

# Iberville Parish Substance Abuse Center Client Data Sheet

For Office Use Only:	
Fee Paid	
Client #	

		<input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> No Identification
Date	Appointment/Arrival Time	Identification

Demographic Information				
First Name	Middle Name	Last Name	Maiden Name	
Address	City	State	Zip	Email address
Contact Telephone Number	Alternate Telephone Number	DOB	Race	SSN

Emergency Contact Information				
1.				
First Name	Last Name	Relationship	Contact Telephone Number	
Address	City	State	Zip	
2.				
First Name	Last Name	Relationship	Contact Telephone Number	
Address	City	State	Zip	

Referral Information (check all that apply)				
<input type="checkbox"/> Self <input type="checkbox"/> Family/Friend <input type="checkbox"/> Judge <input type="checkbox"/> Probation Officer <input type="checkbox"/> Drug Court <input type="checkbox"/> DCFS <input type="checkbox"/> Other				
Referral Source				
<b>Please complete below <span style="color: red;">UNLESS</span> referral source is self or family/friend:</b>				
Name of Agency	Contact Name	Contact Telephone Number		
Address	City	State	Zip	Contact Fax Number

Iberville Parish Substance Abuse Center  
Client Intake

Last Name, First Name	Client Number

1. What problem brought you to the Center?

2. List the three (3) most severe drugs used in the past year:
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Drug Name	Age 1 <sup>st</sup> Used	Date of Last Use	Average Amount Used

3. Have you ever used IV Drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever had methadone treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>CHEMICAL ADDICTION SERVICES</b>
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5. Have you ever received substance abuse treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name of Facility	Type of Treatment	Year of Service	Outcome

<b>GAMBLING SCREENING</b>
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6. Have you ever felt the need to spend more and more money when you gamble?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever had to lie to people about how much you gamble?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>MENTAL HEALTH</b>
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8. Have you ever been treated for mental health problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name of Facility/Agency	Medication(s) Prescribed	Year(s) of Service	Outcome

9. Medical Health
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Condition(s)	Current Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
		Disabled	HIV Positive	Pregnant

10. Any Past, Current or Pending Legal Problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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DWI, DUI, Possession of Drugs Charges	Month/Year of Charges

11. Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name of Company	Type of Work/Title	Years Employed	Full Time/Part Time	Monthly Earnings
				\$

I certify that the information given during intake and assessment is true and correct to the best of my knowledge:

Client Signature	Date

Iberville Parish Substance Abuse Center  
Client Intake (con't)

Last Name, First Name	Client Number

<b>Authorization for Treatment</b>	I understand that admission to Iberville Parish Substance Abuse Center is on a voluntary basis, and I accept the consequences of treatment as it has been explained to me. I am free to reject any special type of treatment, including diagnostic procedures and/or hospitalization which staff may recommend. If my admission is based on an interdiction, I do not have this right. I understand that assessment is a part of treatment.	
	Client Signature	Date

<b>Authorization to Use SSN</b>	I hereby give consent to Iberville Parish Substance Abuse Center to verify and use my Social Security Number as identification for record keeping purposes, including use in the Addiction Severity Index system.	
	Client Signature	Date

<b>Acknowledgement of Receipt of Privacy Practices Act (HIPAA)</b>	The Notice of Privacy Practices informs how Iberville Parish Substance Abuse Center uses and discloses information about you. Not all situations will be described.	
	I have received a copy of the Notice of Privacy Practices Act.	
	Client Signature	Date

<b>Acknowledgement of Limits of Confidentiality</b>	I understand any information I provide to Iberville Parish Substance Abuse Center is confidential in accordance with state and federal law, except in the following circumstances.	
	<ul style="list-style-type: none"> <li>• Diagnosis and dates of service shared with the client's insurance company (if billing insurance) to collect payments.*</li> <li>• Mandated reporting of physical or sexual abuse of children.</li> <li>• Threats of suicide or homicide.</li> <li>• Cases where the clients sign a release of information.</li> <li>• Information necessary for supervision or consultation.</li> <li>• Information released as outlined in the HIPAA Notice of Privacy Practice (if you are HIPAA compliant).</li> <li>• As required by the State of Louisiana Behavioral Health Standards for monitoring.</li> </ul>	
	Client Signature	Date

<b>Attestation</b>	I, _____, attest that I am not carrying on my person nor have in my possessions or as part of my personal belongings any:	
	<ul style="list-style-type: none"> <li>• <b>Firearms or weapons,</b></li> <li>• <b>Alcohol, and/or</b></li> <li>• <b>Illegal drugs or substances.</b></li> </ul>	
	I also understand I will not be admitted for treatment if items are found on me in the course of intake/admission.	
Client Signature	Date	

Iberville Parish Substance Abuse Center  
Client Intake (con't)

Last Name, First Name	Client Number

CLIENT RIGHTS

- I have the right to be served without discrimination as to sex, race, creed, color, religion, or national origin.
- I have the right to have the nature of recommended treatment and any specific risks of such treatment explained to me.
- I have the right to help develop my own treatment plan and any specific risks of such treatment carefully explained to me.
- I have the right to confidentiality. Except as may be required by law, no information regarding me or my treatment may be given out without my consent in writing. I have the right to revoke any consent given.
- I have the right to privacy. When the agency expects outside visitors, I have the right to be notified in advance of their arrival and to be shielded from such visitors. My case shall not be discussed by staff in front of visitors or other patients.
- If the agency desires to use cameras or tape recorders to aid in diagnosis, evaluation or treatment, the personnel must have my written permission and must fully explain to me how they plan to use the pictures or recordings. I understand that staff must obtain advance permission from the program manager before using such equipment.
- I have the right to be told if the program cannot provide the services that I need.
- I have the right to uncensored communication with my family, my attorney and my personal physician.
- I have the right for contact information for Mental Health Advocacy Services to be provided to me.
- I have the right to file a grievance without retaliation. Iberville Parish Substance Abuse Center's grievance procedure will be provided to me.

CLIENT RESPONSIBILITIES

- The responsibility to treat all staff, clients and visitors with respect;
- The responsibility to refrain from verbal abuse, threats, violence and aggressive behavior on the campus;
- The responsibility to provide accurate, complete information as required for billing purposes and for the Patient Assistance Program;
- The responsibility to provide the full information needed for safe and proper evaluation, diagnosis and treatment;
- The responsibility to assist clinical staff in developing my treatment plan, to adhere to the treatment plan, and to notify clinical staff of any concerns about the care provided or about my current condition;
- The responsibility to arrive for appointments at the designated time and to notify the facility/program at least 24 hours prior to cancelled appointments;
- The responsibility to discuss with clinical staff my wish to discontinue treatment prior to doing so;
- The responsibility to refrain from discussing other clients' care;
- The responsibility to follow the policies that are explained and provided to me at the time of admission and during treatment;
- The responsibility to pay required fees; and
- The responsibility to notify staff when my behavioral or medical advance directives change and to provide a current copy for my medical record.

Source: State of Louisiana Department of Health, Office of Behavioral Health, Rights of Patient (LA Revised Statutes 28: Sec 171; 53; 55) §171. Enumerations of rights guaranteed

I understand the law and regulations governing licensure of alcohol and drug abuse programs assures me of certain rights, and these apply to me as a patient. Copies of these rights are available to me, and also posted on the agency's bulletin board. I have read the above statements and understand them. I also understand that this is only a partial listing of my rights.

Client Signature	Date

Acknowledgement of Client Rights and Responsibilities

Iberville Parish Substance Abuse Center  
Client Intake (con't)

Last Name, First Name	Client Number

**GRIEVANCE PROCEDURE AND POLICY**

GRIEVANCE POLICY

It is the policy of Iberville Parish Substance Abuse Center (IPSAC) that the persons served are encouraged to state complaints and/or grievances if they believe their rights have been violated, and to pursue a resolution to their concerns in a structured format that provides fair and equitable results through due process.

GRIEVANCE PROCEDURE

You have the right to file a grievance without fear of negative consequences in the form of denial or termination of services, loss of privileges, or loss of services as a result of filing a grievance.

If you wish to file a grievance, you may ask any staff member for a grievance form. If you need assistance filling out the grievance form, you have the right to choose assistance from any staff member or peer or other representative.

Once completed:

- You will give the grievance to the supervisor/director of the program in which the grievance arises.
- A copy of the grievance shall be forwarded to the IPSAC Compliance Officer.
- The supervisor/director of the program will meet with you and/or your representatives, following filing of the complaint, to brainstorm resolution of related issues that may get in the way of full participation in services. Actions may include, but not limited to, a change in direct care providers or an adjustment in programming schedules and/or program environments.
- IPSAC will issue a formal written response to you, and/or your designated representatives, within five (5) working days.

The steps to appeal a written response to a grievance:

- If you are unsatisfied with the findings of the written response to a grievance, you may appeal the decision to the Director within five (5) working days.
- The Director will issue a formal written response to the grievant and/or designated representatives, within five (5) working days of the complaint.

**Acknowledgement of Grievance Procedure**

Client Signature

Date

Iberville Parish Substance Abuse Center  
Client Intake (con't)

Last Name, First Name	Client Number

<b>Acknowledgement of Iberville Parish SAC Drug Screen Policy</b>	<b>DRUG SCREEN POLICY</b>	
	<p>Clients participating in the Iberville Parish Substance Abuse Center's outpatient treatment program may be randomly urine drug screened upon staff request. Clients are required to be given a urine drug screen at intake for diagnostic and treatment placement purposes.</p> <p>Client's actively engaged in outpatient treatment that produce positive urine drug screen results may be referred to a different level of care for treatment and will be evaluated on an individual basis. Under no circumstances will drug screen results be withheld from referral sources.</p> <p>Two (2) positive drug screens may result in discharge with recommendation and referral to an alternate level of care (inpatient treatment, halfway house placement, therapeutic community, detoxification unit, etc.).</p>	
	<b>DRUG SCREEN AUTHORIZATION</b>	
	<p>I, _____, authorize Iberville Parish Substance Abuse Center Staff to randomly drug screen me at their discretion.</p> <p>This authorization is given to assist me in my treatment process.</p> <p>This authorization and consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance thereon. If not earlier revoked, this consent is terminated one year from the date below.</p> <p>Releaser, its agents and its employees are hereby relieved of any responsibility and liability that may arise from the release or reproduction of such records and/or information.</p>	
	<b>Client Signature</b>	<b>Date</b>

<b>FOR PERSONNEL USE ONLY</b>		
Diagnostic impression		
Urine drug screen results		
Recommendations	<input type="checkbox"/> None <input type="checkbox"/> Education <input type="checkbox"/> Treatment	Number of Sessions
Staff Signature		Date