



Informed Consent for the Center for Adoption Support and Education Clinical Services

The Center for Adoption Support and Education, Inc (C.A.S.E.) welcomes you and your family.

This informed consent document is intended to give you general information about our counseling services and to obtain your informed consent. Please read it carefully before signing. If you have any questions about signing this document, please ask your therapist, _____.
You will receive a copy of this signed document for your records.

SERVICES and STAFF

The Center for Adoption Support and Education (C.A.S.E.) is a professional, nonprofit agency offering a wide range of adoption-competent counseling services. These services are provided by mental health professionals and graduate-level interns with a strong interest and knowledge base in adoption-related issues. In all cases, therapists are supervised by a licensed mental health professional or a team that includes a licensed mental health professional with specialized training in the field of Adoption Competency. In addition to providing direct counseling services, this agency provides training, and consultation, and engages in research.

CLIENT'S RIGHTS AND RESPONSIBILITIES:

YOUR RIGHTS

- You have the right to be treated with courtesy, dignity, and respect and without discrimination.
- You have the right to be involved in the development of your plan for services.
- You have the right to refuse services.
- You have the right to receive services delivered in a competent and ethical manner.
- You have the right to be informed of and consent to any fees charged for services rendered, in the case of a client who is a minor, the parent or legal guardian will be informed and provide consent, and be responsible for payments.
- You have the right to refuse to participate in research or agency public relations.
- You have the right to confidentiality, which is upheld within the limits of the law. (See Statement of Confidentiality)
- You have the right to file a grievance if dissatisfied with services and to receive assistance in the grievance process. (See Client Grievance Process Statement)
- You have the right to know the qualifications of staff that provide services to you.

Client Name: _____ Initials: _____

CLIENT RESPONSIBILITIES

- You have the responsibility to participate in planning for your services.
- You have the responsibility to give accurate information about your needs.
- You have the responsibility to attend scheduled sessions and to give at least 24 hours notice if a cancellation needs to occur.
- You have the responsibility to pay agreed upon fees for services.

BILLING and PAYMENTS:

- Payment is due at the time services are rendered. Please make checks payable to C.A.S.E. Visa, MasterCard, and Discover are acceptable forms of payment as well.
- Once an appointment has been scheduled, this time is reserved for you. If an appointment is not kept, you will be responsible for full payment of that session unless the appointment is cancelled at least 24 hours in advance.
- Should there be more than two missed appointments (without notification to C.A.S.E.), we reserve the right to discontinue services.
- The time for any additional services such as reports, court preparation/appearances, lengthy phone calls, school visits, i.e., IEP meetings, will be billed at the standard rate.
- If your bill is overdue, then you will be charged a late fee of 2% (with a \$5 minimum charge).
- Based on client need and the availability of funds, C.A.S.E. may be able to provide partial scholarships for services. To be considered for scholarship funds, please discuss with your therapist who will direct you through the proper procedure. You may also request a payment plan which can be arranged by the Finance Department.
- C.A.S.E. reserves the right to increase service fees. When this occurs, sufficient notification will be provided.

CLIENT GRIEVANCE PROCESS:

You have the right and will have the opportunity to express and resolve any grievances regarding your contact at the Center for Adoption Support and Education, Inc. (C.A.S.E.). Filing a grievance will not cause an adverse reaction against you and will not become part of your clinical file. A separate confidential record will be kept of all grievances of which you will receive a copy.

C.A.S.E. encourages you to discuss any concerns with the staff person working with you and to seek to resolve the problem through that direct contact. If you are not comfortable speaking with that staff person or feel the matter needs further attention after such discussion, then you may go to the Deputy Director.

If you desire to file a formal complaint, then you may ask any staff person for a copy of the Grievance Form. This form will then be completed and sent to the Chief Executive Officer of C.A.S.E. She will try to resolve the issue raised by the client. If the issue is not resolved satisfactorily, the grievance will be submitted to the Board of Directors for resolution. Grievance solutions must address the problem and

Client Name: _____ Initials: _____

may vary from one situation to another. The process will be completed within 15 days from receipt of a written grievance.

EMERGENCIES:

If an emergency situation arises, please go to your nearest emergency room or call 911. C.A.S.E. is not a 24 hour/day crisis counseling facility and when the agency is closed, there is not a staff member on call.

PROFESSIONAL RECORDS:

You have the right to request to see your clinical records. The therapist will review and consider this request, but does reserve the right to deny this request if it is not in your best interest, or if it will interfere with the clinical progress that is being made in therapy.

COMMUNICATION:

C.A.S.E. staff can be reached by calling the main C.A.S.E. office at 301-476-8525 during the following hours of operation: Monday between 8:30 AM and 4:30 PM, Tuesday through Thursday between 8:30 AM and 9:00 PM, and Friday between 8:30 AM and 4:30 PM. At any time, you may leave a confidential voicemail message. All urgent messages related to client cases will be returned by the end of the next business day. If your call is regarding an emergency, please ask the C.A.S.E. receptionist to alert therapist. **If you give permission for your therapist to leave messages on your voicemail, please sign here:**

Signature

Phone number

With respect to electronic mail (e-mail), you are cautioned that e-mail is not a confidential means of communication. Furthermore C.A.S.E. cannot ensure that e-mail messages will be received or responded to if your therapist is not available. E-mail is not the appropriate way to communicate confidential, urgent, or emergency information. **If you give permission for your therapist to communicate with you via email, please sign here:**

Signature

Email address

RISKS and BENEFITS:

It is important for you to know that there are risks from and benefits of therapy. Therapy may involve reflecting on unpleasant events and may arouse strong emotional feelings. The benefits from therapy may involve improved functioning in various areas and treatment goals, as determined in partnership between you and your therapist

Client Name: _____ Initials: _____

NOTICE OF PRIVACY PRACTICES:

You have a right to receive a paper copy of the C.A.S.E. Notice of Privacy Practices. A current version can be found on the next page.

PLEASE SIGN BELOW ONCE YOU HAVE HAD THE OPPORTUNITY TO DISCUSS ANY QUESTIONS ABOUT THIS INFORMATION:

Client's Signature: _____ Date: _____

I HAVE DISCUSSED THIS INFORMATION WITH THE CLIENT:

Staff Signature: _____ Date: _____

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.

The Center for Adoption Support and Education (C.A.S.E.) staff is required to keep client information confidential in accordance with State and Federal laws and regulations. C.A.S.E. is required to provide you with a Notice of Privacy Practices to explain its privacy practices. Client information will only be released to individuals outside of C.A.S.E. in accordance with such laws and regulations. This Notice explains how patient information is used at C.A.S.E.

Exceptions to Written Authorization:

Most releases are only with your express written consent. However, by seeking services from C.A.S.E., you acknowledge that information may be used by the C.A.S.E. staff, without further permission, to communicate with each other about your treatment (e.g., your therapist needs to consult with our interns or colleagues), to seek payment for staff services (e.g., funder/grant/contract requirements or to bill insurance carriers), and for healthcare operations (e.g., quality assurance functions).

C.A.S.E. is also required to disclose confidential information without your written permission if:

1. You or your child is a danger to himself or others; or
2. Your child's therapist has a reasonable suspicion of abuse or neglect.

We may release information without your authorization in an emergency or for important public health needs. We may also release information without your consent if it has been "de-identified" in accordance with federal law.

C.A.S.E. may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may use certain information (name, address, telephone number or e-mail) to contact you to raise funds for C.A.S.E., but you have the right to opt-out of receiving such future communications with each solicitation. We will use the funds raised to expand and improve our services and programs and to help defray costs for families who cannot afford our services. You are free to opt-out of any or all fundraising solicitations and your decision will have no impact on your treatment or payment for services at C.A.S.E.

Your group health plan, health insurance carrier, or HMO may disclose protected health information to the sponsor of the plan.

Client Name: _____ Initials: _____

Releases with Your Written Authorization:

Other uses and disclosures will be made only with your written authorization. You may revoke such authorization at any time, although C.A.S.E. may rely on any actions it took before it received notice of the revocation of your authorization.

You have the right to:

- request restrictions on certain uses and disclosures as provided by 45 CFR 164.522(a). C.A.S.E. is not required to agree to a requested restriction.
- receive confidential communications of protected health information as provided by 164.522(b), as applicable
- inspect and copy protected health information as provided by 164.524
- amend protected health information as provided in 164.526
- receive an accounting of disclosures as provided in 164.528
- obtain a paper copy of this Notice upon request as provided in 164.520

C.A.S.E. is required to abide by the terms of the Notice currently in effect at the time you receive treatment, but C.A.S.E. reserves the right to change the terms of this Notice and to make the new notice provisions effective for all protected health information that it maintains. We will provide you with any revised Notice at the time of your next visit to C.A.S.E.

If you believe that your privacy rights have been violated, you may complain to C.A.S.E. and to the U.S. Secretary of Health and Human Services. You may contact the Chief Executive Officer of C.A.S.E. by phone at 301-476-8525 or by mail at 4000 Blackburn Lane, Suite 260, Burtonsville, MD 20866 if you have questions or concerns. You will not be retaliated against for filing a complaint.

This notice was updated October 16, 2017.