



CONSENT TO SERVICES

Welcome to Catholic Charities of the Archdiocese of Chicago. This Consent to Services form is designed to give you important information regarding services that Catholic Charities provides. Depending on the services you receive from Catholic Charities, you may have various rights under the Illinois Mental Health and Disabilities Confidentiality Act, the Alcoholism and Other Drug Dependency Act, the Federal Regulations governing Substance Abuse Treatment located at 42 C.F.R. Part 2, and/or the Federal Health Insurance Portability and Accountability Act (HIPAA). Some of these rights are summarized below.

CONFIDENTIALITY: All personal records of Catholic Charities clients are confidential and are safeguarded as required by law and Catholic Charities policies. Clients will receive a "Notice of Privacy Practices" which provides information regarding your rights under the HIPAA, if applicable. Disclosure of confidential information is made only with your written consent. Exceptions to this policy include, without limitation, the following: (a) When a court of competent jurisdiction orders the release of your records; (b) when there is knowledge of, or reasonable cause to believe, a minor or vulnerable adult is being abused or neglected; (c) when it is believed there is serious, foreseeable and imminent danger of physical harm or violence to you, other identified persons or the community, and (d) for quality assurance reviews, licensing, agency accreditation and audit or evaluation by funding bodies.

E-Mail: Catholic Charities has established secure measures to safeguard any e-mail you may send to your worker or to the organization. However, Catholic Charities does not use encryption technology. Also, we are unable to prevent disclosures of your information due to errors in transmission or unauthorized acts of third parties. If you would like to use e-mail as a form of communication please sign here: _____ . Your e-mail address is: _____ .

Telephone: When your worker needs to contact you by phone what phone number would you prefer: Home number _____ and/or Cell phone number: _____ .
 May the worker leave a voicemail message for you? Yes _____ No _____

PERSONAL RECORDS: Clients have a right to see their personal records. If a client is under 12 years old, the client's parents or guardian may see the records without the client consent. If a client is between 12 and 18 years old, a parent or guardian may see the records in certain circumstances, depending on the services provided.

GRIEVANCES: If you have a concern about the services being provided, or decisions made about you, you (or a parent or guardian if allowed by law) may discuss the matter informally with the director of the program or department involved. You may also lodge a grievance in writing with the director of the program or department involved. If not resolved, you may present the grievance to the next management level personnel. If the grievance continues unresolved, the Vice President of the Operating Division or designee and all involved parties will meet to try to settle the matter. Lastly, an appeal to the Senior Vice President of Operations of Catholic Charities may be initiated. A copy of the complete Client Grievance Procedures will be made available upon request.

INDIVIDUALIZED SERVICE PLAN: Clients have the right to adequate care, based on an individual service plan in a setting appropriate for the services involved. The plan shall be formulated and reviewed periodically with the client and/or parent/guardian.

WITHDRAWAL OF CONSENT TO SERVICES: I understand that I have the right to ask questions and to be informed regarding any services in which I am asked to participate. I further understand that while I may withdraw this consent to participate in services at any time, if I do so, my services with Catholic Charities will be terminated immediately.

I HAVE READ THE ABOVE STATEMENTS OR HAVE HAD THEM READ AND EXPLAINED TO ME IN A LANGUAGE WHICH I UNDERSTAND. IN ADDITION I HAVE RECEIVED A COPY OF CATHOLIC CHARITIES RIGHTS AND RESPONSIBILITIES. I HEREBY CONSENT TO THE PROVISION BY CATHOLIC CHARITIES OF ANY AND ALL APPROPRIATE SERVICES TO ME, OR TO MY CHILD OR WARD.

Client: _____
 Last Name First

Witness: _____
 Last Name First

 Signature date

 Signature Title Date

 Name of parent/guardian* (Last, First)

 Signature Date

* If client is age 17 or younger, parent or guardian signature is required.
 ** If client is age 12-17, the client signature is also required.

In appropriate circumstances, signatories may be requested to furnish identification. Witness has reasonable belief of the identity of the person signing. If additional signatures are needed, use Consent to Services Supplemental Form and staple to this form.

COMPLETE ONE FORM PER CLIENT