

## Hannahville Behavioral Health

### RIGHTS AND ACKNOWLEDGEMENT FORM

Federal law and regulations protect the confidentiality of alcohol, drug abuse and mental health client records maintained by this program. Generally, the program may not say to a person outside the program that a person attends the program, or disclose any information identifying a client unless:

- The client consents in writing
- The disclosure is allowed by a court order
- The disclosure is made to medical personnel in a medical emergency
- The disclosure is made to qualified personnel for research, audit, or program evaluation

Violations of the Federal law and regulations by a program are a crime. Suspected violation may be reported to appropriate authorities in accordance with Federal regulation. Federal law and regulations **do not protect any information about suspected child abuse or vulnerable adult abuse or neglect or suicidal or homicidal threats** from being reported under applicable State law to appropriate State or local authorities. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations for further information. Any release of information will be made in accordance with Federal Rule 42 CFR part 2 and HIPAA rules and the HDHHS Privacy Policy, all of which are available for viewing upon your request.

Behavioral Health information documented in the electronic health record system (EPIC) will be held to the strictest confidence. Unless we receive a written patient request to the contrary, dates and times of appointments are the only behavioral health information that can be viewed by authorized providers within EPIC other than Behavioral Health employees. This includes physicians, physician assistants, and nurse practitioners.

I hereby acknowledge that confidential case conferencing may occur to ensure quality services among the Hannahville Behavioral Program team, which may include the Department of Health and Human Services Medical Care Team. I authorize Hannahville Behavioral Health to view my patient information on EPIC as it is relevant to the treatment I am receiving from Behavioral Health.

I understand that by providing my telephone number to Hannahville Health and Human Services, I will receive telephone and text reminders for my appointments. If I would like to opt out of reminders I will need to talk with a staff member to make special arrangements.

Expectation of you as a client of the program include:

- Comply with the goals, rules, policies and procedure of the program
- Not physically abuse or threaten the staff or other clients of the program

- Participate in the development of your treatment plan and recommendations made
- Attend all counseling sessions set up for you
- If you do not contact us within 60 days, you will be discharged from the program

I hereby acknowledge in writing that I have received orientation to the services available at Hannahville Behavioral Health, program goals and objectives, hours of operation, fees charged, and a choice of service provider. I have been offered a copy of the client handbook. In addition, I acknowledge that I have received a copy of, and understand my rights and responsibilities as a recipient of Hannahville Department of Health and Human Services Behavioral Health Program; and that I consent to the disclosure of my behavioral health information in EPIC as stated therein, and shall fulfill the responsibilities expected of me as a client of the program.

I understand that if I think any of my rights have been violated, I have a right to file a complaint per the Hannahville DHHS Client Complaint Process (ADM-021).

### **CONSENT FOR TREATMENT**

I hereby consent for treatment and agree to follow and abide by the program rules, policies and procedures and understand non-compliance may warrant reason for discharge from the program.

I am aware that the above consents will *remain in effect for one year* from the date signed. I am also aware that I may revoke my consent at any time by notifying the Hannahville Behavioral Health department.

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Print Name

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Client's Signature

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Date