

Access Services – Chesco LIFE Program

Consent for Services/Individual Rights/Individual Grievance/ HIPPA/confidentiality/civil rights compliance/conflict of interest policies

Name

Date of Birth

Address

Phone

I am giving permission for Access Services' staff to provide family support services through the Chesco LIFE Program. **I understand that these services are voluntary**, and may be provided in the home, community, and/or school environments.

- Access Services staff working within the Chesco LIFE Program, will collaborate closely with you to identify and resolve issues of importance to you and your family. The goals set forth are family driven goals including but not limited to: linking with services within the community, natural support building, school/educational support, skill building, systems support/navigation and self-advocacy. I understand that I will be a collaborative partner in the family support program process and will work in conjunction with a family support specialist to achieve my goals.
- While our staff members are trained human services professionals, we do not operate in the role of licensed clinical mental health professionals. As such, we cannot become involved in or render a professional opinion in any new or ongoing legal issues, such as divorce proceedings, or in child custody matters. Our staff would be happy to provide referrals to mental health clinicians in your community to obtain clinical consultation or legal guidance.

Individual Rights

- ✓ You have the right to respectful support
- ✓ You have the right to safety both physically and emotionally
- ✓ Your culture and history is important to us and we will respect that
- ✓ We respect you and your families' recovery and growth
- ✓ We will support your goals and your direction for how you and your family will receive support services
- ✓ All planning of services will be directed by helping you and your family achieve self-directed goals
- ✓ Your opinions, beliefs, hopes, and choices will be valued
- ✓ You have a right to voice concerns about our services and we will address your complaint right away
- ✓ You have the right to obtain family support from any provider agency of your choice
- ✓ You can choose to have an advocate or someone to represent you at any time ✓ You have access to your records
- ✓ You have the right to have all of your personal information kept confidential according to applicable laws

Individual Grievance

You have the right to file a grievance at any time should you feel that your rights have been or may potentially be violated. To file a grievance, complete Grievance Form #AS-041. If needed, the Assistant Director of the program can help you fill out this form. Timely reporting is important, please be sure to talk to your family support specialist or the Assistant Director within 45 days of becoming aware of the issue.

- Individual Grievance Policy # 4215 is available for full review upon request

HIPAA/Privacy Practices

- We may use your health information to plan and provide your care and treatment, communicate with other health care professionals, obtain payment for services, educate and train staff, and assess and improve our services. We are permitted to use and disclose your health information if required by law.
- You will be asked to sign a separate Release of Information if the need arises, to use or share your information for purposes other than treatment, payment, and healthcare operations, which may be revised or revoked at any time.
- HIPPA Policy # 6805 is available for full review upon request ➤
Sample Consent for release of information form is attached

Confidentiality and Limits:

I understand that my information will be kept confidential except in situations where I provide written or verbal consent, and those situations covered in the HIPAA agreement. I understand that all members of Access Services and the Chesco LIFE Program are mandated reporters and must report suspected or reported abuse. I understand the limits of confidentiality in the situation where a member of the Chesco LIFE Program believes that I may be at a danger of hurting myself or others.

- Confidentiality Policy # 4240 is available for full review upon request

Civil Rights Compliance

You have the right to reasonable accommodations for physical disabilities, interpreters for those unable to communicate in English, and the right to file a complaint of discrimination.

- Civil Right Compliance Policy # 4235 is available for full review upon request

Conflict of Interest

Access Services staff will not pursue any opportunity that might conflict, or appear to conflict with the interests of Access Services or other related entities that we serve. A conflict exists whenever an associate or related party (e.g. relative, business partner, etc.) may receive a financial benefit from any decision or action that he or she may make on behalf of Access Services or in connection with his or her job at Access Services.

- Conflict of Interest Policy #1730 is available for full review upon request

Your signature reflects that we have presented you with this statement of the following policies:

Consent for Services
Individual Rights
Individual Grievance
Conflict of interest

HIPPA
confidentiality
civil rights compliance

Signature

Date

Printed Name



Access Services -Programa Chesco LIFE

**PÓLIZAS DE CONSENTIMIENTO DE SERVICIOS/DERECHOS INDIVIDUALES/ AGRA VIO
INDIVIDUAL/HIPPA/ CONFIDENCIALIDAD/ CUMPLIMIENTO DE DERECHOS
CIVILES/ CONFLICTO DE INTERÉS.**

Nombre

Fecha de Nacimiento

Dirección

teléfono

Yo doy permiso para que el personal de Access Services provea los servicios de Apoyo a la Familia a través del programa de Chesco LIFE. **Yo entiendo que estos servicios son voluntarios**, y pueden ser proveídos en mi casa, la comunidad, y /o en entornos escolares

- El personal de Access Services que trabaja en el programa de Chesco LIFE, colaborará con usted para identificar y resolver problemas de importancia para usted y su familia. Las metas establecidas serán conducidas por la familia incluyendo pero no limitando a: vinculándolo con servicios en su comunidad, ayudarle a edificar apoyos naturales, apoyo escolar/educativo, desarrollo de habilidades, apoyo en los sistemas y su navegación, y auto apoyo. Yo entiendo que colaboraré en el proceso de los servicios de apoyo a la Familia y trabajaré con el especialista de Apoyo Para Familias para alcanzar mis metas.
- Si bien nuestros miembros de! personal son profesionales entrenados en servicios humanos, nosotros no operamos bajo el rol de profesionales licenciados clínicos de salud mental. Como ta! no podemos involucrarnos o hacer una opinión profesional en asuntos legales nuevos o en curso, tales coma procedimientos de divorcios, o en asuntos de custodia de menores. Nuestro personal estaría dispuesto a proveerle un referido a clínicos de salud mental en su comunidad para que obtenga una consulta clínica o una orientación legal.

Derechos Individuales

- ✓ Usted tiene derecho a apoyo respetuoso
- ✓ Usted tiene derecho a seguridad física y emocional
- ✓ Su cultura y su historia es importante para nosotros y respetaremos eso
- ✓ Nosotros respetamos la recuperación y crecimiento de usted y su
- ✓ Nosotros apoyaremos sus metas y su dirección de como usted y su familia recibirán los servicios de apoyo
- ✓ Toda la planificación de los servicios serán dirigidos ayudándole a usted ya su familia alcanzar las metas auto dirigidas
- ✓ Sus opiniones, creencias, deseos, y opciones serán valorados
- ✓ Usted tiene derecho a expresar sus preocupaciones sobre nuestros servicios y nosotros atenderemos sus quejas de inmediato
- ✓ Usted tiene derecho a obtener apoyo familiar de cualquier agencia proveedora de su elección
- ✓ Usted puede elegir a tener un defensor o a alguien que lo represente en cualquier momenta
- ✓ Usted tiene acceso a sus archivos
- ✓ Usted tiene derecho a que toda su información personal se mantenga confidencial de acuerdo a las leyes aplicables

Agravio Individual

Usted tiene derecho a presentar una queja en cualquier momento si usted siente que sus derechos han sido o puedan ser violados. Para presentar una queja, complete el formulario Agravio Individual #AS-041. Si es necesario, el subgerente del programa le puede ayudar a completar este formulario. Reportar la queja a tiempo es importante, por favor asegúrese de hablar con su Especialista de Apoyo Para Familias o con el subgerente del programa dentro de 45 días de tomar conciencia sobre el problema.

- Póliza Agravio Individual #4215 esta disponible para revisión completa a petición

HIPAA/Prácticas de Privacidad

- Nosotros podemos usar su información de salud para planear y proveer su cuidado y tratamiento, comunicarnos con otros profesionales de salud, obtener pagos por nuestros servicios, educar y entrenar nuestro personal, y evaluar y mejorar nuestros servicios. Se nos permite usar y revelar su información de salud si la ley lo requiere.
- Se le pedirá que firme una devolución de información si surge la necesidad, para usar o compartir su información para propósitos distintos del tratamiento, pagos, y operaciones de atención médica, que puedan ser revisadas o revocadas en cualquier momento.
- póliza de HIPAA # 6805 esta disponible para revisión completa a petición
- el formulario Consentimiento de Divulgación de Información esta adjunto

Confidencialidad y límites:

Yo entiendo que mi información se mantendrá confidencial excepto en situaciones donde yo proveo consentimiento por escrito o verbal, y las situaciones que están cubiertas bajo el acuerdo de HIPAA. Yo entiendo que todos los miembros de Access Services y el Programa de Chesco LIFE son reporteros obligatorios y deben reportar cualquier sospecha o denuncia de abuso. Yo entiendo los límites de confidencialidad en la situación donde un miembro del programa de Chesco LIFE crea que yo pueda estar en peligro de hacerme daño o hacerles daño a otros.

- Póliza de Confidencialidad # 4240 esta disponible para revisión completa a petición

Cumplimiento de Derechos Civiles:

Usted tiene derecho a acomodaciones razonables por discapacidades físicas, intérpretes para aquellos que no puedan comunicarse en Inglés, y el derecho a poner una queja de discriminación.

- póliza Cumplimiento de Derechos Civiles # 4235 esta disponible para revisión completa a petición

Conflicto de Interés:

El personal de Access Services no buscare ninguna oportunidad que pueda entrar en conflicto o que parezca estar en conflicto con los intereses de Access Services u otras entidades relacionadas que servimos. Un conflicto existe siempre que un asociado o parte relacionada (ej. miembro familiar, socio de negocios, etc.) pueda recibir un beneficio financiero de cualquier decisión o acción que el o ella pueda hacer en nombre de Access Services o en conexión con su trabajo en Access Services.

- póliza Conflicto de Interés #1730 esta disponible para revisión completa a petición

Su firma refleja que le hemos presentado estas declaraciones de las siguientes pólizas:

**Consentimiento de Servicios
Derechos Individuales
Agravio Individual
Conflicto de Interés**

**HIPPA
confidencialidad
Cumplimiento de Derechos Civiles**

Signature

Date

Printed Name



406 Willowbrook Lane, West Chester, PA 19382

Phone: 484.348.6392

Fax: 610.458.1013

Consent for Release of Information

Individual Name: _____

DOB: _____

Name of Person Giving Consent: _____

Relationship: _____

I agree to allow Access Services - Chesco LIFE Program team to communicate with:

Name: _____

Relationship: _____

Address: _____

So that I can get the best service possible (continuity of care). The information that will be shared is limited to:

___ Medical Information

___ Treatment Information

___ Other: _____

This agreement will begin today ___/___/___ and will expire on ___/___/___. (No longer than one year)
I understand that I can change my mind at any time and that I can revoke this permission to release my information.

Date:

My Name (Print)

Witness (Print Name)

My Name (Signature)

Witness (Signature)

Verbal permission provided:

Date

Witness #1 (Print Name)

Witness #2 (Print Name)

Witness #1 (Signature)

Witness #2 (Signature)



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