

Client Rights & Responsibilities and Informed Consent

You are interested in participating in **C.A.R.E.S.** provided through The House Next Door. The purpose of this form is to inform you about the program and your rights and responsibilities as a participant in the program.

SERVICE EXPECTATIONS

Your first meeting with the C.A.R.E.S. Staff will be for a Strength and Cultural Discovery to discuss the strengths of your family, current supports for the family and to identify family needs. In your own words, you will tell staff what a better life looks like to you. And with the support of your Family Partner and CARES Coordinator, you'll create an individualized plan on how to get you there.

AS A CLIENT OF THE HOUSE NEXT DOOR AND C.A.R.E.S., YOU HAVE THE RIGHT TO:

QUALITY SERVICES: Customized to your needs, administered with the fidelity of the C.A.R.E.S. Wraparound Model, with mindfulness of your full respect and dignity in accordance with all statutory and regulatory requirements.

NONDISCRIMINATORY SERVICES

The House Next Door is committed to providing support to Clients without regard to race, gender, color, religious status, physical challenges, ethnicity, national origin, age, sexual orientation, human immunodeficiency virus status, or prior service discharge against medical advice and to be afforded the opportunity to participate in the formulation and periodic review of your individualized CARES plan.

INDIVIDUAL DIGNITY

All Clients will be treated in a respectful and confidential manner.

WITHDRAW YOUR CONSENT

A written consent with any Provider or in reference to any activity at any given time may be withdrawn by the Client without prejudice.

CONFIDENTIALITY

C.A.R.E.S. and The House Next Door adhere to strict confidentiality standards according to Florida Law.

The House Next Door will maintain confidentiality about the fact that you are enrolled in the C.A.R.E.S. program, the information you disclose to your Staff, and your program records. If you want your Staff to provide information about your program enrollment to your PCP and / or another professional, it will be done so only upon written authorization.

There are several instances when information may be released. First in an effort to provide you with the best family support, the C.A.R.E.S. Staff may share information about you with a Staff Supervisor and or another C.A.R.E.S. Staff in the office for the purpose of case consultation.

You should be aware that The House Next Door may be required to disclose client information, even without consent in the following situations:

1. When doing so is necessary to protect the client or someone else from imminent physical and or life-threatening harm.
2. When a client is unable to care for him or her and such lack of self-care presents substantial threat to his or her well-being.
3. When the abuse, neglect, or exploitation of a child, elder adult, or dependent adult is suspected. Examples of abuse, neglect, or exploitation include, but are not limited to: violence towards a minor child, a minor child witnessing violence, or being in the presence of violence, drug use in front of or while caring for a minor child, or physical abuse, financial exploitation of an elder adult. Examples also include past abuse, including those described above, if the alleged perpetrator of abuse is currently in a caretaker capacity with any minor child or is still present in the home of a minor. If any of the above incidents are present, the C.A.R.E.S. Staff will contact the Department of Children and Families at 1-800-96 ABUSE and file a report.
4. When a client discloses that he or she is suicidal/homicidal and is a risk to themselves and others.
5. When a client is involved in a legal proceeding and there is a court order for the release of the client's records.
6. When a release is otherwise required by law, i.e. Patriot Act.

NOTICE OF PRIVACY

My C.A.R.E.S. Staff has explained and given me a copy of the "Notice of Privacy Practices" (HIPAA) form.

BENEFITS AND RISK The C.A.R.E.S. program is an active partnership involving both the Client and the C.A.R.E.S. Staff. Program provision and support may result in better emotional and mental health and positive changes in behaviors and coping ability. However, through the normal process of change, you may experience greater emotional distress at times. Your children may also find that the positive changes that she or he makes may result in changes of the relationships in his or her life, i.e., gaining new supports and/or relationships, improved relationships, losing relationships, or relationships feeling more distant. If you have any concerns about your progress or the results of your collaboration with your C.A.R.E.S. Staff, we encourage you to discuss those concerns with your C.A.R.E.S. Staff and or Staff Supervisor.

EMERGENCY PROCEDURE If you have a crisis emergency, please call 9-1-1 or contact the "Suicide Crisis Hotline" at 1-800-273-TALK. If you have a non-crisis emergency, Please contact C.A.R.E.S. Staff during regular business hours (Monday-Friday).

CLIENT RESPONSIBILITIES Clients are expected to behave in a respectful manner, engage in regular attendance, communicate with C.A.R.E.S. Staff of any changes to personal information, i.e., residence, phone number, etc., participate openly and follow the recommendations of the service plan.

TERMINATION OF SERVICES

Clients may be terminated from services if he or she are visibly intoxicated and or under the influence of a substance, miss three (3) consecutive sessions or if there is evidence of inappropriate behavior or physical contact between Client and C.A.R.E.S. Staff.

EXPRESS DISSATISFACTION

Clients who are not satisfied with the services provided by the C.A.R.E.S. program may submit a written concern to the Chief Operations Officer who may be reached at (386) 734-7571 Monday-Friday.

I have received a copy of both “Client Rights & Responsibilities and Informed Consent,” and “Notice of Privacy Practices.” By signing the form below I verify that I have read and fully understand the information contained in this form.

Name of Client (Print)

Date

Client’s Signature

Date

C.A.R.E.S. Staff Signature

Date

By checking the box I acknowledge that I have read, understand and I am consenting to this form.