

Packet for Consent to Treatment

CONSUMER DATA INFATION SHEETORM

Today's Date: _____ Initial Update

CONSUMER INFORMATION

*Full Name: _____
Last First Middle Initial Suffix

*Street Address: _____

*City / State / Zip: _____

*Phone Numbers: Cell: _____ Home: _____ Email: _____

Insurance Company: _____ Insurance ID #: _____

DOB: _____ Sex: _____ Race: _____

*Grade Level: _____ Name of School: _____

Address of School: _____

*Employed/Employment: _____

Source of Referral: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____ Phone: _____



Treatment Plan Signatures of Acknowledgement and Agreement

Parent/Guardian

Client | Date

Therapist | Date

Paraprofessional/Community Support Individual | Date

Administration/ Program Director | Date

Safety Plan Signatures of Acknowledgement and Agreement

Date Discusses with Parent/Guardian _____ Agreement ___ Yes ___ No

Client _____ Date _____

Parent/Guardian _____ Date _____

Team Leader _____ Date _____

Clinical Director _____ Date _____

Grievance and Complaint Form

The consumer will be encouraged to bring concerns, suggestions and problems with his/her individual treatment and the staff with his/her provider. The consumer will follow an appeals process when discussion does not resolve the issue from the client’s perspective.

Procedure:

The consumer may request to speak with the Client Rights Advocate. The Client Rights Advocate will contact a client within 48 hours of the discussion to resolve the issue. If the issue is not resolved, the consumer must submit a written complaint and may ask for a meeting with the Quality Improvement Manager.

The Quality Improvement Manager will meet with the consumer within three (3) days to discuss the problem and to negotiate a mutually acceptable solution. If the consumer is not satisfied with the response the next step is to be taken.

The consumer may request a meeting with the CEO within 48 hours of meeting with the Quality Improvement Manager. The CEO will meet with the consumer within five (5) days to discuss the problem and to negotiate a solution. The CEO will respond to the consumer in writing explaining the outcome of the appeal within seven (7) days from the time of their meeting.

If a consumer is dissatisfied with the decision by the CEO, the grievance is then filed with the appropriate DBHDD official with ten (10) days. The DBHDD official, within fourteen (14) days, will provide a final decision.

**Address for filing complaint to DBHDD:
 Division of DBHDD
 Attn: Gwen Craddieth
 3073 Panthersville Rd.
 Building 10
 Decatur, GA 30034
 Phone: (404) 244-5050 and (404) 244-5056
 Fax: (404) 244-5179**

Client Signature		Date	
Parent/Guardian		Date	
Witness Signature		Date	

HIPAA/Privacy Statement

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MENTAL HEALTH INFORMATION MAINTAINED BY FAMILY 360, INC. (FAMILY 360) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

FAMILY 360 may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- PHI refers to information in your health/counseling record that could identify you.
- Treatment, Payment and Health Care Operations
 - Treatment is when FAMILY 360 provides, coordinates or manages your health care and other services related to your health care. An example of treatment would be when your counselor consults with another health care provider, such as your family physician or another mental health service provider.
 - Payment is when FAMILY 360 obtains reimbursement for your healthcare. Examples of payment are when FAMILY 360 discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - Health Care Operations are activities that relate to the performance and operation of FAMILY 360. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- Disclosure applies releasing your mental health information to other parties.

II. Uses and Disclosures Requiring Authorization

FAMILY 360 may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An authorization is written permission above and beyond the general consent that permits only specific disclosures.

In those instances, when FAMILY 360 is asked for information for purposes outside of treatment, payment and health care operations, FAMILY 360 will obtain an authorization from you before releasing this information. FAMILY 360 will also need to obtain an authorization before releasing your psychotherapy notes.

Psychotherapy notes are notes that your counselor has made about conversations and/or activities during a private, group, joint, or family counseling session, which are kept separate from the rest of your counseling record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) FAMILY 360 has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

FAMILY 360 may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If a child receives counseling services at FAMILY 360, who appears to be the victim of physical or sexual abuse, FAMILY 360 must report such to the nearest law enforcement agency.
- **Adult and Domestic Abuse:** If FAMILY 360 has reason to believe that a vulnerable adult (defined below) is suffering from abuse, neglect or exploitation, FAMILY 360 is required by law to make a report to either the State of Georgia Department of Human Services, the district attorney's office, or the municipal police department as soon as FAMILY 360 becomes aware of the situation.
 - A vulnerable adult means an individual who is an incapacitated person or who, because of physical or mental disability, incapability, or other disability, is substantially impaired in the ability to provide adequately for the care or custody of him or herself, or is unable to manage his or her property and financial affairs effectively, or to meet essential requirements for mental or physical health or safety, or to protect him or herself from abuse, neglect, or exploitation without assistance from others.
- **Health Oversight:** If you file a disciplinary complaint against a FAMILY 360 counselor with the Georgia State Board of Examiners of Psychologists (for psychologists) or the State of Georgia Department of Health (for licensed professional counselors), they would have the right to view your relevant confidential information as part of the proceedings.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release the information without written authorization from you or your personal or legally appointed representative, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
 - If any member of the Agency's staff is required to attend court at your or your lawyer's request, there will be a standard/hour fee billed to you for preparation time and any time spent in court.
- **Serious Threat to Health or Safety:** If you communicate to a FAMILY 360 counselor an explicit threat to kill or inflict serious bodily injury upon a reasonably identifiable person, and you have the apparent intent and ability to carry out that threat, FAMILY 360 has the legal duty to take reasonable

precautions. These precautions may include disclosing relevant information from your mental health records, which is essential to protect the rights and safety of others.

FAMILY 360 also has such a duty if you have a history of physical violence of which FAMILY 360 is aware, and SCS has reason to believe there is a clear and imminent danger that you will attempt to kill or inflict serious bodily injury upon a reasonably identifiable person.

□ **Workers Compensation:** If you file a worker's compensation claim, you will be giving permission for the Administrator of the Workers Compensation Court, the Georgia Insurance Commissioner, the Attorney General, a district attorney (or a designee for any of these) to examine your records relating to the claim.

IV. Patient's Rights and Agency's Duties Patients' Rights:

- *Right to Request Restrictions.* You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, FAMILY 360 is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations.* You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a counselor at FAMILY 360. Upon your request, FAMILY 360 will send your bills to another address.)
- *Right to Inspect and Copy* You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. FAMILY 360 may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. On your request, FAMILY 360 will discuss with you the details of the request and denial process.
- *Right to Amend.* You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. FAMILY 360 may deny your request. On your request, FAMILY 360 will discuss with you the details of the amendment process.
- *Right to an Accounting.* You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, FAMILY 360 will discuss with you the details of the accounting process.
- *Right to a Paper Copy.* You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

FAMILY 360 Licensed Professional Counselors Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will . . . [Notice must also describe how the psychologist will provide individuals with a revised notice, e.g., by mail.]

Georgia and Federal law provides additional protection for certain types of health information, including alcohol or drug abuse, mental health and AIDS/HIV, and may limit whether and how OUR PRACTICE may disclose information about you to others.

Confidentiality - HIV Antibody/AIDS Status

- a. The confidentiality of the following information is protected by the AIDS Act and AIDS Code:
 - i. The identity of a person upon whom a test for HIV is performed; and
 - ii. The results of a test for HIV for an individual.
- b. An HIV antibody or AIDS test cannot be required as a condition of treatment, and an individual cannot be required to disclose or to sign an authorization for release of information concerning his or her HIV antibody test or HIV or AIDS status as a condition of treatment.
- c. Unless disclosure is otherwise authorized by statute and rule, no information governed by the AIDS Confidentiality Act and the AIDS Code shall be released by an organization, or by any member of its staff, to other staff members, including but not limited to the executive director, and/or to the medical director, and/or to any other person or entity, unless there is a legally effective consent or another exception in accordance with the statute and rule. Release of information which is allowed by consent or by statute and rule shall be done only to the extent provided therein.
- d. Records which document the above confidential information shall be maintained in a separate portion of the file and be accessible only in accordance with the AIDS Confidentiality Act and Section 697.140(c) of the AIDS Code.
- e. The organization shall have a policy regarding how and what shall be recorded if a person self-discloses HIV status during the course of treatment or if the person requires the administration of medications or other services by staff related to AIDS treatment. The policy shall protect the confidentiality of the person and protect his or her right to give consent prior to disclosure of HIV status, and shall limit disclosure to only what is necessary to accomplish the purpose of the disclosure.

Client Signature and/or Parent/Guardian		Date	
Witness Signature		Date	

Client Rights

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy;
2. The right to service in a respectful setting that offers the greatest possible freedom as defined in the treatment plan;
3. The right to be kept up-to-date on current or suggested services, treatment or therapies, and of alternatives;
4. The right to accept or reject any service, treatment or therapy after you have been given a full explanation of the risks and benefits;
5. The right to a current, written, individualized service plan addressing mental and physical health, social and financial needs, and describing who will provide these services and how they will be provided in a way that meets your needs;
6. The right to active and informed participation in all areas of the service plan, including the plan's writing, review, and rewriting to meet your needs;
7. The right to freedom from too much or unnecessary medication;
8. The right to freedom from restraints or seclusion;
9. The right to be informed of and to refuse any unusual or dangerous treatment procedures;
10. The right to be told about and to refuse to be observed through one-way mirrors, photographed or taped (audio or visual);
11. The right to absolute confidentiality unless court ordered or if you sign a Release of Information form permitting disclosure of all or part of your record;
12. The right to see all parts of your records, including psychiatric and medical records. Access can be restricted only for clear treatment reasons, meaning that reading the records will cause you severe emotional damage resulting in the immediate risk of dangerous behavior toward yourself or someone else. Only specific parts of the chart can be restricted, with the reasons clearly documented in your service plan. However, you may give permission to any person you choose (friend, family member, advocate) to look at all parts of your record;
13. The right to advance notice if a service is to be discontinued, and to be actively involved in planning to meet your needs when the service is discontinued;
14. The right to have a clear explanation when any services are denied;
15. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay;
16. The right to be fully informed of all rights;
17. The right to exercise any and all rights without being threatened or punished in any way, including being denied services.

A full copy of your consumer rights is available to you on report. A summary of the Consumer Rights Compliant Process is also available.

The Consumer/ legal Guardian has had an opportunity to read, or have read to him/her, the above form and ask questions regarding the data contained therein and have in this staff member's presence.

Client Signature and/or Parent/Guardian		Date	
Witness Signature		Date	



AUTHORIZATION FOR RELAEASE OF INFORMATION

Consumer: _____ Date: _____

Date of Birth: _____ ID#: _____

Releasing Agency: _____

Person Requesting Information: _____

Address: _____

City: _____ State: _____ Zip: _____

To obtain information from: _____

Address: _____

City: _____ State: _____ Zip: _____

The following type(s) of information from my records (and any specific portion thereof):

For the purpose of: _____

All information I hereby authorize to be obtained from this agency will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for:

One year

Signature Consumer/Responsible Party

Date

Signature of Witness

Date

USE THIS SPACE ONLY IF CONSUMER WITHDRAWS CONSENT

Date this consent is revoked by Consumer

Consumer/Responsible Party

School Observation Form

As the parent/guardian of _____ I, _____ hereby give permission for Family360 Inc Services to observe my child in the classroom. The observation will be at _____ School. In addition, I give Family360 Inc Services permission to provide any additional support to my child as needed at school.

Print parent/guardian name: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

Witness: _____ Date: _____