

DISC Village, Inc. ❖ Adult Civil Citation Consent Packet

Consumer Name

Case Number

Date

The following information is designed to acquaint you of your rights and responsibilities as a consumer of DISC Village, Inc. Please review this information and write your initials in the box at each topic and in the space provided.

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <small>Initials</small> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p style="text-align: center;"><u>Informed Consent for Services</u></p> <p>DISC Village, Inc. Adult Civil Citation serves adult individuals who have received a Civil Citation from a law enforcement agency. Admission is voluntary. Referrals to the program must originate from a law enforcement agency.</p> <p>1. Services. Services are provided in Leon County. Depending on individual service needs, these services may include but are not limited to: screening, assessment, referral, case management, alcohol and drug screening, online education and counseling. The length of the program may vary based on the individual consumer's needs and/or program requirements; however the identified sanctions must be completed within 90 days of admission. Persons with co-occurring disorders are welcome and are served through an integrated approach to counseling.</p> <p>2. Fees. There is a flat service fee for program participation.</p> <p>3. Risks/Benefits. Counseling/Interventions have been demonstrated to help many individuals. This is particularly true when you sincerely want to change and follow through with activities that you and your counselor/case manager agrees would be helpful for you.</p> <p>If counseling does not result in the change you desired, we recommend that you discuss this with your counselor/case manager so that we can help you decide whether to discontinue counseling, try alternative treatment techniques, or seek alternative help.</p> <p>The primary risk of counseling is that the process may involve discussing problems or life events that may evoke sad, unpleasant memories or feelings. <u>If this occurs, it is important to let the counselor/case manager know so they can help you deal more effectively with those concerns.</u></p> <p>4. Privacy of Information. In accordance with applicable state and federal laws, it is our policy not to release information regarding your use of our services, or any personal matters discussed with our staff. There are, however, exceptions that may affect your right to confidentiality. These exceptions are, but are not limited to:</p> <p style="margin-left: 20px;">a. You may authorize us to release or receive records or other information to an individual of your choice. This may be done only with your written consent.</p> <p style="margin-left: 20px;">b. There is a life-threatening emergency.</p> <p style="margin-left: 20px;">c. We are required by law to report pertinent information to the authorities or the Florida Abuse Hotline (1-800-96-ABUSE) if a child or depended adult is being abused. (SAMH Office Number: 850-488-2419.)</p> <p style="margin-left: 20px;">d. If we receive a court order for the release of confidential information, we are required to provide information in accordance with the order.</p> <p>5. Contact. Questions regarding the DISC Village Service can be addressed to the program supervisor or to:</p> <p style="text-align: center;">Clinical Director 3333 W Pensacola Street Tallahassee, FL 32304 Telephone (850) 575-4388</p> <p style="text-align: center;">I hereby give my consent to receive and participate in treatment/services.</p>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <small>Initials</small> </div> <p style="text-align: center;"><u>Your Rights As A Consumer</u></p> <ol style="list-style-type: none"> 1. You have the right to be treated with dignity and respect and to not be discriminated against for any reason including cultural background, age, race, gender, sexual orientation, spiritual beliefs or socioeconomic status. 2. You have the right to confidentiality according to HIPAA guidelines as outlined in the Notice of Privacy Practices. (Note exceptions to confidentiality are reports of abuse or neglect, intent to harm self, intent to harm others, notification of proper authorities if absconding from program, or if ordered by the Court). 3. You have the right to request the release of information in your record to other people or organizations. 4. You have the right to receive the most appropriate level of care based on your assessed needs. 5. You have the right to receive information in a timely manner regarding immediate or future needs to help you make decisions. 6. You have the right to receive referral information to appropriate medical, vocational, counseling, social, educational, self-help and legal services. 7. You have the right to be free from physical abuse, sexual abuse, psychological abuse, financial abuse, exploitation, retaliation, humiliation, neglect or harassment and have the right to call the abuse hotline in case of physical, sexual, or psychological abuse (1-800-96-ABUSE). 8. You have the right to file a written grievance about your treatment without affecting your outcome. 9. You have the right to refuse our services and be informed of service alternatives and possible consequences. 10. You have the right to privacy within the confines of your program. 11. You have the right to informed consent regarding concurrent services. 12. You have the right to refuse involvement in research projects. 13. You have the right to a safe environment. 14. You have the right to continuity of care including but not limited to: <ul style="list-style-type: none"> • Participation in preparing, revising, and reviewing your own individual plan; • Participation in making a discharge plan and receiving a copy of the plan; and, • Being assigned a case manager/primary counselor. 	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <small>Initials</small> </div> <p style="text-align: center;"><u>Consumer Responsibilities</u></p> <p>As a consumer of DISC Village, Inc., you have certain responsibilities as an active participant in your program.</p> <ol style="list-style-type: none"> 1. You have the responsibility to provide accurate and complete information at all times. 2. You have the responsibility to protect the confidentiality of other consumers. 3. You have the responsibility to follow the rules and regulations of the program. 4. You have the responsibility to be courteous to staff members and other consumers. 5. You have the responsibility to notify staff of any changes in life situations including changes in address and telephone number. 6. You have the responsibility to attend your regularly scheduled sessions and cancel in advance if you are not able to come. 7. You have the responsibility to complete any tasks or "homework" as assigned. 8. You have the responsibility to participate in developing your individual plan and carrying out the objectives outlined in that plan. 9. You have the responsibility to let your counselor know if you feel like you are not making progress in your treatment. 10. You have the responsibility to help maintain the safe environment of the program. 11. You have the responsibility to pay for services received (if applicable) at the agreed upon time. <div style="border: 1px solid black; padding: 2px; margin-top: 10px;"> <small>Initials</small> </div> <p style="text-align: center;"><u>Consumer Grievance Procedures Non-Residential Programs:</u></p> <p style="text-align: center;"><u>NO ACTION WILL BE TAKEN AGAINST YOU FOR FILING A GRIEVANCE</u></p> <p>Any time you [or your parent(s), if applicable] think that an action by a DISC Village, Inc. employee is unjust to you or you believe that you are being treated unfairly, you can make a complaint. When this complaint is not resolved through talking, you can place the complaint in writing. This written complaint is called a grievance. To file a grievance, follow this procedure:</p> <p>Phase I: The consumer [and parent(s), if applicable] is encouraged to attempt to resolve the complaint verbally with either the staff member involved, or the staff member's direct supervisor.</p> <p>Phase II: If the complaint cannot be resolved in Phase I, the grievance is referred, in writing, to the program supervisor.</p> <p>Phase III: If grievances are not resolved in Phase II, the grievance is referred to the Program Director. The Director will discuss the matter with all parties involved and try to resolve the grievance.</p> <p>Phase IV: If grievance is not resolved in Phase III, the grievance is referred for investigation to the Chief Operating Officer (or designee). The Chief Operating Officer (or designee) will investigate the grievance and notify all parties involved of the final decision.</p> <p style="text-align: center;">All decisions at Phase IV are final.</p>
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Initials

Yes No

Privacy Practices Acknowledgement

I received a copy of **DISC Village Inc.'s Notice of Privacy Practices**. I understand that if DISC Village, Inc. uses my personal health information in a manner that is different than described by the Notice, DISC Village, Inc. must first get my permission in writing.

I am accepting this Notice on behalf of:

Myself

Another person as his or her personal representative (Parent, guardian, family member, etc.)

Name of Personal Representative
(Please print):

Privacy Officer
DISC Village, Inc.
3333 West Pensacola Street, Suite 330
Tallahassee, Florida 32304
Telephone: (850) 575-4388

Initials

Yes No

Alcohol / Drug Testing Consent

I hereby agree to provide, upon request, urine specimens for analysis. I understand that the purpose of these tests is establish my need for services and may be used to monitor my progress. Although I will be afforded the maximum amount of privacy as possible, I will be required to provide a specimen observed by a staff member of the same gender; this is in order to insure the integrity of the urine specimen. I may be searched if deemed necessary.

I also agree to be tested by alternate methods such as breath tests or saliva tests if it is requested.

I agree to provide photo identification as requested. **I understand that failure to provide identification will be considered a refusal and/or may lose program credit.**

I understand that my records are protected under the federal regulations governing Confidentiality of Drug Abuse Patient Records, 42, CFR Part 2 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke my consent, in writing, at any time, but this may result in further sanctions or being unsuccessfully terminated from the program. This consent expires automatically when I am discharged from the program.

Initials

Yes No

Participation Agreement and Rules Acknowledgement

By initialing above I have voluntarily agreed to participate in the Civil Citation program. I understand and agree to the following program rules:

- ◆ I must complete the sanctions listed below in order to successfully complete the Civil Citation program.
- ◆ The community service hours have been issued by a law enforcement officer in lieu of an arrest and additional hours can be required by my case manager.
- ◆ The Civil Citation Office and/or one of their Partner Programs may require me to complete additional sanctions such as counseling, educational courses or other sanctions identified as appropriate.
- ◆ I may be terminated from the Civil Citation program and face criminal prosecution on this charge if I do not participate in and complete the program requirements.
- ◆ Any subsequent arrest will constitute automatic failure from the Civil Citation program.
- ◆ Obey all laws and abstain from using drugs/alcohol for the duration of program services.
- ◆ I understand that all fees must be paid prior to successful completion of program services.
- ◆ I understand that Civil Citation staff will monitor my participation in the program and with outside referrals, and will report to the referring Law Enforcement Agency on my progress in the program. I agree to be contacted by the Program office to conduct a follow up evaluation following completion of the program.
- ◆ I understand DISC VILLAGE, INC. shall not be liable for any injuries or any damage to the Consumer or be subject to any claim, demand, injury or damages, whatsoever, including without limitation, those damages from acts of passive or active negligence on the part of DISC VILLAGE, INC., its officers, employees, or agents. Consumer does hereby expressly forever release and discharge DISC VILLAGE, INC., its parent, related, affiliated and subsidiary companies, as well as the officers, directors, agents, employees, representatives, successors and assigns, from all such claims, demands, injuries, damages, action or causes of action. Consumer acknowledges that he/she has carefully read this paragraph and fully understands that this is a waiver and release of liability.

Initials

DISC Village Follow Up Consent

I **herby** authorize DISC Village, Inc. to contact me following my discharge for follow-up survey(s). This consent shall be valid for twelve (12) months following discharge.

I **do not** authorize DISC Village, Inc. to contact me following my discharge for follow-up survey(s).

The doctrine of informed consent has been explained to me and I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled. I may revoke this consent at any time.

Initials

State of Florida Follow Up Consent

I **do** authorize the State of Florida to contact me 6 to 18 months following discharge for a follow-up survey.

I **do not** authorize the State of Florida to contact me 6 to 18 months following discharge for a follow-up survey.

The doctrine of informed consent has been explained to me and I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled. I may revoke this consent at any time.

Initials

Service Fee Description

DISC Village, Inc. is a not for profit health care organization licensed by the state of Florida. The cost of the Adult Services Civil Citation program is based on a flat fee for the services provided. As a participant in the program the initial Alcohol and Drug Screening is included in the program fee, however additional screenings may be required at a flat rate of twenty-two dollars \$22.00 per screening. All fees will be at the consumer's expense.

We recognize that individuals may find it difficult to meet the Program's financial requirement. It is, however, required that you pay your balance in full before completing the program. We cannot notify your referring law enforcement agency of your successful completion until all assessed fees have been collected.

If needed, we are willing to work out a payment plan that fits your needs. If you have any questions regarding our billing policies and procedures, please feel free to contact our Controller. Your cooperation is appreciated.

Consumer Signature

Date

Staff Signature

Date