



NORTH LOUISIANA
WHOLE HEALTH
TREATMENT CENTER

A Guide to Patient Services



WELCOME TO
North Louisiana
Whole Health Treatment Center

A Division of
INTENSIVE SPECIALTY HOSPITAL



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HOSPITAL

Welcome to North Louisiana Whole Health Treatment Center. We thank you for choosing us for your healthcare needs. North Louisiana Whole Health Treatment Center is committed to providing quality patient care. Our staff respects the dignity, comfort; and privacy of each patient, and will treat you with compassion, courtesy, and respect at all times.

Our Clinic

North Louisiana Whole Health Treatment Center is a licensed Intensive Outpatient Program (IOP) which treats substance abuse and dual diagnoses. Whole Health can also provide outpatient counseling, Medication Assisted Treatment (MAT), and programming for specialized populations. Our specialized care integrates all services into an interdisciplinary recovery approach not seen in other healthcare settings. In conjunction with Intensive Specialty Hospital, we are capable of providing a full continuum of care ranging from Detox to outpatient services. Our goal is to treat the whole person. We are fully accredited by the Joint Commission and Medicare certified.

Your Treatment Plan

Your recovery is our goal, and we will do everything we can to help you achieve it. Your counselor, along with medical, nursing and psychiatric providers work together to develop and implement your care treatment plan. This interdisciplinary approach allows our patients to reach optimal recovery in the most efficient and effective manner possible. No other level of healthcare provides this level of integration or involvement in your care this frequently. We identify every barrier that exists to your discharge and develop plans to overcome those obstacles in the most efficient and effective manner.

You are also an important member of the team involved in your care and discharge plans. You will have ongoing discussions with your counselor to review your care and provide you with necessary information to answer any question and work with you to develop a treatment plan to help you succeed. If you wish to attend a team conference personally, to question or interact with all of the team members involved in your care, please inform your counselor. If you wish to involve family members or someone who is part of your supportive recovery plan, we can do so only with your expressed permission. We value your privacy and adhere to healthcare privacy laws that do not allow us to have those discussions with family members/support recovery individuals unless authorized by you to do so.

Notice of Privacy Practices

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.

Who Must Follow This Notice. North Louisiana Whole Health Treatment Center provides you (the patient) with health care by working with doctors and many other health care providers (referred to as "we," "our," "us" or "us"). This is a joint notice of our information privacy practices ("Notice"). The following people or groups will follow this Notice:

- any health care provider who comes to North Louisiana Whole Health Treatment Center to care for you. These professionals include doctors, nurses, technicians, physical assistants and others.
- all departments and units of our Intensive Specialty Hospital organization, including skilled nursing, outpatient services; mobile units, hospice, and emergency departments.
- our employees, contractors, students and volunteers, including regional support offices and affiliates.

These entities, sites and locations may share medical information with each other for treatment, payment, or health care operation purposes described in this Notice. In addition, we also use and share your information for other reasons as allowed and required by law. If you have any questions about this notice, please see our contact information on the last page of this notice.

Our Commitment to Your Privacy. We understand that medical information about you and your health is private and personal. We are dedicated to maintaining the privacy and integrity of your protected health information ("PHI"). PHI is information about you that may be used to identify you (such as your name, social security number, or address); and that relates to (a) your past, present, or future physical or mental health or condition, (b) the provision of health care to you, or (c) your past, present, or future payment for the provision of health care. In providing services to you, we will receive and create records containing your PHI. We need these records to provide you with quality care and to comply with certain legal requirements.

We are required by law to maintain the privacy of your PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other Notice in effect at the time of the use or disclosure).

This Notice applies to the records of your care at North Louisiana Whole Health Treatment Center, whether created by hospital staff or your doctor. Your doctor and other health care providers may have different practices or notices about their use and sharing of medical information in their own offices or clinics. We will gladly explain this Notice to you or your family member.

Information regarding your care and treatment can only be released with your expressed written consent, however, there are exceptions stated below. Written consent must include language pursuant to HIPAA and 42 CFR Part 2. Federal law specifically protects records related to the treatment of substance abuse disorders.

Confidentiality of Substance Use Disorder Patient Records regulations, 42 CFR; Part 2 protects the confidentiality of substance use disorder (SUD) treatment records. Part 2 protects "records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance abuse education prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States." Confidentiality protections help address concerns that discrimination and fear of prosecution deter people from entering treatment for SUD.

For the release of such records, a written consent to a disclosure under the regulations in this part may be paper or electronic and must include:

- (1) The name of the patient.
- (2) The specific name(s) or general designation(s) of the part 2 program(s), entity(ies), or individual(s) permitted to make the disclosure.
- (3) How much and what kind of information is to be disclosed, including an explicit description of the substance use disorder information that may be disclosed.
- (4) The name(s) of individual or entity participant(s) or a general designation of an individual or entity participant(s) or class of participants that must be limited to a participant(s) who has a treating provider relationship with the patient whose information is being disclosed. When using a general designation, a statement must be included on the consent form that the patient (or other individual authorized to sign in lieu of the patient), confirms their understanding that, upon their request and consistent with this part, they must be provided a list of entities to which their information has been disclosed pursuant to the general designation
- (5) The purpose of the disclosure. The disclosure must be limited to that information which is necessary to carry out the stated purpose.
- (6) A statement that the consent is subject to revocation at any time except to the extent that the part 2 program or other lawful holder of patient identifying information that is permitted to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third-party payer
- (7) The date, event, or condition upon which the consent will expire if not revoked before. This date, event, or condition must ensure that the consent will last no longer than reasonably necessary to serve the purpose for which it is provided.
- (8) The signature of the patient and, when required for a patient who is a minor, the signature of an individual authorized to give consent or, when required for a patient who is incompetent or deceased, the signature of an individual authorized to sign. Electronic signatures are permitted to the extent that they are not prohibited by any applicable law.
- (9) The date on which the consent is signed.

A disclosure may not be made on the basis of a consent which has expired, or, on its face substantially fails to conform to any of the requirements set forth in of this section, is known to have been revoked, or is known, or through reasonable diligence could be known, by the individual or entity holding the records to be materially false.

How We May Use and Disclose Medical Information About You. This section of our Notice tells how we may use medical information about you. We will protect medical information as much as we can under the law. Sometimes state law gives more protection to medical information than federal law. Sometimes federal law gives more protection than state law. In each case, we will apply the laws that protect medical information the most.

North Louisiana Whole Health Treatment Center and Intensive Specialty Hospital are part of a large health system. We may use or share medical information about you with hospital personnel at any Intensive Healthcare hospital or facility if necessary for treatment, payment and health care operations. Please contact our Privacy Office (at the address below) for a list of all Intensive Specialty Hospital Healthcare facilities.

We are required to maintain the confidentiality of the PHI of our patients, and we have policies and procedures and other safeguards to help protect your PHI from improper use and disclosure. The following categories describe different ways that we use your PHI within North Louisiana Whole Health Treatment Center and disclose your PHI to persons and entities outside of North Louisiana Whole Health Treatment Center. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses and disclosures that will require your specific authorization.

How much PHI is used or disclosed without your written permission will vary depending, for example, on the intended purpose of the use or disclosure. Sometimes we may only need to use or disclose a limited amount of PHI, such as to send you an appointment reminder or to confirm your health insurance coverage. At other times, we may need to use or disclose more PHI such as when a doctor is providing medical treatment. The following are situations which by law do not require your permission or authorization:

- **Disclosure at your request.** We may disclose information when requested by you. This disclosure at your request may require written authorization by you.
- **Treatment.** This is the most important use and disclosure of your PHI. We may use and disclose your PHI to another physician or health care provider to provide treatment and other services to you. For example, our physicians, nurses, and other health care personnel, including trainees, involved in our care use and disclose your PHI to obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all your health care ("Your Payor") or to verify that your Payor will pay for health care.
- **Health care operations.** We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. Examples are using information about you to improve quality of care, for disease management programs, patient satisfaction surveys, compiling medical information, de-identifying medical information and benchmarking.
- **Business associates.** There are some services provided in our organization through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, and billing and collection services. We may disclose your PHI to our business associates so that they can perform the job we have asked them to do. To protect your PHI, we require our business associates to a contract or written agreement stating they will appropriately safeguard your PHI.
- **Appointment Reminders.** We may use and disclose your PHI to contact you as a reminder that you have an appointment for a consultation or other service through the Services.
- **Treatment alternatives.** We may use and disclose your PHI to tell you about our recommended possible treatment options or alternatives that may be of interest to you.
- **Health-related products or services.** We may use and disclose your PHI to tell you about our health-related products or services that may be of interest to you.
- **Communications with family and others when you are present.** Sometimes a family member or other person involved in your care will be present when we are discussing your PHI with you. We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, If we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure
- **Communications with family and others when you are not present.** If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative, or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.



- **Threat to health or safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations That Do Not Require Your Authorization. The following categories describe unique circumstances in which North Louisiana Whole Health Treatment Center may use or disclose your PHI without your authorization.

- **Public health activities.** We may disclose your PHI for the following public health activities to: (1) prevent or control disease, injury or disability; (2) report births and deaths; (3) report regarding the abuse or neglect of children, elders and dependent adults; (4) report reactions to medications or problems with products; (5) notify people of recalls of products they may be using; (6) notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (7) notify emergency response employees regarding possible exposure to HIV/AIDS to the extent necessary to comply with State and Federal laws.
- **Victims of abuse, neglect or domestic violence.** If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.
- **Health oversight activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.
- **Lawsuits and other legal disputes.** We may use and disclose PHI in responding to a court or administrative order. We may also use and disclose your PHI to the extent permitted by law without your authorization, for example, to defend a lawsuit or arbitration.
- **Law enforcement official.** We may disclose your PHI to the police or other law enforcement officials as required/permitted by law. (1) in response to a court order, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if under certain limited circumstances, we are unable to obtain the persons consent; (4) about a death we believe may be a result of criminal conduct; (5) about criminal conduct at North Louisiana Whole Health Treatment Center; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Decedents.** We may disclose your PHI to coroner or medical examiner as authorized by law.
- **Organ and tissue donation.** We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement banking or transplantation.
- **Research that does not involve your treatment.** When a research study does not involve any treatment, we may want to disclose your PHI to researchers. To do this, we will either ask your permission to use your PHI or we will use a special process that protects the privacy of your PHI. In addition, we may use information that cannot be identified as your PHI, but that includes certain limited information (such as your date of birth and dates of service). We will use this information for research, quality assurance activities, and other similar purposes and we will obtain special protections for the information disclosed.
- **Specialized government functions.** We may use and disclose your PHI to units of the government with special functions, such as the US military or the US Department of State, under certain circumstances. We may use or disclose your PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. We may use and disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

- **Inmates.** If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose PHI about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, to protect your health and safety and the health and safety of others and to protect the safety and security of the correctional institution.
- **Workers' Compensation.** We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.
- **As required by law.** We may use and disclose your PHI when requested to do so by any other law not already referred to in the preceding categories. For example, the Secretary of the Department of Health and Human Services may review our compliance efforts, which may include seeing your PHI.

Situations Requiring Your Written Authorization. If there are reasons, we need to use your PHI that have not been described in the sections above, we will obtain your written permission. This permission is described as a written "**authorization.**" If you authorize us to use or disclose PHI about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons stated in your written authorization, except to the extent we have already acted in reliance on your authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain records of the care we provide to you. Some typical disclosures that require your authorization are:

- **Special categories of treatment information.** In most cases, federal or state law requires your written authorization or the written authorization of your representative for disclosures of drug and alcohol abuse treatment, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) test results, and mental health treatment.
- **Research involving your treatment.** When a research study involves your treatment, we may disclose your PHI to researchers only after you have signed a specific written authorization. In addition, an Institutional Review Board (IRB) will already have reviewed the research proposal, established appropriate procedures to ensure the privacy of your PHI and approved the research. You do not have to sign the authorization, but if you refuse you cannot be part of the research study and may be denied research-related treatment.
- **Psychotherapy Notes.** Under certain circumstances, we must obtain your written authorization to use or disclose psychotherapy notes from your treatment.
- **Fundraising activities.** We may use demographic information and your dates of service for our own fundraising purposes. If you do not want us to contact you for fundraising efforts, you must notify us in writing at the address listed at the end of this Notice. You will also be given the opportunity to opt out of receiving fundraising communications from us with each communication you receive.
- **Marketing.** We must obtain your written authorization ("**Your Marketing Authorization**") prior to using your PHI to send you any marketing materials. We can, however, provide you with marketing materials in a face-to-face encounter without obtaining Your Marketing Authorization, in addition we are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining Your Marketing Authorization. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without Your Marketing authorization. If we receive any direct or indirect payment for making such communication, however, we would need your prior written permission to contact you. The only exceptions for seeking such permission are when our communications provide refill reminders to you or describes only a drug or medication that is currently being prescribed for you and our payment for the communication is reasonably related to our cost of making the communication.
- **Sale of PHI.** We must obtain your written authorization for use or disclosure of your PHI for which we may receive payment.

Your Rights Regarding Medical Information About You. You have the following rights regarding health information we maintain about you. You may contact a health information representative where services were provided to obtain additional information and instructions for exercising the following rights.

- **Right to request additional restrictions.** You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to Individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction, unless (1) the request is regarding a disclosure to a health plan for a payment or health care operations purposes and is not otherwise required by law and (2) the medical information relates solely to a health care item or service for which you or another person other than the health plan has paid us in full. This request must be in writing. We will send you a written response. If we agree with the request, we will comply with your request except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment.
- **Right to receive confidential communications,** you may request to receive your PHI by alternative means of communication or alternative locations. For example, you can request that we only contact you at work or by mail. To request confidential communications, you must make your request in writing, we will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Inspection and copies.** You may request access to your medical record file and billing records maintained by us. You may inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
 - If you desire access to your records, you must submit your request in writing. If your medical information is maintained in an electronic health record, you may obtain an electronic copy of your medical information and, if you choose, instruct us to transmit such copy directly to an entity or person you designate in a clear, conspicuous, and specific manner.
 - If you request paper copies, we will charge you for the costs of copying, mailing, labor and supplies associated with your request. Our fee for providing you an electronic copy of your medical information will not exceed our labor costs in responding to your request for the electronic copy (or summary or explanation).
 - You should take note that, If you are a parent or legal guardian of a minor, certain portions of the minor's PHI will not be accessible to you (for example, records pertaining to health care services for which the minor can lawfully give consent and therefore for which the minor has the right to inspect or obtain copies of the record; or the health care provider determines, in good faith, that access to the client records requested by the representative would have a detrimental effect on the provider's professional relationship the minor client or on the minor's physical safety or psychological wellbeing).
- **Right to amend your records.** You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, your request must be in writing. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply. If we deny your request, you will be permitted to submit a statement of disagreement for inclusion in your records.

- **Right to receive an accounting of disclosures.** Upon written request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time six years prior to the date of your request but may not include dates before April 14, 2003. Your written request should indicate in what form you want the list (for example, on paper or electronically). If you request an accounting more than once during a twelve (12) month period, we will charge you for the costs involved in fulfilling your additional request. We will inform you of such costs in advance so that you may modify or withdraw your request to save costs. In addition, we will notify you as required by law if there has been a breach of the security of your PHI.
- **Paper copy.** Upon request, you may obtain a paper copy of this Notice. Even if you have agreed to receive such notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice on our website: nlwholehealth.com. To obtain a paper copy of this Notice, please ask us for a copy the next time you receive services at one of our facilities or contact us using the contact information at the end of this Notice.
- **Minimum Necessary** To the extent required by Law, when using or disclosing your PHI or when requesting your PHI from another covered entity, we will make reasonable efforts not to use, disclose, or request more than a limited data set (as defined below) of your PHI or, if needed by us, no more than the minimum amount of PHI necessary to accomplish the intended purpose of that use, disclosure, or request, taking into consideration practical and technological limitations.

For purposes of this Notice, a "**limited data set**" means medical information that excludes the following items:

- Names
- Postal address information, other than town or city, State, and zip code
- Telephone numbers
- Fax Numbers
- Electronic mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images

Changes in this Notice. We may change our privacy practices from time to time. Changes will apply to current PHI as well as new PHI after the change occurs. If we make an important change, we will change our Notice. We will also post the new Notice on our website at nlwholehealth.com. If our Notice has changed, we will offer you a copy of the current Notice the next time you seek treatment at one of our facilities.

Concerns or Complaints If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer (listed below). You may send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights. Our Privacy Officer can provide you the address. We will not take any action against you for filing a complaint.

How to Contact Us If you would like more information about your privacy rights, please contact Intensive Specialty Hospital, LLC by calling 1-318-934-0370 and ask to speak with the Privacy Officer. To the extent you are required to send a written request to Intensive Specialty Hospital to exercise any right described in this Notice, you must submit your request to Intensive Specialty Hospital, LLC at:

Intensive Specialty Hospital

150 Airport Road, STE 900

Lakewood, NJ 08701

Attn: Privacy Officer

Fax: 318-424-2627

Email: info@nlwholehealth.com

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Patient Rights

As a patient in our facility, you or your representative has the right to:

Respect and Dignity

- considerate, respectful care in a safe setting, free from abuse, harassment, or neglect, with recognition of your personal dignity and to promote a positive self-image
- care which respects your spiritual, psychosocial, and cultural beliefs
- assurance that restraints and seclusion of any form will not be used as a means of coercion, discipline, convenience, or retaliation by staff
- respect for your privacy, security, and confidentiality concerning your medical care and all information concerning your treatment
- a patient representative or advocate
- have complaints heard, reviewed, and when possible, resolved
- right to file a grievance if your concern is not resolved
- impartial access to treatment or accommodation

Information

- complete and understandable information from your physician concerning your diagnosis, treatment, procedures, outcomes, and complications
- be informed of the facilities charges for services and available payment methods
- know what rules and regulations of North Louisiana Whole Health Treatment Center apply to your conduct as a patient
- access to information in your medical records, within the limits of the law
- be informed of your rights and responsibilities in advance of receiving or discontinuing patient care
- be informed, by introduction or by wearing a nametag, of the names and functions of all physicians and other health care professionals providing your treatment

Treatment

- participate in the development and implementation of a plan of care
- to give or withhold your consent to treatment to the extent permitted by law and to be informed of the medical consequences of that action, as well as the right to access the hospital's ethics committee for consultation on any treatment decisions
- have an Advanced Directive, such as a Living Will or Durable Power of Attorney for Healthcare, to express choices about your care or name someone to act on your behalf
- all reasonable efforts for treatment and services within the facilities capability
- transfer to another facility upon physician approval, provision of complete information to the patient and acceptance by the receiving hospital
- participate or not to participate in research or clinical trials
- be informed by your physician, or the physician's delegate, of continuing healthcare requirements following discharge

Communication

- receive, as soon as possible, the services of a translator or interpreter to help you communicate with healthcare personnel

Pain Management

- information about pain and pain relief measures
- a concerned staff committed to pain prevention and management
- health professionals who respond quickly to reports of pain

Patient Responsibilities

As a patient in our facility, you have the responsibility to:

- follow facility rules and regulations affecting patient care and conduct
- respect the property of other persons and of the facility
- be considerate of the rights of other patients and facility personnel and assist in the control of noise and the number of visitors
- provide a complete and accurate medical history to the best of your knowledge
- provide information about unexpected complications or events
- make it known whether a proposed course of treatment is understood and whether those things you are expected to do are understood
- follow the recommendations and advice prescribed and to let caregivers know if you do not understand or have questions about your plan of care
- accept the consequences of your actions if treatment is refused or not followed according to the practitioner's instruction
- assure that the financial obligation for the health care provider is fulfilled, including providing accurate and timely information about source of payment and ability to meet financial obligations

Personal Valuables

ALL PATIENTS are requested to leave personal items of value at home.

North Louisiana Whole Health Treatment Center is NOT liable for the loss of or damage to, clothing, glasses, dentures, or any other personal property, such as money, jewelry, documents, or articles of unusual value.

Recording Devices

Patients may not bring recording devices into the facility with them. If any patient arrives with such equipment, the equipment should be removed by the CEO or designee for safe keeping. Patients may bring mobile phones equipped with built-in cameras and staff should advise patients and their guests of the prohibition against recording the sound or image of other patients and staff.

Smoking

As we are a healthcare facility, our policy prohibits smoking in any part of the facility at any time.

Protective Services/Legal Assistance Resources

1. Advocacy Center for the Elderly and Disabled: (318) 227-6186
Client Advocate: Barbara Washington Davidson
2. Adult Protection Services (ages 18-- 59): (800) 898-4910
3. Elderly Protective Services (ages 60 and up): (318) 676-5200 or 1-800-259-5284
State Toll Free Number: 1-800-259-4990
4. Governor's Office of Elderly Affairs: (225) 342-7100
5. Long Term Care Ombudsman Program: (800) 259-4990
6. Louisiana Mental Health Advocacy Service: (318) 676-7332

Further information may be obtained from your Social Worker, Case Manager, Patient Advocate.

Patient Concerns or Grievances

Concern or complaint about care

If you have a concern or complaint, we want to help. Please let us try to address your concern. We want to solve your problem as quickly as possible.

For concerns or complaints, please follow these steps:

1. Tell your counselor or Facility Director about your concern.
2. If you do not feel comfortable about talking with your counselor or Facility Director ask to speak with the Executive Director
3. If you think that the issue has not been resolved, ask to speak with the Administrator.
 - During business hours you may contact the Administrator
 - After hours and on weekends, contact the hospital operator and ask to speak with an on-call supervisor

Quality and Privacy Officer: 318-934-0370

If we cannot work on your concern or complaint in a timely manner, we will take extra steps. at the time a complaint becomes a formal grievance. This process takes longer and has several steps:

- You may write your grievance in a letter addressed to the hospital Administrator or you may request a meeting with a hospital representative to discuss your grievance.
- A facility team will study your grievance.
- There will be a decision. This takes an average of 7 days.
- You will receive a written report regarding our decision about your grievance that will include:
 1. Steps taken to study your grievance
 2. Results of the review of the grievance
 3. Date of the review
 4. Name and contact information of someone you can speak to about your grievance
 5. Steps we can take on your behalf or that you can take to request additional review within North Louisiana Whole Health Treatment Center and/or an outside organization.

To file a complaint or grievance with the Department of Health & Hospitals

Health Standards Section (866) 280-7737 (toll free)
PO Box 3767 (225) 342-5292 (fax)
Baton Rouge, LA 70821

To file a complaint or grievance with The Joint Commission:

Office of Quality Monitoring (800) 994-6610 (toll-free)
The Joint Commission (630) 792-5636 (fax)
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Financial Obligations

If you should have questions concerning the bill for services at our facility, please feel free to contact the facility. You may call Monday through Friday 8:00 a.m. — 4:00 p.m. (CT) and we will be glad to help you with your billing questions. Our number is (318) 934-0488.

You have the right to make a request in writing for an itemized statement which details each item or service you have received from our facility. Please contact our office if you would like an itemized statement.

Your Rights If You Are A Medicare Facility Patient

- You have the right to receive all medical care that is necessary for the proper diagnosis and treatment of your illness or injury. According to Federal Law, your discharge date must be determined solely by your medical needs, not by Medicare payments.
- You have the right to be fully informed about decisions affecting your Medicare coverage and payment for your treatment services.
- You have the right to request a review by a Quality Improvement Organization (QIO) of any noncoverage that you receive from the facility stating that Medicare will no longer pay for your treatment. QIOs are groups of doctors who are paid by the Federal Government to review medical necessity, appropriateness, and quality treatment furnished to Medicare patient. The phone number and address of the QIO for your area is:
Louisiana Health Care Review, Inc. 8591 United Plaza Blvd., Suite 270
Baton Rouge, Louisiana 70809
(800) 433-4958

Where can you get help or more information if you need it?

- Look at www.medicare.gov on the web. This is Medicare's official website: You can find the most up-to-date Medicare information and answers to your questions any time.
- Call 1-800-MEDICARE This toll-free help line is available 24 hours-a-day, 7-days a week to answer your questions. You can speak to a Customer Service Representative in English or Spanish. TTY users should call 1 (877) 486-2048.

We hope your time with us is pleasant and we look forward to providing you "Quality Patient Care." If you have any questions or concerns during your time of treatment, please contact your counselor



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