Behavioral Services of Louisiana, LLC, does not discriminate on the basis of age, race, color, creed, national origin, gender, religion, sexual orientation, handicap, ancestry, or disability in regard to the provision of services. If you are receiving Behavior Health Services from an entity that’s affiliated with any of the Louisiana Behavioral Health Partnership, ALL Recipients have the following rights:

1. Be treated with respect and consideration for your dignity and privacy.
2. Be treated fairly regardless of race, religion, gender, ethnicity, disability, or source of payment.
3. Have your treatment and other information kept private. Records may be released without your permission only where permitted by law.
4. Receive care in a timely fashion.
5. Receive information on available treatment options and alternatives in a way that is appropriate to your condition and easy to understand.
7. Receive interpretation services at no cost to you. You also have the right to receive information in a language that you can understand. Information is available in other formats if you request it.
8. Receive information about the entity he/she is assigned to, its practitioners, programs, services, and role in treatment process.
9. Receive information about the clinical guidelines used in providing and managing your care.
10. Ask providers about their work history and training.
11. Not be restrained or secluded to make you do something you do not want to (as specified in federal regulations on the use restraints and seclusion).
12. Give input on their assigned entity’s Rights and Responsibilities policy.
13. Request certain preferences in a provider.
14. Have a provider decision about your care made on the basis of treatment needs.
15. Be given health care services that obey state and federal laws that have to do with your rights.
16. Participate is decisions regarding your health care. This includes the right to receive a second medical opinion and the right to refuse treatment (except when ordered by a court).
17. File a complaint/grievance against anyone involved in their care including any of the Bayou Health plan providers or the facility providing care.
18. File an appeal about an action or decision. You also have the right to receive a State Fair Hearing if you are not satisfied with the result of the appeal.
19. Request and receive a copy of your medical records. You can also request that they be changed or corrected.
20. Exercise your rights. If you do this, it will not affect the way any of the aforementioned entities and none of its providers treat you.
21. Receive written information on advances directives and your rights under the law.
22. Have candid discussions with your provider about appropriate or medically necessary treat options for your condition regardless of cost or benefit coverage.
23. To be fully informed as evidenced by the recipient’s written acknowledgement prior to or at the time of his / her initial assessment interview, of these rights and of rules governing recipient conduct.
24. To be fully informed prior to or at the time of the initial assessment interview, of services available from the agency and any related charges.
25. To be fully informed of his / her medical condition, unless medically contradicted, and has the opportunity to participate in the development and revision of the Individual Service Recovery Plan (ISRP) and any other plan of care.

26. To be provided information concerning aspects of his / her condition that relate to the care provided by the agency.

27. To be assured of confidential treatment of personal and medical information and record; the recipient has the right to approve or refuse the release of personal and medical information and records to any individual outside of Holistic Behavioral Health Services of Louisiana, except as required by law or third party payment contract.

28. To refuse all or part treatment / services and to be informed of the consequences of such refusal.

29. To be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment / services and in care for personal needs.

30. To be assured that the recipient and his / her family will receive information necessary to make decisions regarding care / services.

31. To be assured that the personnel providing the services are qualified through education, experience, and on-going training to carry out the services for which they are responsible.

32. To be assured quality and continuity of services.

33. To be assured that any changes in services will be identified in a timely manner, including transfer to another level of services or organization, information about impending discharge, continuing of care requirements, and other services or referrals.

34. To be informed in advance of services of services / care and of the disciplines that will provide services and the frequency of services.

35. To be informed of any planned changes in service being furnished before the changes occur, including the termination of services.

To be informed of the provisions of law and Holistic Behavioral Health Services of Louisiana policy regarding complaints. Recipients may register a complaint / grievance, which shall be kept confidential, in person to agency personnel or by writing or calling: Holistic Behavioral Health Services, LLC, Attn. Corporate Compliance Officer; 2156 Wooddale Blvd., Suite 750; Baton Rouge, LA 70806 (225) 930-8058. Grievances may also be registered with the Magellan Health Services. P.O. Box 84380, Baton Rouge, LA 70884. To file your complaint by phone, please call Magellan at 1-800-424-4399. The recipient or their family has the right to voice complaints or grievances and to recommend changes in policies and / or services without threat of coercion, discrimination, reprisal, or unreasonable interruption of services.

I have had my rights explained to me and have been given a copy of this document for my records.

________________________________________  ________________________
Recipient or Parent / Guardian Signature        Date