

Florida Parishes Human Services Authority

Procedure: Orientation of Persons Served
Procedure No.: 700.9

Florida Parishes Human Services Authority (FPHSA) shall strive to educate persons served about the agency, the services provided, the process for accessing services, and the rights and responsibilities of persons served. Persons served shall also be educated on ways to give input on services to staff and management in order to prepare each individual for fully participating in services and to encourage self-advocacy for needs to be met. An orientation to services and to the FPHSA system of care will be provided to all persons who are admitted for services to a FPHSA BHS facility/program. Orientation to services shall be considered a process. Staff will educate persons served throughout screening, assessment, treatment/services planning, provision of services, and transition/discharge planning.

The Facility/Program manager will identify the staff members responsible for the various aspects of orientation for that facility/program. Staff will facilitate the orientation using familiar terms that are understandable to the person as soon as the person's condition indicates(s) he can understand the information. If the person's condition is indicative of being unable to comprehend the information based on mental health or substance abuse issues, this will be documented in his/her chart and the orientation will continue once the person has stabilized. Staff shall refer to the Orientation Handbook (Attachment A) throughout the orientation to ensure all pertinent information is covered. Staff shall include family members and other support persons in the orientation whenever authorized by the person served. Parents/Legal Guardians will be oriented to services along with the minor child or interdicted adult. Staff will ask questions to assure that the person(s) demonstrate an understanding of the information.

Orientation Manual

Each facility/program shall have an Orientation Handbook for Persons Served (see Attachment A) that is specific to the facility/program. Copies of the Orientation Handbook will be placed in the facility/program areas for use by persons served and will be posted on the FPHSA website. Copies of all forms that require the person's signature shall be offered to the person served.

Documentation

The person served will sign the FPHSA Intake Acknowledgement Form (150.11.17) indicating that he/she has reviewed a copy. This acknowledgement will be included in the EBHR of the person served. Staff shall reference to the Orientation Handbook whenever a person served has a question that is addressed in it. This will reinforce the importance of consulting the handbook if issues arise.

Attachment A

FLORIDA PARISHES HUMAN SERVICES AUTHORITY



ORIENTATION HANDBOOK FOR PERSONS SERVED (Behavioral Health Services) July 2017

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Introduction and Overview FPHSA Facilities

Florida Parishes Human Services Authority (FPHSA). It is an agency run by a local Board of Directors that provides behavioral health services, developmental disabilities services, and home and community based services in the following 5 parishes: Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington.

Mission:

Florida Parishes Human Services Authority (FPHSA) is lighting the path forward into Recovery by providing person-centered services to those with behavioral health needs and developmental disabilities so that they may reach their fullest potential in health and wellness.

Our Staff:

Our staff includes psychiatrists, medical psychologists, psychologists, nurse practitioners, social workers, counselors, nurses, community service professionals, psychiatric aides, peer support specialists, and support staff. During your time with us, you may work in various ways with one or more members of our team.

Code of Conduct:

FPHSA staff is expected to follow a code of conduct to ensure services are provided in a competent, respectful, and professional manner to persons we serve, their families and/or representatives, 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, FPHSA Organizational Ethics, and will follow the code of their professional license as applicable. If you would like a copy of the FPHSA Code of Ethics, please ask our admissions staff for a copy.

Service Coordination:

At FPHSA services are provided by a treatment team; however you will have a service coordinator who is your point of contact for treatment planning and coordinating services to meet your changing needs.

Contact Information:

FPHSA clinic business hours are 8:00AM-4:30 PM Monday thru Friday. Group sessions are offered several evenings per week to accommodate those who may need evening hours. The clinic phone number is _____. Our staff will make every effort to return your phone calls within 24 hours. Please be sure to leave a valid phone number where you can be reached.

Emergency Contact Information:

If an emergency occurs during regular office hours (8:00 AM-4:30 PM) we ask that you call the facility and notify the administrative staff so your call will be directed accordingly. After 4:30 PM Monday thru Friday and on weekends and holidays, you may call our crisis line at **211**. (Give Crisis Line flyer). For any medical or physical emergency, please call **911** or go to the nearest Emergency Room. Be sure to let them know you are receiving treatment at this organization to enable FPHSA to assist in coordinating your care, when possible.

Description of Services:

FPHSA provides person centered services based on your needs and on the belief you can lead a satisfying and productive life in your community. We respect the diversity of the people we serve. We strive to accept personal preferences and to respect personal differences. We pledge to provide services that meet your needs, regardless of age, race, gender, ethnicity, sexual orientation, religion, disability, cultural origin, veteran status, political affiliation, or financial status. We provide services based on your needs and on the belief you can lead a satisfying and productive life in your community. We will conduct an initial screening or evaluation to begin your services.

Assessment Process:

After you complete your application, a clinician will review it to determine what services are needed. You may be scheduled for further assessment to assist us in determining the specific plan of care needed.

Following assessment, our staff will talk with you about recommended services. These services may include:

- Admission to Behavioral Health Service (BHS)
- Referral to another agency, provider, or other services.

Admission Process/Informed Consent to Treatment

As part of the admissions process, we want to inform you about:

- Your responsibility to provide us with accurate information as a condition of your admission into the program and your ongoing services;
- The proposed care, treatment, services, medication(s), interventions, or procedures and the likelihood of achieving goals;
- 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;
- Any limits on the confidentiality of information learned from or about you; and
- Any potential problems about recovery or reuniting with your family.

Treatment Planning:

Following admission, you and members of the treatment team will meet to develop a treatment plan. You will participate in a discussion of services that will be of benefit to you based on the results of your assessments. You will be involved in determining goals and ways to achieve these goals. Full participation in your planning will assist in helping us recognize the things that are important to you and the services in which you are interested in participating.

Services may include the following:

Counseling:

Counseling may include individual, couples, family and/or group counseling by one of our licensed behavioral health professionals. These individuals use their skills, knowledge, training and experience to help you achieve your goals.

Medications:

Medication(s) may be used, to treat behavioral health symptoms. A prescriber will inform you about the benefits and side effects of any recommended medication so that you can make an educated and informed choice in medication management. You will see the prescriber for ongoing evaluation of your symptoms and changes to your medication as needed. It is very important that you:

- Take the medication as prescribed;
- Do not adjust or stop using your medication without contacting the facility;
- Tell us about any side effects you experience from the medication; and
- Tell us about any other prescribed or over-the-counter medication or supplements that you take.

Pharmacy Services:

Medication(s) that are prescribed by the facility's prescribers may be dispensed through the FPHSA contracted pharmacy.

Patient Assistance Program:

Some persons may be eligible for free medication(s) through pharmaceutical companies. In order to determine if you qualify for these medication(s), you may be required to supply additional information to document your eligibility. The facility will assist with the application process.

Supportive Housing:

Home and Community Based Services (HCBS) includes special rental units (houses or apartments) that come with supports for people who have a physical, mental, or emotional impairment which is expected to be of long-continued or indefinite duration and substantially impedes their ability to live independently and may become homeless or institutionalized without supports. Anyone from our facility or a home and community based services representative can provide more information on this program.

Advance Directives:

An Advance Directive is a document that allows you to indicate preferences for treatment should you experience a psychiatric emergency in the future that leaves you unable to express yourself. You may identify preferences on the form or authorize a person to make decisions. Ask your service coordinator if you are interested in setting up an advance directive. If you have an active Advance Directive in place, please provide a copy to the facility staff.

*Additional Supports may include: Connecting persons with community resources addressing specific needs. Those programs may include Flexible Family Funds, Family Support funds for services and supports to establish/maintain community living, crisis diversion, and residential living options

Course of Treatment:

You will be given appointments or may be told to walk in to address goals identified in your treatment plan. The frequency of sessions will depend on your need at the time of the assessment. It is likely that you will attend less frequently once you are doing better at home and in the community. If there are stressors that come up, please let us know and we can change your treatment to assist you through the stress. We will review your treatment plan when indicated to determine if you need to make changes to your goals, services provided, or if you have progressed to a point of discharge.

Transition/Discharge Planning:

You will fully participate in your treatment, including making decisions about what services you will need when services at this facility end. We will assist you in plans for discharge when one of the following occurs:

- You have achieved your service/treatment goals and are stable enough to receive services elsewhere.
- You have moved to a more secure environment and will not be returning home for at least 90 days.
- You will receive services from another provider, either at your request or due to a service/treatment decision.
- You have moved out of the service area.
- You have not attended appointments consistently, have not seen anyone in the clinical setting for behavioral health services for 90 days, have not responded to any attempts to re-engage and have been staffed at the facility and recommended for discharge from the program.
- You no longer meet eligibility criteria

Privacy and Confidentiality:

FPHSA respects the rights and privacy of persons seeking and receiving services. Your information is protected by law and may not be released without your written consent, except in the following situations:

- You are a danger to yourself and/or others
- Child abuse and/or neglect
- Elderly abuse and/or neglect
- Court order or subpoena

- Physical health emergency
- And/or exchanging information between FPHSA facilities or business associates in accordance with Federal and State laws.

Notice of Privacy Practices:

The Notice of Privacy Practices is required by the Health Insurance Portability and Accountability Act (Attachment A). If you have any questions about this document, please contact our Privacy Officer.

Social Security Number:

We request your authorization to use your social security number for identification purposes. This will allow for a consistent number to be used for your services that will differ from anyone else and will assure appropriate identification.

Program Restrictions:

You are welcome to bring supports to your appointments, in fact it is encouraged that you identify family and supports for your treatment plans. However, please be aware that sessions may bring up personal information that you may not be comfortable sharing with others. Please ask those persons that accompany you to wait in the waiting area if you do not wish to disclose information to them. We also ask that you and anyone who accompanies you to the clinic, respect the privacy of others by not disclosing to others, that you have seen someone at the facility.

Mandated Treatment and Follow-up (For Court Ordered Treatment only):

We are required to report your participation in treatment along with clinical recommendations based on your participation. The court will likely determine that the treatment we recommend for you must be followed. We will follow up with missed appointments by phone or mail to reschedule another appointment, as needed. We will also notify the court of every missed appointment. We will be required to report to the court if you discontinue services on your own.

Rights and Responsibilities:

You have rights and responsibilities while receiving services from us. Those rights and responsibilities are outlined in Attachment B of this handbook and posted in the clinic. You will need to give us correct and complete information to enable us to serve you.

Abuse and Neglect Information:

We are committed to preserving the right of each person receiving services to be free from abuse or neglect. All forms of abuse and neglect of persons served by employees of FPHSA and its affiliates are prohibited. For more information see Attachment C of this handbook.

Voter Registration:

All FPHSA facilities will assist you in registering to vote. We encourage all persons 18 years old and older to register to vote in order to be able to advocate and give a voice to your concerns and interests both locally and nationally.

Behavioral Expectations:

We expect that you actively participate in your treatment including following up on recommendations and completing assigned homework. Unless a court orders you to participate in treatment, you may discontinue treatment at any time. However; we encourage you to talk with your professional staff member to address any barriers that may be affecting your participation.

Attendance Expectations:

We are here to assist you in your recovery. You may be given an appointment or asked to walk in for services. We ask that you be prompt and attend all appointments. If you will not be able to keep an appointment, we ask that you give us at least a 24 hour notice. Please let us know if you are interested in text reminders to assist you in remembering your appointments. Repeatedly missing appointments will impact your standing with the facility.

Dress Code:

We request that you dress in an appropriate manner whenever you visit any of our facilities. We support individuality in dress, as long as all private areas are adequately covered. Our facilities may have a tendency to be cold and you may want to bring along a jacket year-round.

Comments and Complaints from Persons Served:

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 comments, complaints or concerns you have about the services you receive to our facility manager, _____. We also have copies of our complaint forms available at the front desk, as well as a comment box in the lobby of each facility. In addition, you will be able to provide feedback when you participate in a computerized satisfaction survey every six months. 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. You can find our procedures for comments and complaints in Attachment C of this handbook.

Financial Obligations/Fees:

The fee for services you receive will be established at the time of your first visit and will be reviewed annually (or more often if changes in your financial situations occur). The facility has a sliding fee scale and will work with you on fees, based on your income. You have a responsibility to provide your income verification on or before your next visit. If you do not bring in the required information to document your income at your next visit you will be charged the full cost of your service.

*FPHSA accepts insurance. If you are covered by insurance, please bring your insurance card and obtain any required authorization at the time of your initial appointment. You will be charged the full cost of your service if you do not obtain the required authorization or notify us of any change in your insurance. If you receive payment from your insurance company for services provided by FPHSA, you are required to pay that amount to the FPHSA and to provide the FPHSA with an Explanation of Benefits or you will be charged at the full fee for the cost of the service(s) provided.

Copying of Records Policy

You may inspect or request a copy of your protected health information by submitting the request in writing to your assigned clinician by using the Access to Records Request form. A fee to copy your records will be charged to you, as allowed by Louisiana law. The fee is payable at the time you receive the records, and the fees are as follows:

- \$1.00 per page for the first 25 pages;
- \$.50 per page for pages 26 through 350;
- \$.25 per page thereafter; and
- Handling charge not to exceed \$25.00 and the actual postage.

If protected health information 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.

For SSDI determinations, persons served are not involved in this process, nor are they billed for these copies.

Health and Safety Practices

We provide a healthy and safe environment in all of our facilities. This includes the use of protective equipment, appropriate housekeeping, safe work practices, and regular inspections to ensure safety. Proper hand washing and covering the mouth when sneezing or coughing are the best ways to prevent the spread of infection. Brochures are also available at the facility on several topics at no charge.

Primary Care Coordination:

Our staff will review your physical health needs and will make referrals to community resources when indicated. Be sure to let our staff know if you have symptoms of illness such as cough, rash, fever, night sweats, or other symptoms or need to request accommodations while receiving services.

Drug Free and Smoke Free Environment:

All facilities are tobacco-free and drug-free to promote healthy lifestyles choices. This includes any alcohol or legal or illegal drugs being brought on the premises. Regular enforcement of this policy is maintained.

No Weapons/No Violence:

FPHSA does not tolerate weapons or violence of any kind on/in any of its property. If anyone arrives at a facility with any type of weapon, they will be asked to leave. If they refuse to leave, law enforcement will be notified to intervene. Any threats, either implied or direct, are prohibited in all facilities.

No Restraints/Seclusion:

FPHSA does not use restraints or any form of seclusion in any of its programs.

Safety Exits/Equipment:

Please make yourself aware of our emergency exits within the facility. They are marked by the red signs with arrows. We also have emergency exits posted (point out where these can be found). Also, for your information, we have fire extinguishers available in each facility.

FPHSA Emergency Preparedness and Response:

Our staff will respond to emergency situations and take appropriate actions necessary to promote the safety of all within our facilities.

In the event an alert is called while you are being served in one of our facilities, it will be identified as a real event or drill. Our staff will assist you in getting where you need to go (another area of the building or outside the building) and they will instruct you on what you need to do to remain calm and safe.

FPHSA will alert consumers, visitors and/or staff of the following emergency circumstances:

- Violent or potentially violent behavior
- Active shooter
- Child abduction
- Medical emergencies
- Fire
- Bomb threat
- Severe weather conditions
- Utility failure
- Hazardous spills

Facility Closures due to Declared Emergencies

When it is necessary to close the center either fully or partially due to severe weather events, natural disasters or other emergencies, you will be notified and provided instructions regarding the closure.

Crisis information via signs posted outside the center and through the FPHSA website (www.fphsa.org) will be made available as quickly as possible. Direct phone communication from FPHSA staff will occur only when time and resources are available.

Form: Notice of Privacy Practices
Form No.: 600.1.2

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

Florida Parishes Human Services Authority (FPHSA) provides many types of services. FPHSA staff must collect information about you to provide these services. FPHSA knows that information we collect about you and your health is private. FPHSA 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 FPHSA 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. FPHSA is required to follow the terms of the notice currently in effect. However, FPHSA may change its privacy practices and make that change effective for all PHI maintained by the Authority. This Notice of Privacy Practices is effective immediately.

FPHSA May Use and Disclose Information without Your Authorization

- **For Treatment within FPHSA and Emergency Treatment.** FPHSA 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.** FPHSA may use or disclose information to get payment or to pay for the health care services you receive. For example, FPHSA may provide PHI to bill your health plan for services provided to you.
- **For Health Care Operations.** FPHSA may use or disclose information in order to manage its programs and activities. For example, FPHSA may use PHI to review the quality of services you receive.
- **Appointments and Other Health Information.** FPHSA may send you reminders for medical services, checkups, and eligibility renewal. FPHSA may send you information about health services that may be of interest to you.
- **For Health Oversight Activities.** FPHSA may use or disclose information to inspect or investigate health care providers.
- **As Required by Law and For Law Enforcement.** FPHSA 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, FPHSA will follow the higher standard.

Florida Parishes Human Services Authority

Form: Notice of Privacy Practices

Form No.: 600.1.2

- **For Abuse Reports and Investigations.** FPHSA is required by law to receive and investigate reports of abuse, neglect or exploitation.
- **For Government Programs.** FPHSA may use and disclose information for public benefits under other government programs. For example, FPHSA may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- **To Avoid Harm.** FPHSA 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.** FPHSA uses information for studies and to develop reports.
- **Disclosures to Family, Friends, and Others.** FPHSA 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.

Other Uses and Disclosures Require Your Written Authorization

For other situations, FPHSA will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. FPHSA cannot take back any uses or disclosures already made with your authorization.

Other Laws Protect Your Protected Health Information

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

Federal regulations require that each client be given a copy of the following summary:

Federal law and regulators protect the confidentiality of alcohol and other drug abuse clients' records. Generally, this program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or other drug abuse client unless:

- (1) The client consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or evaluation.

Florida Parishes Human Services Authority is considered "a program" and consent is not required for us to transfer information about you for treatment purposes to other programs within the agency.

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Revised: 05/01/14; 02/16/16

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Form: Notice of Privacy Practices

Form No.: 600.1.2

Violation of the federal law and regulations by a program or a person is a crime. Suspected violations may be reported to appropriate authorities, such as the U.S. Attorney, in accordance with these regulations.

Federal Law and Regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any THREAT to commit such a crime. Criminal acts of this nature will be reported.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State Law to the Division of Protective Services or to the District Attorney.

Federal Law and Regulations do not protect any information about plans to attempt suicide or cause harm to another. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal Laws and 42 CFR, Part 2 for Federal Regulations.)

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 FPHSA 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.
- **Right to Get a List of Disclosures.** You have the right to ask FPHSA for a list of disclosures made after April 14, 2003. You must make the request in writing. 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 Limits on Uses or Disclosures of Protected Health Information.** You have the right to ask FPHSA to limit how your information is used or disclosed. You must make the request in writing and tell FPHSA what information you want to limit and to whom you want the limits to apply. FPHSA is not required to agree to the limit. You can request in writing that the limit be terminated.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to ask that FPHSA share information with you in a certain way or in a certain place. For example, you can ask FPHSA to send information to your work address instead of your home address.

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Form No.: 600.1.2

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 FPHSA at the address listed below and with the Secretary of the United States Department of Health and Human Services if you do not agree about how FPHSA 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 FPHSA Privacy Practices.** You have a right to receive notice of changes in FPHSA privacy practices that affect you on or after the effective date of the change.

How to Review FPHSA Privacy Policies

You may review FPHSA privacy policies and related forms by going to www.fphsa.org and looking for the HIPAA Privacy Policy link. You may also contact the FPHSA Privacy Officer at the address listed at the end of this notice.

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

You may contact the local FPHSA office which collects and maintains your protected health information or you may contact the FPHSA 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 FPHSA disclosed information about you.

Your request to look at, copy, or change your records may be denied. If FPHSA 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 FPHSA or with the U.S. Department of Health and Human Services, Office for Civil Rights.

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Form No.: 600.1.2

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 FPHSA has used or disclosed information about you. Your benefits will not be affected by any complaints you make. FPHSA 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:

Florida Parishes Human Services Authority

Insert Label here to include the
following information:
FPHSA's Privacy Officer, Address,
and Telephone Number

Email: privacy@fphsa.org

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Notice of FPHSA’s Comments and Complaints Procedures

Comments/Complaints can be made by any method, including face-to-face, by telephone, facsimile, electronic or postal mail to any facility/department within FPHSA.

All comments/complaints will be documented in writing, utilizing the FPHSA Comment/Complaint Form and/or the Comment/Complaint Log. These forms are available at the front desk or from any FPHSA staff person. Comments/complaints not received on this form will be documented on the Comment/Complaint Log by FPHSA staff.

The FPHSA Comment/Complaint Form will include information about the comment/complaint, the name, address and phone number of the complainant and location, date and description of the problem, as well as what action the person believes would constitute an acceptable outcome.

All comments/complaints will be addressed, even if the person should choose to remain anonymous.

The comment/complaint should be submitted as soon as possible following the noted incident.

Complaints will be addressed by the facility manager with the proposed solution communicated to the complainant. If the complainant is not in agreement with the resolution, s/he may appeal to the program director and if s/he remains dissatisfied then on to the executive director for final resolution.

No person who makes a complaint shall be subject to retaliatory action, including any unsubstantiated change in services or denial of services. Any person who suspects or is subjected to retaliatory action upon making a complaint shall immediately report the same situation to any of the following:

<p>Insert Label Here</p> <p>Facility Manager Name & Telephone Number Program Director Name & Telephone Number</p>
<p>Executive Director – Richard Kramer (985) 543-4333</p>

Florida Parishes Human Services Authority

Form: Abuse and Neglect Information

Form No.: 600.15.1

Attachment C

This document is a summary of the FPHSA Policy and Procedure on Abuse and Neglect of persons served. A full copy may be obtained upon request from the Facility Administrative Office where you receive services. We are committed to preserving the right of each person receiving services to be free from abuse. All forms of abuse and neglect of persons served by employees of FPHSA and its affiliates are prohibited.

According to Louisiana Revised Statutes 40:2009.20: (Licensing law for health care providers)

“Abuse” is the infliction of physical or mental injury or the causing of the deterioration of a consumer by means including but not limited to sexual abuse, or exploitation of funds or other things of value to such an extent that his/her health or mental or emotional well-being is endangered.

“Neglect” is the failure to provide the proper or necessary medical care, nutrition, or other care necessary for a consumer’s well-being.

Examples of Abuse

- | | |
|-------------------|---|
| 1. Physical Abuse | 2. Verbal/Emotional/Psychological Abuse |
| 3. Sexual Abuse | 4. Exploitation |
| 5. Extortion | 6. Neglect |

Confidentiality

All information regarding allegations and/or investigations of abuse, neglect, exploitation or extortion is confidential. Such information may be shared as needed with FPHSA personnel and with supervisory or management personnel as specified in FPHSA Policy and Procedures. Outside investigating agencies may obtain information as provided by law. Discussions of incidents of abuse, neglect, exploitation, or extortion other than indicated in the above paragraph are prohibited.

Prohibition Against Retaliatory Action

No person who makes an allegation of abuse or neglect in good faith, or who gives information regarding such an allegation, shall be subject to retaliatory action.

To Report Abuse or Neglect

Complaints may be made verbally or in writing to any staff member. Providing one of the following persons is not the subject of your complaint, you might want to make your complaint to any supervisor or your counselor. You may also make your complaint directly to one of the following:

Facility Director/Manager	Manager Name Facility Name	Phone #
Client Rights Officer (CRO) (Applicable for residential services only)	John Q. Fontainebleau TX. Ctr.	985-624-4149, or 985-624-4121
Program Name	Program Manager	Phone # 985-543-4333