSA uses administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it.

## **Confidentiality of Substance Use Disorders:**

SCLHSA complies with federal law and regulations regarding provisions of the confidentiality of Alcohol and Drug Abuse Client Records codified as 42 U.S.C. 290dd-2 and 42 CFR Part 2 and establishes appropriate safeguards that protect the confidentiality of patient records.

## **Integrated Treatment:**

I understand that I may be offered Primary Care Services as part of my integrated treatment. I understand that SCLHSA will bill my insurance for primary care services and I will be responsible for any remaining balance. I understand I will be required to pay a \$15.00 fee prior to services if I do not have any insurance coverage. I understand that I may be offered primary care medication which requires an administrative fee. If I choose not to pay, I will receive a prescription. I understand I have the right to refuse Primary Care services.

## **Prescription History:**

I understand SCLHSA may request and use my prescription medication history from other healthcare providers and/or third party pharmacy benefit payors for treatment purposes.

## **External Medical Data:**

I agree to Opt into the Carequality program allowing my providers access to my external medical data including, but not limited to, Problem Lists, Allergies, Medications, Immunizations, and Histories. I have indicated that I want my information sent and/or received by my provider. I understand that I may revoke this agreement at any time.

## **Information Blocking:**

SCLHSA complies with Information blocking rules. Please note, you may receive your lab results before your provider is able to review.

## **Charitable Choice:**

SCLHSA is not affiliated with a religious organization and does not identify as a faith based program. However, if a referral is made externally to any organization that may have a religious or faith based affiliation the following shall apply:

- a. Provider shall not use funds for activities involving worship, religious instruction, and proselytization.
- b. If an organization conducts such activities, it must offer them separately, in time or location, from the programs or services for which it receives SAPT funds and participation must be voluntary for the program beneficiaries.
- c. If provider is a religious organization or faith based program, agency segregates Federal Funds from non-Federal funds:
- d. If provider is a religious organization or faith based program, agency subjects Federal funds to an audit by the government and has a copy of its financial audit for the most previous or current contract year:
- e. If provider is a religious organization or faith based program, it has procedures in place to ensure no discriminatory actions are practiced when services (including, outreach activities) are delivered to the client based on religion, religious belief, refusal to hold a religious belief, refusal to actively participate in a religious practice.
- f. If provider is a religious organization or faith based program, it has procedures in place to ensure LDH/OBH is notified when a client is referred to an alternative provider when such client objects to its religious character.
- g. If provider is a religious organization or faith based program, it has procedures in place to ensure all clients or prospective clients are given a notice of their right to services from an alternative provider. The notice clearly articulates the client's right to a referral and services that reasonably meet the requirements of timeliness, capacity to provide comparable services, accessibility within a reasonable period of time, and equivalency requirements, value of referred services are not less than rejected services.

# Informed Consent

- ✓ Admission to treatment is on a voluntary basis. You are free to accept or reject any special type of treatment, including diagnostic procedures, participation in research projects and/or hospitalization, unless determined to be a threat to self, others or gravely disabled.
- ✓ If you have been referred for services by an agency, including the judicial system, that requires documentation of your attendance, participation, or progress, only the information you give permission for us to release will be disclosed. Specific information provided to the referral agency will be discussed when you sign the authorization to release information.
- ✓ Treatment is provided on an outpatient basis and may include one or more of the following: assessment, education, counseling and/or psychotherapy, medication, urine screening, medical screening, etc. Counseling and psychotherapy may be provided on an individual basis, with family members, or in groups.
- ✓ Services will be provided by staff that is most qualified to meet your needs and may include caseworker, counselor, nurse and/or physician.
- ✓ The effectiveness of your treatment will depend on your compliance with all treatment recommendations which may include referrals to other agencies for assessment and treatment and participation in self-help groups and advocacy support services.
- ✓ If you are requesting mental health services, it is strongly urged that you consult with your medical doctor prior to beginning mental health treatment as psychiatric symptoms may be caused by underlying physical problems.
- ✓ If you are no longer appropriate for outpatient treatment, an alternate level of care may be recommended.
- ✓ If you have a close relative or friend who works at the location you receive treatment from, please let us know and we will take extra precautions to ensure your privacy is respected.

# Treatment Contract

**I UNDERSTAND MY CLIENT RIGHTS. I UNDERSTAND STATUS REPORTS MAY BE SENT TO MY REFERRAL SOURCE AS REQUIRE/REQUESTED. I AGREE TO ABIDE BY THE FOLLOWING GUIDELINES:**

**1. Arrive on time for all scheduled appointments.**

Arriving late without contacting the clinic prior to that session may result in you not being allowed to participate in that group/appointment.

**2. Attend all scheduled appointments.**

- If you need to cancel or reschedule an appointment, you should speak to your counselor or nurse.
- Two consecutive cancelled or non-attended appointments or erratic attendance may result in a case staffing to determine treatment recommendations.
- If you do not attend an appointment with your psychiatrist, you will not receive medication or a prescription until you see the psychiatrist again.
- Not keeping your medical screening appointment may result in you being responsible for providing a medical screening from your primary care physician, if applicable.

**3. Supportive Services**

- Referrals to other agencies for specific needs may be recommended in addition to counseling services.
- This may include recommendations for attending 12 step or other recovery support meetings, alcohol testing and urine screening.

**4. Payment at each visit is expected.**

- Payments must be made at least monthly.
- Private Insurance, Medicaid and Medicare are accepted.
- Full balance must be paid prior to getting a completion certificate, if applicable.



# FINANCIAL STATEMENT

We the staff at **South Central Louisiana Human Services Authority (SCLHSA)** thank you for choosing us as your healthcare provider. We consider it a privilege to serve your needs and we are committed to providing you with the highest level of care and building a successful provider-patient relationship with you and your family.

We believe your understanding of our patients' financial responsibility is vital to the provider-patient relationship and our goal is to not only inform you of the provisional aspects of that financial policy but also to keep the lines of communication open regarding them. We realize that temporary financial problems may affect timely payment of your account. If at any time you have any questions or concerns regarding our fees, policies, or responsibilities, or need assistance in the management of your account, please feel free to contact the Billing Department at (985) 857-3748. Our goal is to provide quality care and we believe this level of communication and cooperation will allow us to continue to provide quality service to our valued patients.

- I. I understand that payment for services is an important part of the provider-patient relationship. SCLHSA makes payments as convenient as possible by accepting cash, money orders, credit cards and personal checks. Payments may also be taken over the phone.
- II. I understand that a **\$25.00 NSF fee** will be assessed for all returned checks for non-sufficient funds.
- III. I understand that if I do not have insurance, proof of income is required. Payment for services will be due at the time of service unless a payment arrangement has been approved in advance by SCLHSA staff.
- IV. I understand that when insurance is involved, SCLHSA is contractually obligated to collect co-payments, co-insurance, and deductibles as outlined by my insurance carrier. SCLHSA also requires photo identification when accepting insurance information.
- V. I understand it is my responsibility to provide all necessary proof of insurance eligibility, identification, authorization, and referral information and to notify the SCLHSA office of any information changes when they occur. Even preauthorization of services does not guarantee payment from my insurance carrier. Failure to provide all required information may necessitate my payment for all charges.
- VI. I understand that in order for anyone to directly bill Medicare, Medicaid or other insurance carriers for my inpatient/outpatient medical care, I must give permission.

I hereby assign, transfer, and set over unto the South Central Louisiana Human Services Authority/ Louisiana Department of Health (LDH), as its interest may appear, all medical benefits now due or becoming due to me under the terms of any third party insurance coverage that I currently am entitled to or that I become entitled to in the future under the terms of the described policy. I hereby direct any third party insurance entity whose benefits are now due or become due to me, including Medicare, Medicaid, or commercial insurance companies, to pay such benefits directly to the above named facility for services provided by the clinic.

I agree to be responsible for the fees associated with my services provided and/or any fees that may not be covered by my insurance company or other responsible party. I understand that my insurance has set up the administrative rules and medical necessity standards for services that I receive. I understand that I may have to pay for services if my insurance decides that they are not medically necessary or are not a covered benefit. I understand the fee for the services rendered may vary by provider, and not all counseling credentials are covered by my insurance company. I understand I am liable for payment if I sign an agreement with my provider prior to services being rendered.

- VII. I understand that any laboratory services ordered, including urine drug screens, may be completed by **Labcorp** as the contract laboratory for SCLHSA. I understand these services are my responsibility and any bills, payments and/or payment plans will be directly received from and arranged with Labcorp staff.
- VIII. I understand, as applicable, a **\$10.00 fee** will be assessed for each day of service if I am receiving services due to a 1<sup>st</sup> or 2<sup>nd</sup> DWI conviction. Payment for services is due at the time of service.
- IX. I understand that the information contained in a medical record is confidential. However, I specifically give consent for South Central Louisiana Human Services Authority/Louisiana Department of Health to release medical information to Medicare (Health Care Financing Administration and its agents), Medicaid or other insurance carriers on my behalf.

Medical information is to be disclosed for the purpose of monetary reimbursement. This consent is subject to written revocation at any time except to the extent that action has already been taken upon this consent.

- X. I understand that I am entitled under federal law to have access to my protected health information and that SCLHSA follows all rules, guidelines, and exceptions to ensure compliance to patient rights. I understand I may request a copy of my records be forwarded to another provider upon written request to SCLHSA using a SCLHSA Release of Information. I understand that I will not be charged for the first copy of my records request but with any subsequent request, SCLHSA has the right to compensation and charges a fee of up to **\$1.00 per page** for copies including the copying, supplies, labor, and postage of the files and/or summaries. A copy of my records may also be obtained through my patient portal at no cost.





# HIPAA Notice of Privacy Practices and Federal Confidentiality Law Information Blocking

**Your Information.**

**Your Rights.**

**Our Responsibilities.**

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.

## Your Rights

### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ See page 9 for more information on these rights and how to exercise them.

## Your Choices

### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services
- Raise funds

➤ See page 10 for more information on these choices and how to exercise them.

## Our Uses and Disclosures

### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ See pages 10-12 for more information on these uses and disclosures.

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record	<ul style="list-style-type: none"><li>You may use your patient portal to access your records at any time. As a SCLHSA staff member how to enroll in Healow.</li><li>You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li><li>We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.</li></ul>
Ask us to correct your medical record	<ul style="list-style-type: none"><li>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li><li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li></ul>
Request confidential communications	<ul style="list-style-type: none"><li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li><li>We will say “yes” to all reasonable requests.</li></ul>
Ask us to limit what we use or share	<ul style="list-style-type: none"><li>You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.</li><li>If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.</li></ul>
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"><li>You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li><li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li></ul>
Get a copy of this privacy notice	<ul style="list-style-type: none"><li>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li></ul>
Choose someone to act for you	<ul style="list-style-type: none"><li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li><li>We will make sure the person has this authority and can act for you before we take any action.</li></ul>
Opt-Out	<ul style="list-style-type: none"><li>SCLHSA participates in the Electronic Health Information Exchange. You may choose to opt out of participations, have information only received, or have information only sent.</li></ul>
Violations of the Federal Law and regulations by a Part 2 Program is a crime.	<ul style="list-style-type: none"><li>You can file a complaint if you feel or suspect we have violated your rights by contacting us using the information on page 1.</li><li>You can file a complaint with:<ul style="list-style-type: none"><li>SCLHSA Compliance/Privacy Officer at 158 Regal Row in Houma or by phone at (985) 857-3751.</li><li>The U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li><li>Medicaid Hotline at 1-800-52-8263.</li><li>Louisiana Department of Health, Health Standards Section Complaint Program Desk at P.O. Box 3767, Baton Rouge, LA 70821</li><li>U.S. Secretary of Health and Human Services at 200 Independence Ave., S.W., Washington, D.C. 20201   (800) 368-1019</li></ul></li><li>We will not retaliate against you for filing a complaint.</li></ul>

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes

## Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Example:** We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan so it will pay for your services.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Help with public health and safety issues

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

- Address workers' compensation, law enforcement, and other government requests
- We can use or share health information about you:
    - For workers' compensation claims
    - For law enforcement purposes or with a law enforcement official
    - With health oversight agencies for activities authorized by law
    - For special government functions such as military, national security, and presidential protective services
- 

- Respond to lawsuits and legal actions
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
  - SCLHSA also complies with Federal Confidentiality Rule 42 CFR Part 2 (see below), which may be more strict than HIPAA.
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## 42 CFR Part 2

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**Title 42 of the Code of Federal Regulations (CFR) Part 2: Confidentiality of Substance Use Disorder Patient Records (Part 2)** was first promulgated in 1975 to address concerns about the potential use of **Substance Use Disorder (SUD)** information in non-treatment based settings such as administrative or criminal hearings related to the patient. Part 2 is intended to ensure that a patient receiving treatment for a SUD in a Part 2 Program does not face adverse consequences in relation to issues such as criminal proceedings and domestic proceedings such as those related to child custody, divorce or employment. Part 2 protects the confidentiality of SUD patient records by restricting the circumstances under which Part 2 Programs or other lawful holders can disclose such records.

Part 2 Programs:

- Are federally assisted programs
- Are prohibited from disclosing any information that would identify a person as having or having had a SUD unless that person provides written consent
- Specifies a set of requirements for consent forms, including but not limited to the name of the patient, the names of individuals/entities that are permitted to disclose or receive patient identifying information, the amount and kind of the information being disclosed, and the purpose of the disclosure

In addition to Part 2, other privacy laws such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA)<sup>5</sup> have been enacted. HIPAA generally permits the disclosure of protected health information for certain purposes without patient authorization, including treatment, payment, or health care operations.

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### Prohibition on Disclosure of Confidential Information

Federal confidentiality rules (42 CFR part 2) prohibits SCLHSA from making any further disclosure of information released to us unless you **expressly give us written consent** to do so. A general authorization for the release of medical or other information is **NOT** enough for this purpose. The federal rules restrict use of the information to criminally investigate or prosecute any alcohol or drug abuse clients.

### Important Information about Authorization

A separate signed authorization form is required for the use and disclosure of health information for psychotherapy notes, employment-related determinations by an employer, research purposes unrelated to your treatment, and Substance Use (Alcohol and Drug Use).

An authorization is voluntary. You will not be required to sign an authorization as a condition of receiving treatment services or payment for health care services. If your authorization is required by law or policy, SCLHSA will use and disclose your health information as you have authorized on the signed authorization form.

You may cancel an authorization in writing at any time. SCLHSA cannot take back any uses or disclosures already made before an authorization was cancelled. Information used or disclosed by this authorization may be re-disclosed by the recipient and will no longer be protected by SCLHSA privacy policies.

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## Information Blocking

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SCLHSA complies with the Information Blocking Regulation, 45 CFR Part 171 , preventing SCLHSA from restricting access, exchange, or use of electronic health information.

You may also grant others access to receive your appointments, medications, and medical summary.

### Ask us about Portal Proxy.

“Electronic Health Information” is defined as electronic protected health information that would be included in the designated record set as defined by HIPAA. Electronic Protected Health Information is individually identifiable health information that is:

- Transmitted by electronic media; or
- Maintained in electronic media;

This means you may see information in your patient portal or Healow app before your provider sees it, such as lab results. Please contact your provider if you have questions.

There are some exceptions to Information Blocking, which include:

- Preventing a risk of harm – the provider holds a reasonable belief that the practice (interfering with access, exchange or use of EHI) will substantially reduce a risk of harm to a patient or other person. The risk of harm must be determined on an individual basis by the clinician exercising professional judgment, or arises from erroneous data.
- Privacy; protecting an individual’s privacy in accordance with 42 CFR Part 2, HIPAA and your policies is not information blocking
- Protecting the security of the EHI
- The request is infeasible
- When health IT is temporarily unavailable to benefit the overall performance of the health IT
- Content and Manner
- Charging fees
- Licensing

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### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information ask someone at your treatment facility, call the SCLHSA Privacy Officer at the number on the front.

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective date of notice 1/17/23.



# How to Review SCLHSA Privacy Policies

You may review SCLHSA privacy policies and related forms by going to [www.sclhsa.org/patient-resources](http://www.sclhsa.org/patient-resources). You may also contact the SCLHSA Privacy Officer at the address listed at the end of this notice.

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

You may contact the local SCLHSA office (Facility/Clinic or Administrative Office) which collects and maintains your protected health information or you may contact the SCLHSA 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.
- Ask for a list of the times SCLHSA disclosed information about you.

Your request to look at, copy, or change your records may be denied. If SCLHSA denies your request, we will send you 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 SCLHSA, Louisiana Department of Health (LDH) 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 Officer listed below if you want to file a complaint or to report a problem about how SCLHSA has used or disclosed information about you. Your benefits will not be affected by any complaints you make. SCLHSA 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 Officer contact is

**Charlotte Richard, SCLHSA Privacy Officer—158 Regal Row | Houma, LA 70360 | 985-857-3751.**

The report of any violation of the regulations listed before may be directed to the United States Attorney for the judicial district in which the violation occurs:

<b>Lafourche Parish District Attorney's Office</b> 103 Maronge St. Thibodaux, LA 70301 985-447-2003	<b>St. Mary District Attorney's Office</b> St. Mary Courthouse, 3rd Floor 500 Main Street Franklin, LA 70538 337-828-4100 Ext. 350	<b>St. John Parish District Attorney's Office</b> 1342 LA Hwy 44, River Road Reserve, LA 70084 985-652-9757	<b>Terrebonne Parish District Attorney's Office</b> 7856 Main Street Courthouse Annex, Ste. 220 Houma, LA 70360 985-873-6500
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The report of any violation of the regulations in this part by an opioid treatment program may be directed to the United States Attorney for the judicial district in which the violation occurs as well as to the Substance Abuse and Mental Health Services Administration (SAMHSA) office responsible for opioid treatment program oversight.

**Louisiana State Opioid Treatment Authority - Louisiana Department of Health and Hospitals Office of Behavioral Health**

628 North 4th Street, 4th Floor (447-9)

Baton Rouge, LA 70821-2790

225-342-8735

# Primary Care Services

SCLHSA offers integrated primary health care services to active clients in our system that have been stabilized on behavioral health medication. The integration of primary care and behavioral health care provides another step in the continuum to recovery and resiliency.



## Developmental Disabilities Services

The SCLHSA Developmental Disabilities office serves as the single Point of Entry into developmental disabilities services system and oversees public and private residential services and other services for people with developmental disabilities.

- Early Steps
- Flexible Family Funds
- Individual and Family Support
- Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD)
- Waiver Services
  - Medicaid Home and Community-Based Waiver
  - Children's Choice Waiver
  - New Opportunities Waiver
  - Supports Waiver
  - Residential Options Waiver



## Medication for Opioid Use Disorder (MOUD) & Medication for Alcohol Use Disorder (MAUD)

SCLHSA offers Medication for Opioid Use Disorder (**MOUD**) and Medication for Alcohol Use Disorder (**MAUD**) in combination with counseling and behavioral therapies to provide a person-centered, whole-patient approach to treatment of opioid dependence and other substance use disorders. SCLHSA prescribers may include the following medication as part of comprehensive MOUD or MAUD person-centered plan:

1. Buprenorphine (Suboxone): Used to help people reduce or quit their use of heroin or other opiates, such as pain relievers like morphine.
2. Naltrexone (Vivitrol): An injectable used to help people quit their use of opiates and/or alcohol.
3. Acamprosate (Campral): Used to help people reduce or quit their use of alcohol.

The counselor/case manager will initiate or update a current treatment plan to include the following elements as part of MOUD or MAUD:

- Individual and/or Group Counseling
- Urine Drug Screens
- Pregnancy Test
- Recovery Support
- Lab Orders
- Client will present to the clinic monthly to pick up the medication, prescription or receive an injection

### Who is eligible for MOUD/MAUD?

- Persons struggling with opioid and/or alcohol dependence
- Clients may self-refer or can be referred by a counselor, physician/prescriber, hospital, community agency, etc.



# Patient Portal?



*The Patient Portal or Healow App allows you to communicate with SCLHSA staff and access your medical records. With the FREE Healow App you will be able to access your appointments, lab results, manage your medications and other personal data.*



Once you are registered as a patient and have given us your secure email, you will receive a username and password by email.

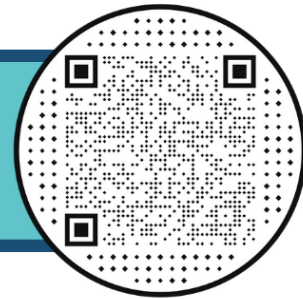
**After you are registered with the Patient Portal, you will be able to do the following things:**

- Update your contact information
- View lab results that your doctor has posted
- Request refills of your medication
- View your medical summary, medication list, treatment history, personal health record and appointment history
- Receive appointment reminders through your email
- Communicate with SCLHSA staff by messaging

**The following will NOT be accepted through the Patient Portal:**

- Receiving advice on the best course of treatment from your counselor, doctor or other staff. All diagnosis and treatment options will be discussed when you are seen for an office visit.
- Request for refill for medication not currently being prescribed by your doctor.

**Patient Portal Link:  
[www.sclhsa.org](http://www.sclhsa.org)  
Click on “Patient Portal Link”**



- You will be receiving reminders from no-reply@eclinicalmail.com regarding your information. Please make security adjustments to your email or computer to receive our emails.
- For your security:
  - Avoid using a public computer to access the Patient Portal
  - Logout after you are finished using the Patient Portal
- The Patient Portal is provided as a courtesy service to our patients. There is no service fee; however, if a patient does not use the Patient Portal properly, we have the right to cancel the patient’s account.
- We encourage you to use the Patient Portal at any time; however messages sent after 4:30 p.m. will be received by the SCLHSA Patient Portal Coordinator the next business day.



## QUESTIONS?

Contact SCLHSA’s Patient Portal Coordinator, Renee Williams at 985-876-8887 or [renee.williams@la.gov](mailto:renee.williams@la.gov)

# Outpatient Clinics

## Lafourche Behavioral Health Center

157 Twin Oaks Dr. | Raceland, LA 70394

985-537-6823

## River Parishes Assessment Center

232 Belle Terre Blvd., Suite B | Laplace, LA 70068

985-651-7064

## River Parishes Treatment Center

1809 West Airline Hwy. | Laplace, LA 70068

985-652-8444

## St. Mary Behavioral Health Center

500 Roderick St. Suite B | Morgan City, LA 70380

985-380-2460

## Terrebonne Behavioral Health Center

5599 Hwy. 311 | Houma, LA 70360

985-857-3615

## Developmental Disabilities

5593 Hwy. 311 | Houma, LA 70360

985-876-8805

## Administration

158 Regal Row | Houma, LA 70360

985-858-2931

**THE CALL LINE**  
**(CRISIS ASSIST LINK LINE)**

**1-877-500-9997**