

Client Consent and Acknowledgements

I. <u>Client Rights and Responsibilities</u>

The Jewish Social Service Agency ("JSSA") is pleased to provide you with services. We will do our best to serve you well. As a JSSA client,

You have the right to:

1. Competent, concerned, individualized care without regard to race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, or disability.

2. Be treated with dignity, consideration, and respect.

3. Be informed about (a) the general goals and timelines proposed for your therapy/service, (b) the diagnosis of your condition if applicable, (c) the risks and benefits associated with your treatment/service, (d) the alternatives to the proposed therapy/service available to you, (e) the risks of not being treated/served, and (f) the prospects for treatment/service success.

4. Ask about our professional qualifications and education backgrounds.

5. Discuss any concerns you have about care with your worker. If you desire, you may also request a private conference with your worker's supervisor, Department Director, or Chief Operating Officer of JSSA to resolve any problems you have with the professional services you are receiving.

6. Be notified in advance, if possible, about necessary changes in the worker assigned to your case.

7. Make suggestions as to how our services may be improved.

8. Be informed in advance about JSSA's charges for the services you will receive.

9. Question and discuss your payment obligations, your bills, and other related payment concerns with the Billing Supervisor.

10. Be informed about our policies and procedures to protect your privacy to the fullest extent under state and federal law, and make an informed decision about whether you want your worker to communicate <u>via</u> <u>e-mail</u> with you and/or your legal representative or other individuals involved in your case.

You have the responsibility to:

1. Actively participate in your own treatment/service.

2. Continue active sessions with a JSSA worker in order to receive medication management services from our psychiatrist.

3. Keep your scheduled appointments. If you cannot keep a scheduled appointment or promptly reschedule it, you are required to give 24 hours notice or it will count as a visit, and you may be charged a



cancellation fee. In addition, if you cancel or fail to appear for three consecutive visits, the worker retains the right to assign your time slot to someone else or terminate your services.

4. Provide accurate information, including financial data, as required.

5. Know your own insurance information and benefits coverage, including deductibles and co-payments. Inform your worker of any significant changes in your financial situation, insurance coverage and/or address.

6. Pay your agreed upon fee or co-payment at the time of service, and be responsible for any outstanding balance.

- 7. Follow all JSSA guidelines and rules while on JSSA premises, including:
 - No soliciting or loitering,
 - No destroying JSSA property,
 - No carrying of lethal weapons (guns, knives, etc.),
 - No threatening or committing violent acts against staff, clients, or guests of JSSA,
 - No jeopardizing public health or safety
 - No entering premises while under the influence of drugs and/or alcohol

II. Information About JSSA's Privacy Practices and Policies

A. Permissible Disclosures of Your Information

JSSA's privacy practices are described in full in JSSA's Notice of Privacy Practices (a copy of which will be provided to you separately). In addition to reading the full Notice of Privacy Practices, you should pay particular attention to the following limitations and restrictions:

- JSSA will not release your records to anyone outside JSSA without written authorization from you except when confidentiality poses an imminent danger to you or others or when otherwise permitted or required by law. Information contained in your record (other than psychotherapist notes) may be disclosed to JSSA employees, agents, and volunteers or third party payers for the purpose of providing you with the most effective service/treatment, obtaining payment or auditing or evaluating our records.
- (ii) State law requires us to report all suspected cases of abuse and/or neglect of children and vulnerable adults. This reporting requirement includes unreported past abuse.
- (iii) If your record contains substance abuse information received from a federally assisted drug or alcohol abuse program, there are specific Federal regulations which may apply in addition to the regulations that apply to all medical records in JSSA's possession. JSSA will not disclose to anyone outside of JSSA any information received from a federally assisted drug or alcohol abuse program (including the fact that you are receiving services from the substance abuse program) except as permitted by law in the following circumstances: (1) if you provide written consent to release such information, (2) in the case of medical emergency, (3) when ordered by a Court, or (4) for audit or evaluation of our records.



B. Permissible Methods of Communication

JSSA is committed to protecting your privacy. In support of this goal, JSSA has adopted the following policies and procedures related to communicating with clients.

- (i) JSSA workers will <u>not</u> communicate with clients or anyone else involved in your care via text messages. In addition, JSSA staff will not communicate via their personal cell phone or provide clients or anyone else involved in your care with the worker's JSSA or personal email address/personal cell phone.
- (ii) JSSA staff will <u>not</u> communicate with clients or anyone else involved in your care via any social media sites such as Facebook, LinkedIn, MySpace, or Twitter. JSSA workers will not accept "friend" requests or other requests to be part of any client social network.

(iii) <u>Email communication is permitted ONLY with client authorization.</u>

(a) If you authorize JSSA to communicate with you via "regular" email for the purpose of sending appointment reminders only, the appointment reminders will be sent using regular, unsecured e-mail.

(b) If you authorize your worker to communicate with you via secured email for the purpose of sending appointment reminders or regarding service-related matters, your worker will only communicate with you via JSSA's secure email service.

(c) JSSA will take reasonable measures to secure the transmission and storage of e-mail communications between you and any JSSA worker. However, once JSSA transmits a secure email or secure email notification to the email account designated by you or your representative, JSSA is <u>not</u> responsible for ensuring that (a) the e-mail is not received or viewed by person(s) other than the intended recipient(s) who have or obtain access to the designated email account, (b) the intended recipient checks the designated email account to which the email or reads the email, or (c) the intended recipient(s) maintain the security of the email or the confidentiality of the information contained in the email. By providing your authorization for JSSA to communicate with you via email, you agree that JSSA does not have any liability arising from or related to (iii)(a), (iii)(b) or (iii)(c).

(iv) If you authorize your worker to communicate with you via e-mail, JSSA <u>cannot and</u> <u>does not guarantee</u> (a) when, or if, your worker will receive your email or (b) when your worker will be able to review and respond to your email. In the event of a crisis or medical emergency, <u>do not</u> use e-mail to communicate with your worker or any other employee of JSSA. Dial 911 or proceed directly to the nearest emergency health facility and notify your worker via telephone as soon as possible. By providing your authorization for JSSA to communicate with you via email, you agree that JSSA does not have any liability arising from or related to (iv)(a) or (iv)(b).



<u>CONSENT TO ABIDE BY JSSA'S STATEMENT OF CLIENT RIGHTS AND</u> <u>RESPONSBILITIES AND CONSENT TO TREATMENT</u>

a) I have received, reviewed, understand and agree to abide by JSSA's statement of client rights and responsibilities, and provide my consent to treatment.

Client/Patient – Please print name	Date
Signature of Client/Patient	Date
Parent, Guardian, or Personal Representative* Please print	Date
Signature of Parent, Guardian, or Personal Representative*	Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

b) I understand that the privacy practices and policies described in this document do not fully describe JSSA's Privacy Practices, and I acknowledge that a full description of JSSA's privacy practices can be found only in JSSA's Notice of Privacy Practices.

I also hereby acknowledge that I have received a copy of JSSA's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact JSSA's Privacy Officer at 301-838-4200.

Client/Patient – Please print name	Date
Signature of Client/Patient	Date
Parent, Guardian, or Personal Representative* Please print	Date
Signature of Parent, Guardian, or Personal Representative*	Date

*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.



<u>CONSENT TO RECEIVE COMMUNICATIONS BY SELECTED COMMUNICATION</u> <u>PREFERENCES</u>

In accordance with applicable law, JSSA will communicate with you using your stated communication preference. These preferences will only apply to communications between JSSA and yourself. If you wish JSSA to communication with other individuals, you must complete a separate written authorization for JSSA to do so.

Please discuss these communication options with your JSSA workforce member. Your JSSA workforce member can provide you with written instructions on how to access secure email communications.

I prefer to receive Appointment Reminders via (Only check one):

Cell Phone Home Phone "Regular" (Unsecured) Email Secure Email

I prefer to receive service-related communications via:

Cell Phone
<u>Home</u> Phone
<u>Secure Email</u>

I have discussed my options for receiving appointment reminders and service-related communications from JSSA with a JSSA workforce member, and I hereby authorize JSSA to communicate with me in accordance with my communication preferences indicated above.

Client/Patient – Please print name	Date
Signature of Client/Patient	Date
Parent, Guardian, or Personal Representative* Please print	Date
Signature of Parent, Guardian, or Personal Representative*	Date

*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.

For the best in child, family and senior services...**Think JSSA** Jewish Social Service Agency 200 Wood Hill Road, Rockville, Maryland 20850 • 301-838-4200 • contactus@jssa.org • www.jssa.org