

Kids First Family Services

PO Box 34171, Reno, NV 89533, (775) 348-9047, (775) 348-9524 [fax]

CONSENT TO BILL INSURANCE

CLIENT INFORMATION		
NAME (Last, First, MI):		
DOB:	AGE:	SSN:
ADDRESS:		
PHONE:	MARITAL STATUS:	
GUARDIAN'S NAME:		
GUARDIAN'S RELATIONSHIP TO PATIENT:		
GUARDIAN'S ADDRESS & PHONE:		

INSURANCE INFORMATION
INSURANCE:
NAME OF INSURED:
INSURED'S ID NUMBER:
CLIENT'S RELATIONSHIP TO INSURED:
INSURED'S ADDRESS & PHONE:

AUTHORIZATION TO BILL INSURANCE	
I authorize the release of any medical or other information necessary to process insurance claims associated with services rendered by Kids First Family Services. I also authorize insurance payments to be rendered to Kids First Family Services for services rendered on my behalf.	
CLIENT SIGNATURE:	DATE:
GUARDIAN'S SIGNATURE:	DATE:

KIDS FIRST FAMILY SERVICES
INFORMED CONSENT FOR ASSESSMENT & TREATMENT

Patient Name: _____

Date of Birth: _____

I understand that as a patient at Kids First Family Services, I am eligible to receive a range of services. The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me. Typically, treatment is provided over the course of several weeks.

I understand that all information shared with the treatment providers is confidential and no information will be released without my consent. During the course of treatment while at Kids First Family Services, it may be necessary for my treatment to be discussed amongst various providers at Kids First Family Services. While written authorization will not be requested prior to any such discussion, I understand that I will be made aware that such communication has occurred. In all other circumstances, consent to release information is given through written authorization. Verbal consent for limited release of information may be necessary in special circumstances. I further understand that there are specific and limited exceptions to this confidentiality which includes the following:

- A. When there is risk of imminent danger to myself or another person, the treatment provider is ethically bound to take necessary steps to prevent such danger.
- B. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the treatment provider is legally required to take steps to protect the child or elder and to inform the proper authorities.
- C. When a valid court order is issued for medical records, the treatment provider and the agency are bound by law to comply with such requests.

I understand that services are provided by a range of professionals, some of whom are still in training. All professionals-in-training are supervised by appropriately licensed staff.

I understand while treatment may provide significant benefits, it may also pose risks. Treatment may elicit uncomfortable thoughts and feelings or may lead to the recall of troubling memories. If I have any questions regarding this consent form or about the services offered, I may discuss them with my treatment provider.

I have read and understand the above. I consent to participate in the evaluation and treatment offered to me by Kids First Family Services.

Patient Signature

Date

Guardian Signature

Date

Guardian's Relationship to Patient



HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2011

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.

If you have any questions about this notice, please contact Kids First Family Services' HIPAA Privacy Officer at 775-329-3211.

WHO WILL FOLLOW THIS NOTICE.

This notice describes our institution's practices and that of:

- Any health care professional authorized to enter information into your Kids First Family Services chart.
- All employees, staff, volunteers, and other Kids First Family Services personnel.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Kids First Family Services. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Kids First Family Services. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with mental health treatment or services. We may disclose medical information about you to other Kids First Family Services personnel who are involved in taking care of you at Kids First Family Services. With your permission, we also may disclose medical information about you to people outside Kids First Family Services who may be involved in your medical care after

you leave Kids First Family Services, such as family members, clergy, or others we use to provide services that are part of your care.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at Kids First Family Services may be billed to and payment may be collected from you, an insurance company, and/or a third party.

For Health Care Operations. We may use and disclose medical information about you for Kids First Family Services operations. These uses and disclosures are necessary to run Kids First Family Services and make sure that all of our clients receive appropriate care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine medical information about many Kids First Family Services clients to decide what additional services Kids First Family Services should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to other Kids First Family Services personnel for review and learning purposes. We may also combine the medical information we have with medical information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific clients are.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with clients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for clients with specific medical needs, so long as the medical information they review does not leave Kids First Family Services. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are.

As Required By Law. We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, accreditation, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process submitted by someone else involved in the dispute.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Kids First Family Services; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.

National Security, Protective Services, and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence counterintelligence, protection of U.S. or foreign leaders and other security-related activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing

records, but may not include some mental health information. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Kids First Family Services' Executive Director. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Kids First Family Services will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Kids First Family Services. To request an amendment, your request must be made in writing and submitted to Kids First Family Services' Executive Director. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Kids First Family Services;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment, and health care operations, as those functions are described above. To request this list or accounting of disclosures, you must submit your request in writing to Kids First Family Services' Executive Director. Your request must state a time period, which may not be longer than five years and may not include dates before January 1, 2011. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Kids First Family Services's Executive Director. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please request a copy from Kids First Family Services' Executive Director.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at Kids First Family Services. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Kids First Family Services or with the Secretary of the Department of Health and Human Services. To file a complaint with Kids First Family Services, contact Kids First Family Services' Executive Director. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are, however, required to retain our records of the care that we provided to you.

Contact Addresses:

Kids First Family Services HIPAA Privacy Officer
1290 Mill Street
Reno, NV 89502
(775) 329-3211

I was provided with a copy of *Kids First Family Services' HIPAA Privacy Notices*.

Patient Name

Patient Signature

Date

Guardian Signature

Date

Guardian's Relationship to Patient

Witness Signature

Date

Client declined to receive *Kids First Family Services' HIPAA Privacy Notices*.

Patient Name

Patient Signature

Date

Guardian Signature

Date

Guardian's Relationship to Patient

Witness Signature

Date

KIDS FIRST FAMILY SERVICES

Client's Bill of Rights

- The client has the right to considerate and respectful care.
- The client has the right and is encouraged to obtain from providers and other direct caregivers relevant, current, and understandable information about his or her diagnosis, treatment, and prognosis.
- Except in emergencies when the client lacks the ability to make decisions and the need for treatment is urgent, the client is entitled to a chance to discuss and request information related to treatments available, the risks involved, and the medically reasonable alternatives to existing treatments along with their accompanying risks and benefits.
- The client has the right to know the identity of those involved in her care, as well as when those involved are students, residents, or other trainees. The client also has the right to know the immediate and long-term financial significance of treatment choices insofar as they are known.
- The client has the right to make decisions about the plan of care before and during the course of treatment and to refuse a recommended treatment or plan of care if it is permitted by law and Kids First Family Services policy. The client also has the right to be informed of the medical consequences of this action. In case of such refusal, the client is still entitled to appropriate care and services that Kids First Family Services provides or to be referred to another agency for services.
- The client has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision-maker and to expect that Kids First Family Services will honor that directive as permitted by law and Kids First Family Services policy.
- The client has the right to privacy. Case discussion, consultation, examination, and treatment should be conducted to protect each client's privacy.
- The client has the right to expect that all communications and records pertaining to his/her care will be treated confidentially by Kids First Family Services, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The client has the right to expect that Kids First Family Services will emphasize confidentiality of this information when it releases it to any other parties entitled to review information in these records.
- The client has the right to review his or her medical records and to have the information explained or interpreted as necessary, except when restricted by law.
- The client has the right to expect that, within its capacity and policies, Kids First Family Services will make reasonable response to the request of a client for appropriate and medically indicated care and services. Kids First Family Services must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a client has so requested, a client may be referred to another facility. The institution to which the client is to be referred must first have accepted the client for services. The client also must have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
- The client has the right to ask and be told of the existence of any business relationship among Kids First Family Services, educational institutions, other health care providers, and/or payers that may influence the client's treatment and care.
- The client has the right to consent to or decline to participate in proposed research studies or to have those studies fully explained before they consent. A client who declines to participate in research is still entitled to the most effective care that Kids First Family Services can otherwise provide.
- The client has the right to expect reasonable continuity of care and to be informed by providers and other caregivers of available and realistic client care options when Kids First Family Services care is no longer appropriate.
- The client has the right to be informed of Kids First Family Services policies and practices that relate to client care treatment, and responsibilities. The client has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, client representatives, or other mechanisms available in the organization. The client has the right to be informed of Kids First Family Services' charges for services and available payment methods.

The collaborative nature of health care requires that client and/or their families and surrogates participate in their care. The effectiveness of care and client satisfaction with the course of treatment depends, in part, on the client's fulfilling certain responsibilities:

- Clients are responsible for providing information about past illnesses, hospitalizations, medications, and other health-related matters.
- Clients must take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand the current information or instructions.
- Clients are responsible for informing their therapists and other providers if they anticipate problems in following prescribed treatment.
- Clients also should be aware that Kids First Family Services has to be reasonably efficient and equitable in providing care to other clients and the community. Kids First Family Services' rules and regulations are designed to help Kids First Family Services meet this obligation.
- Clients and their families are responsible for being considerate of and making reasonable accommodations to the needs of Kids First Family Services, other clients, staff, and Kids First Family Services employees.
- Clients are responsible for providing necessary information for insurance claims and for working with Kids First Family Services as needed to make payment arrangements.
- A client's health depends on much more than health care services. Clients are responsible for recognizing the impact of their lifestyles on their personal health.

I was provided with a copy of the *Client's Bill of Rights*.

Patient Name

Patient Signature

Date

Guardian Signature

Date

Guardian's Relationship to Patient

Witness Signature

Date

Client declined to receive the *Client's Bill of Rights*.

Patient Name

Patient Signature

Date

Guardian Signature

Date

Guardian's Relationship to Patient

Witness Signature

Date