



**COMCARE**  
SUPPORT CENTER

**RECIPIENT HANDBOOK**

(Revised December 2014)

3828 Veterans Blvd Suite 205  
Metairie, LA 70002  
504-322-7328 - Office  
888-77-2609 – Fax

**HOURS OF OPERATION:**  
Monday – Friday 9:00AM – 5:00PM

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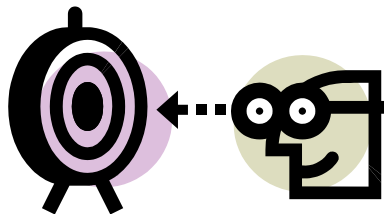
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## WHO ARE WE?

Comcare Support Center is a mental Health Rehabilitation agency that provides therapeutic in-home and community support services to individuals with mental health disorders. These services have graduated levels of intensity that are person-centered and family focused.

### *Mission*

To assist individuals with mental health challenges achieve their hopes, dreams and the opportunity to maximize independent living by providing valuable behavioral health treatments in a respectful, responsive and efficient manner



### *Vision*

Comcare strives to promote a humane and healthy society in which all people are accorded respect, dignity and opportunity to achieve their full potential through meaningful social inclusion free from discrimination.

## WHAT WE DO

*The mission of Comcare Support Center is to provide family outpatient mental health services to include, but not limited to:*

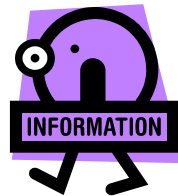
- (1) Community Psychiatric Support and Treatment
- (2) Crisis Intervention
- (3) Outpatient Therapy
- (4) Treatment Planning
- (5) Psychosocial Rehabilitation (Youth)
- (6) Assessment and Reassessment
- (7) Medication Management

# *YOUR RIGHTS*

It is the policy of Comcare Support Center to provide you with the highest level of care that will meet your needs and at the same time afford you the opportunity to exercise your rights as citizens. Comcare's commitment is to quality service, confidentiality and protection of Recipient Rights.

It is your right to make a choice of service that best caters to their needs. We are here to help you and your family members understand what your choices are and available to address any issues of concern.

# *BE INFORMED*



By law, we must inform you of your rights in a way you will understand. Communication of recipient's rights will be done verbally and through recipient rights handbook.

Right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect and exploitation

Right to treatment and care based on normalization principle

Right to be informed of any emergency procedures

Right to be treated with dignity and respect

Right to exercise your right

Right to confidentiality

Right to appropriate treatment

Right to be free of restrictive interventions including, but not limited to physical restraint, isolation or seclusion except when there is imminent danger of abuse or injury to oneself or others, when substantial property damage is occurring, or when it's necessary as a part of treatment/habilitation.

Right to be free of corporal punishment, harm, abuse and exploitation



## YOU HAVE A CHOICE

Freedom of Choice: It is your right to pick a mental health rehabilitation services agency of your choice.



### You can Accept or deny service

You have the right to accept or refuse any medication, procedure test or treatment. Exception to this right is when there is an emergency, court order or if the recipient is under 18 years old and his/her parent or guardian has given permission.

### Treatment Plan

It is your right to be involved in developing and reviewing your treatment plan. Each recipient admitted to and receiving services from a facility has the right to receive age-appropriate treatment for Louisiana Behavioral Partnership Program.

### Exercise your right as a citizen

You are accorded several rights as citizens which include the right to buying or selling of property, signing a contract, registering to vote, and marrying or getting divorced unless declared incompetent by court.



### Review medical records

You have the right to review your medical records except a professional determines that it would be harmful to you or someone else.



Advance directive

It is your right to have a written direction about their mental/health treatment if you ever loose your ability to make decisions. This plan basically describes how you want to be cared for incase you ever become unable to decide or speak for yourself. You also have the right to revoke the consent at any time.

*For assistance preparing these plans, we encourage recipients to speak with someone they trust or contact any of the agencies listed on page 16.*



Discharge Planning

All recipients have the right to be included in their discharge plan. You will be provided recommendations after treatment has been completed. All recipients are encouraged to discuss their needs and concerns with Comcare before leaving the agency.

Reduction, Suspension, Termination or Denial of Services

CSC will not deny, interrupt, suspend, reduce or terminate your services without a good cause. If you are a Medicaid recipient (or eligible to be one) and a decision has been made to deny, reduce, suspend or terminate services being received, then you have the right to appeal the decision.

A notification of the decision will be sent by the Magellan. If you need clarifications on any issues, please contact Comcare immediately. We will assist you with the appeal process follow up.

Recipients maybe expelled or suspended from services when the agency can no longer meet the recipient’s needs or guarantee their safety. Comcare shall notify recipients once a specific time is determined to restore services. Comcare shall make efforts to recommend appropriate services that will meet recipient’s needs and discharge plan if any.



Search

and



Seizure

You will be free from unwarranted invasion of privacy. Comcare Support Center will protect your right regarding search and seizure of your belongings. Certain circumstances such as danger of self-injury, imminent risk of harming others and

recipient suspected of having illegal materials or weapons will warrant search and possible seizure.

Comcare staff shall document the scope, reason, procedure, description of the property and an explanation of the disposition of the seized items.



### Fees for Service

When a recipient has been determined to be eligible for service in the MHR program, all service fees are paid to the agency from Medicaid. There is no out of pocket expense to the recipient for the services rendered by the agency.



### Complaints and Concerns

If for any reason, you have questions, concerns or complaints about services received or you feel someone is trying to take you right away, you have the right to contact Comcare staff or management. If this does not resolve your concerns, you may contact the Magellan or an advocacy organization. If your concern involves any kind of abuse, sexual, physical e.t.c, you should call the Department of Health and Hospitals (DHH) or The Department of Children and family Services. All contact numbers are listed on page 15. See the appendix for Grievance policy.



### Medication

Recipients have the right to be informed about medication, its advantages and the side effects. It is the recipient's right to be free from unnecessary medication. Employees cannot use medication as a form of punishment or means of convenience for recipients.

### Least Restrictive Intervention

Comcare will implement the use of least restrictive intervention and most appropriate setting and methods as a last resort. Intervention shall include: promoting coping and engagement skills that are alternatives to injurious behavior to self or others; providing choices of activities meaningful to the recipients served/supported; and sharing of control over decisions with the recipient/legally responsible person and staff. The intervention shall be accompanied by actions designed to ensure dignity and respect from a trained employee.



### Prohibited Interventions

Comcare Support Center prohibits the contingent use of painful body contact, or substances administered to induce bodily painful reactions exclusive. Comcare Support Center prohibits the infliction of corporal punishment on recipients.

Comcare Prohibits the sale to, and purchase of goods and services from recipients.

## *CONFIDENTIALITY*



It is the policy of Comcare Support Center to treat all your information confidential. The privacy and confidentiality of our recipients are protected under the rules and regulations of, HIPPA and the DHH Office of Mental Health. Information including but not limited to all data received during the screening, admission and treatment/rehabilitation process. All employees, volunteers and interns will adhere to strict guidelines concerning confidentiality of recipient records. Please contact management if you question the disclosure of information under certain circumstances. Comcare Support Center will not release any of your information without your consent.

Employees and applicants will also sign a confidentiality agreement form.



## *CONSENT FOR RELEASE OF RECIPIENT INFORMATION*



Your information will not be disclosed without your explicit informed consent. Disclosure of your information to anyone directly involved in your care, including family members, must have your permission in writing and verbal consent is acceptable in case of emergency. The release is valid up to a period of one year, and subject to revocation by the consenting individual.

Recipients or recipient's responsible persons will sign consent forms unless otherwise stated.

- Consent is voluntary
- Information will not be re-disclosed without your notification
- Refusal of consent will not interfere with services
- You have the right to revoke your consent at any time but revocation will be deemed ineffective towards action already taken.

## *CONSENT FOR RELEASE OF INFORMATION FOR MINOR RECIPIENTS*

A minor recipient will be considered a legal signer to consent to release of information if:

- Recipient is seeking services for venereal disease and other diseases reportable, pregnancy, abuse of drugs, other illegal substances, or alcohol abuse, or for emotional disturbances;
- When married or divorced;
- When emancipated by a decree issued by a court of competent jurisdiction;
- When a member of the armed forces;
- When the personal representative of a deceased relative when the estate is
- Either being settled or not being settled.

Otherwise, a parent or legal guardian must sign to give consent to the release of information about the minor

## *EXCEPTIONS TO RELEASE OF RECIPIENT INFORMATION WITHOUT CONSENT*

By law there are some situations when information about you maybe shared without your permission. You will be given a written notice about the exception and shall be documented in your record. These circumstances include:

- When there is an order from the court to release your record
- When there is a medical emergency that involves your health and safety or safety of others.
- Where there is a suspect or report instances of abuse or neglect
- When an advocate helping you needs it
- When the agency transfers your care to another mental health program or committed to an institution and there is need to share information about you in order to manage your care
- When our attorney asks for your file for the purpose of a lawsuit or other legal actions
- Whenever the legally responsible person or Comcare determines that disclosure is in your best interest
- When your record needs to be reviewed by the Quality Improvement Department in preparation of an audit or other internal review to improve the quality and effectiveness of services provided to recipients.
- When you are in prison and record needs to be shared with prison officials to continue treatment.
- When a physician or other professionals who referred you to our program needs information.
- When Comcare Support Center authorizes research for the purpose of programming planning and evaluation of services through the use of statistical information that cannot be linked to you.

Human Rights Committee members may have access to confidential information about a recipient, provided they have written consent from the recipient or their legal representative. Such information will be released from a delegated employee that is involved with the treatment of the recipient.

## *YOUR RECORD*



Comcare considers your record to be one of its most valuable assets. As a result, employees are told to carefully protect and prevent disclosure of all your records to any third party. Employees shall ensure that all recipient records are kept in a secure environment. Only authorized employees, students, consultants or volunteers shall have access and share recipient information amongst themselves.

Records will be stored in locked area and available to only authorized persons.



No recipient record may leave the work area, unless it needs to be transported to Office of Mental Health for auditing purposes, demanded by a district court, when it is not feasible to copy all parts of the record required, if needed after death of a recipient in conjunction with autopsy. The employee in charge of the record will remain in the presence of the record at all times to safeguard the record.

Employees will know the location of recipient records at all times.

Employees will ensure all recipient documents are not left in public places.

Comcare will provide document shredder for all information not needed in recipient's record that must be destroyed.

Comcare Support Center will charge .10 per page if copies of materials in a record are requested, other than routine exchange of information.

Comcare shall control access given to employees regarding automated recipient information database.



## *YOUR RESPONSIBILITIES*



*All recipients have the following responsibilities, unless otherwise stated by the agency upon enrollment:*

- ✚ The recipient is responsible for attending group meetings in the community and agency.
- ✚ The recipient is responsible for allowing agency staff to enter the recipient's home for home visits. Recipients must make reasonable efforts to schedule and meet with agency workers and contractors for regular home visits.
- ✚ The recipient is responsible for meeting with psychiatrist once a month or as scheduled.
- ✚ The recipient is responsible for preparing for transportation during group settings and psychiatrist visits.
- ✚ The recipient is responsible for signing the Individualized Service Recovery Plan at the start of services and every three months thereafter with the Licensed Mental Health Professional (LMHP) and Psychiatrist.
- ✚ The recipient is responsible for obtaining medicine as prescribed by the Psychiatrist.
- ✚ The recipient is responsible for ensuring compliance in taking prescribed medications and reporting side effects on the medications to the Licensed Mental Health Professional/Psychiatrist.
- ✚ The recipient is responsible for calling the Licensed Mental Health Professional if moving (change of address/phone number), hospitalized (for any reason), or leaving the local area for an extended period of time to ensure continuity of care.

***If the patient does not fulfill his/her responsibilities, services may be terminated.***

# ***NOTICE OF PRIVACY PRACTICES***

## **COMCARE SUPPORT CENTER LLC**

### **NOTICE OF PRIVACY PRACTICES**

**Effective: March 19, 2014**

**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.**

**If you have any questions about this Notice, please contact:**

**Privacy Officer  
Comcare Support Center  
3828 Veterans Blvd. Suite 205  
Metairie, LA 70002  
Phone: 504-322-7328**

This notice describes how medical information about a recipient may be used and disclosed and how to gain access to the above information. Please review it carefully.

All information that is provided during the screening, admission, and treatment/habilitation process is considered confidential by the employees, interns, and volunteers of Comcare. We are required to protect the privacy of health information of a recipient, and the disclosure of protected health information will be governed by the Health Insurance Portability and Accountability Act of 1996, as well as any other applicable federal or state laws.

Exchange and use of protected health information between Comcare staff and/or Comcare programs for the purpose of treatment, payment, or healthcare operations will be permitted and based on "need to know" guidelines, and positional authority. For example:

- Information obtained about a recipient by a psychiatrist, therapist, case manager, nurse or other member of the treatment team will be recorded in recipient's record and used to determine the course of treatment that should work best for the recipient.
- Treatment team members will also be expected to discuss recipient progress with treatment on a routine basis.
- Information about the services received will be submitted and processed by the billing department so that the Agency can be paid or the recipient can be reimbursed.

- Recipient medical record may also be pulled for review by the Quality Improvement department in preparation for an audit or for other internal reviews to improve the quality and effectiveness of the services being provided.

Disclosure of protected health information outside of Comcare is permitted when recipient or their legal representative signs a written authorization, or gives verbal authorization in an emergency situation. Any authorization for disclosure may be revoked at any time, except to the extent that action has been taken in reliance on it.

Recipients have the right to request restriction of the disclosure of their health information, except when Comcare is required to do so. Even without recipient specific consent, Comcare may disclose information to someone outside of Comcare (and in some cases Comcare may even be required by law or professional ethics to disclose recipient information), in the following situations:

- When there is a medical or psychiatric emergency involving recipient health or safety or safety of others.
- When Comcare Support Center is required by law to report instances of neglect or abuse of a child or disabled adult.
- Disclosure in a legal proceeding, where Comcare Support Center is responding to an order of a court or administrative tribunal.
- When Comcare Support Center is required by Louisiana Administrative Code to disclose to the physician, information due to an incident which would cause health risk to other persons.
- When Comcare Support Center authorizes research for the purpose of program planning and evaluation of services through the use of statistical information that cannot be linked to the recipient as an individual.

Recipients also have other rights related to the use and disclosure of health information in their medical record.

These rights include:

**Right to request recipient medical record be designated as secured**

All medical records are considered to be secure and confidential. Recipient may restrict the disclosure of their medical records only for the purpose of treatment, payment or healthcare operations. Comcare will make every effort to accommodate recipient request, but we are not required to do so. For example, if the information is the subject of a lawsuit or legal claim or if release of the information may present a danger to you or someone else.

**Right to inspect and request a copy of recipient medical record.**

If recipients would like to inspect or receive a copy of their health information, please contact Comcare for instructions on how to submit a written request. The agency may deny recipient request in very limited circumstances. If request is denied, Comcare will respond to the recipient in writing, stating why the request was not granted and describing any rights to request a review for denial. If recipient request is approved, The agency may charge a reasonable fee for the costs of copying, mailing or other supplies associated with any request for copies.

**Right to request amendment of any section of recipient medical record.**

If recipients feel that the agency has information that is inaccurate or incomplete, recipients have the right to request amendments of record. If request is denied, the agency will notify recipient in writing of the reason and will describe recipient rights to provide a written statement disagreeing with the denial.

**Right to receive an accounting of disclosures that have occurred.**

Each disclosure of protected health information will be documented in the medical record. Recipients have the right to request an accounting of the disclosures of previous years, if any.

**Right to request an alternative method of contact.**

Comcare Support Center may call recipients or mail information regarding appointment reminders, billing information, or other information about treatment alternatives or services that might be of interest. If recipients would like to request an alternative method of contact, please notify the agency. Comcare will accommodate reasonable requests, but may condition our accommodation on recipients providing, information regarding how payment, if any, will be handled.

**Right to a copy of this Notice.**

Recipients have the right to receive a paper copy of this Notice. Comcare Support Center reserves the right to change this notice and to make the new notice effective for all protected health information that is maintained in hard copy or electronic format. Revisions to the **NOTICE OF PRIVACY PRACTICES** will be made available at each facility for distribution to all recipients.

Comcare Support Center recognizes the importance of confidentiality, and recipient's right to be fully informed of all regulations regarding protected health information.

If recipients feel that their privacy rights have been violated they may contact:

**Comcare Support Center  
504-322-7328**

**Magellan  
1-800 424-4399**

**Physical Address:**  
Department of Health and Hospitals  
628 N. 4th Street  
Baton Rouge, LA 70802  
Phone: (225) 342-9500 Fax: (225-342-9500)  
[dhhwebinfo@la.gov](mailto:dhhwebinfo@la.gov)

**Provision of services will not be affected by the filing of any complaint.**

Magellan  
1-800 424-4399

**ELDER ABUSE CONTACT INFORMATION**

1-800-259-4990 Adults with Disabilities (Ages 18-59)

**CHILD ABUSE CONTACT INFORMATION**

Jefferson (East)	504-736-7033	St. James*	800-431-6801
Jefferson (West)	504-361-6083	St. John	800-431-6801
Lafourche*	866-461-6278	St. Mary	800-844-6508
Orleans*	866-514-8829	St. Tammany	985-893-6225
St. Bernard	504-736-7033	Washington	985-732-6800
St. Charles*	800-731-6801	Plaquemines	504-361-6083

**Provision of services will not be affected by the filing of any complaint.**



## *ADVOCACY ORGANIZATIONS*



Mental Health Advocacy Service  
1-800-428-5432

Meaningful Minds of Louisiana  
337-886-3169

NAMI of Louisiana  
(225)291-6262

Families Helping Families  
1-888-300-1320

Mental Health America  
1-800-969-6642

Advocacy Center  
1010 Common Street, Suite 2600  
New Orleans, LA 70112  
1-800-960-7705

## WHAT TO DO IN AN EMERGENCY SITUATION

Take deep breaths: Your brain can't function properly without oxygen. Take long, deep breaths, not short ones. If you don't think you can handle it, even after one minute of deep breathing, **get help** by calling the CSC Crisis Line. If you don't think you can handle the situation, there's no point in trying, because you'll probably do something wrong.

**If you are in a life-threatening situation or having a medical emergency, call 911 immediately.**



Figure out what you need to do, and do it: Make sure you do it right while still being timely. Run in your head each choice you make, and determine the effects of it. **Be fast.** Don't rush things to the point you can't remain calm, but don't take your time either. Rushing can lead to pointless decisions that will only waste more time. Before going through with any choice, make sure it's worth the while. And as soon as you start, go through with it.

Call the CSC Emergency Response Line: After you've gone through your choice, call your Mental Health Professional or the Licensed Mental Health Professional. In the event that you don't get a response, please call the CSC Crisis Line immediately. Your choice could help stall the situation, but no matter how good you think it was, call the Crisis Response Line



(504) 373-0654

Comcare Support Center crisis response line available 24/7/365 days. A designated on call Mental Health professional will be responsible for responding to all your crisis calls during and after regular business hours. The on call will be responsible for triage, assessment and implementation of Crisis Plan via phone and face to face within two hours. The on call LMHP shall contact your natural supports, clinical team members, E.M.S, Fire department or 911 as necessary. Decisions will be made that are consistent with best practice and least-restrictive, most normalized environment practices to ensure safety of the recipient and relevant others. The on call MHP will have access to the crisis plan for each individual.

Relax. Wait for the emergency specialists/ and or professionals to come. There's basically nothing you can do after you've made your choice and have called the emergency number. Continue taking deep breaths, and constantly remind yourself that you've done all you can. Don't feel you need to make another decision to make things right, because the specialists/and or professionals will know exactly what to do once they arrive.

## HEALTH AND SAFETY

Comcare Support Center is committed to the health and safety of its recipients and employees. While emergencies are certainly difficult to predict, the most important thing is for you to remain calm. Your judgment will be your best asset in an urgent situation. Familiarizing yourself with these procedures will help you stay safe, and could save your life.



### Fire

Fires often start out small and spread very quickly. Do not assume that you can extinguish a fire on your own.

Attempt to put the fire out with a portable fire extinguisher ONLY when:

You have been properly trained

The fire is small (wastebasket size)

You are not alone

A safe escape route is present

If this is not true, simply close the door and evacuate. Do not block/wedge exit doors in an open position.

In the event of a fire, or if you smell smoke:

Activate the nearest fire alarm.

Leave at once, shutting the door behind you, making sure you have your cell phone, keys, identification, purse or wallet.

If possible, alert others to evacuate.

Be sure to use the stairs when evacuating and avoid elevators!



### Power Outage

In the event of a power outage:

Remain calm.

Do not use candles! Instead, use a flashlight.

Unplug any electronics such as computers, televisions, and stereos.

If you were cooking, be sure your oven and stove are turned off.

Do not attempt to use elevators. Do not attempt to force open doors

Move cautiously to a lighted area.

Assist others if necessary.



## Severe Weather

If severe weather occurs while you are on Comcare premises, a coordinated effort between the Department of Public Safety and appropriate officials will occur.

Listen carefully for instructions.

If a power outage occurs, follow the procedures listed earlier on this site.

If an evacuation is necessary, be sure to take your keys and identification, and follow the evacuation procedures on this site.

The Department of Public Safety officers will alert you when danger is no longer present.



## Disasters

If disasters such as severe weather occur in your community, help may not come right away so listen to radio stations for emergency updates and instructions.

The following are prohibited on Comcare's premises and/ or in Comcare's Staff vehicles:

- The use of illegal substance
- Possession or consumption of alcoholic beverages
- Smoking
- Possession of weapon

**If you want to know about health and safety rules, Please see a Comcare Staff.**