

Admit Date: _____

**ACKNOWLEDGMENT OF MANDATORY DISCLOSURE, CONSENT TO TREAT,
NOTICE OF PRIVACY PRACTICES AND OPT OUT, UNENCRYPTED INFORMATION,
ADVANCE DIRECTIVES AND EPSDT**



Client's Name: _____ **Client ID:** _____ **Date:** _____

Client's Primary Jefferson Center Therapist: _____

Primary Therapist's credentials: _____

You are entitled to request and receive the information listed above, regarding any psycho-therapist in the employ of Jefferson Center who is providing psychotherapy services to the client, other providers responsible for your care, and if requested, the name of the supervisor.

1. The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. The appropriate Board can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303)894-7800. As to the regulatory requirements applicable to non-medical mental health professionals: a Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a masters degree in their profession and have two years of post-masters supervision. A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision. A Licensed Social Worker must hold a masters degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1,000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a bachelors degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical masters degree and meet the CAC III requirements. A registered psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the State and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the State. Unlicensed psychotherapists who practice in a community mental health center, such as Jefferson Center, are not required to be registered in the State's database.

2. You are entitled to receive information from your therapists about the methods of therapy, the techniques used, the duration of your therapy, if known, and the fee structure. You have the right to have an individualized service plan and to participate in its development and any subsequent changes to the plan. You can seek a second opinion from another therapist or terminate therapy at any time.

3. You have the right to receive services in the least restrictive setting, subject to available appropriations.

4. You have the right to review the clinical record, as allowed by the law.

5. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Board that licenses, registers, or certifies the licensee, registrant or certificate holder.

6. Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client's consent. There are exceptions to this confidentiality, some of which are listed in the Privacy Notice you were provided, as well as other exceptions in Colorado and Federal law. For example, mental health professionals are required to report child abuse to authorities. If a legal exception arises during therapy, if feasible, you will be informed accordingly.

7. Medicaid clients have additional rights, which are described in your Member Handbook.

You have the responsibility to:

1. Be involved in writing your service plan.
2. Tell your provider if you do not understand or do not agree with the plan.
3. Give your treatment team all of the information they need so that all of you can make the best decisions about your care.
4. Arrive on time for appointments.
5. If you cannot make an appointment, call ahead of time to set up another appointment.
6. Treat staff and other clients with the same courtesy you expect .

If you have any questions about your rights, please call the Client and Family Advocate at Jefferson Center at 303-425-0300, toll-free at 1-800-201-5264, or TTY at 303-432-5540. If you have Medicaid, you may also call the Office of Member and Family Affairs at Foothills Behavioral Health Partners at 303-432-5956. If you have any questions about your protected health information under federal law, please refer to the Jefferson Center Privacy Notice or call Jefferson Center at 303-432-5047.

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Client's Name: _____ **Client ID:** _____ **Date:** _____

Community Crisis Connection, LLC ("CCC") is part of the statewide crisis system which makes behavior health crisis care accessible for Coloradans of all ages. This system includes the statewide Colorado Crisis and Support Line and the following programs operated by CCC in the Metro Denver and Boulder area:

- ❖ **Walk-In Crisis Center:** Located across Metro Denver and Boulder for those experiencing behavioral health crises.
- ❖ **Crisis Stabilization Units:** Combine walk-in availability with short-term respite or residential treatment if needed.
- ❖ **Mobile Crisis:** Teams of crisis counselors can travel to locations in all nine counties of Metro Denver and Boulder regions

CCC is comprised of six (6) behavioral health agencies: Arapahoe/Douglas Mental Health Network (ADMHN), Aurora Mental Health Center (AuMHC), Community Reach Center (CRC), Jefferson Center for Mental Health (Jefferson Center), Mental Health Partners (MHP), and the Mental Health Center of Denver (MHCD) (collectively CCC's Member Providers"). In addition, CCC works with various mental health care partners throughout the Denver Metropolitan Area in order to provide comprehensive integrated services to all of its clients.

Funding

CCC's Crisis Services are funded under a contract with the State of Colorado, Department of Human Services, Office of Behavioral Health. This contract provides CCC, its Member Providers and multiple community agencies with resources to provide crisis mental health services in the Metro Denver Region. Funding is made available through an annual appropriation from the State of Colorado.

Confidentiality

CCC protects the confidentiality of all our clients in accordance with the federal and state laws and regulations regard privacy, including but not limited to those governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. part 160 -164.

During your initial evaluation, you will be asked to authorize CCC to record, disclose, share and provide mental health medical information about you. Some of this information will be protected health information ["PHI"], including information that can be used to identify you such as your name, address, Social Security number, ID numbers, or other unique identifiers. Your PHI also includes symptoms, test results, diagnosis, treatment, other related medical information, payments, billing and insurance information.

In order to provide services, CCC, the CCC Member Providers and its mental health care partners will have access to PHI through a central database called TIER. CCC will not use or disclose more information for treatment, payment or health care operation purposes than is necessary. This is known as using only the minimum necessary amount to accomplish the purpose of use or disclosure. We are accountable to the Secretary of Health and Human Services to safeguard (keep secure) and protect (keep private) our patients' information.

Grievances

CCC supports the rights of its clients, family members and interested others to register concerns related to any issues to the care received. CCC will make all efforts to resolve any grievances in an expeditious manner as the client's mental health condition requires. The following persons may be contacted regarding any concerns that you may have:

- The Community Crisis Connection Consumer or Parent/Family Representative
- The Medicaid Consumer or Family Advocate
- The Privacy Officer for grievances related to compliance with the HIPAA Privacy Regulations

A copy of our grievance procedure can be provided upon request.

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Client's Name: _____ **Client ID:** _____ **Date:** _____

This authorization includes, but is not limited to, physical health, mental health, substance use services, and other services or procedures provided face to face or via telehealth, which my physician or provider considers necessary. As the client, you retain the option to refuse the delivery of health care services via telemedicine at any time without affecting your right to future care or treatment and without the loss or withdrawal of any program benefits to which you would otherwise be entitled.

I have read and understand this document and all additional pages for a new admission and my rights as a client or as the client's responsible party. I agree to participate in treatment at Jefferson Center.

Client or Responsible Party's Signature

Date Signed:

Second Responsible Party or Witness Signature

Date Signed:

I have received a copy of the Jefferson Center for Mental Health Privacy Notice.

Client Signature re Privacy

Date Signed:

If signed by someone other than the client, please print name(s), state relationship to client and legal authority to sign for client:

If client did not sign, state reason.

Signature on Paper

NOTICE OF PRIVACY PRACTICES AND OPT OUT

THIS NOTICE DESCRIBES HOW MEDICAL [INCLUDING MENTAL HEALTH] INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. During the process of providing services to you, Jefferson Center for Mental Health will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

I. USES AND DISCLOSURES OF PROTECTED INFORMATION

A. General Uses and Disclosures Not Requiring the Client's Consent. The Center will use and disclose protected health information in following ways:

1. **Treatment.** Treatment refers to the provision, coordination, or management of health care [including mental health care] and related services by one or more health care providers. For example, Center staff involved with your care may use your information to plan your course of treatment and consult with other staff to ensure the most appropriate methods are being used to assist you.
2. **Payment.** Payment refers to the activities undertaken by a health care provider [including a mental health provider] to obtain or provide reimbursement for the provision of health care. For example, the Center will use your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company for services provided. The information provided to insurers and other third party payors may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment. If you are covered by Medicaid, information will be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.
3. **Health Care Operations.** Health Care Operations refers to activities undertaken by the Center that are regular functions of management and administrative activities. For example, the Center may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning, and accreditation, certification, licensing and credentialing activities.
4. **Contacting the Client.** The Center may contact you to remind you of appointments, to tell you about or recommend possible treatment options or alternatives that may be of interest to you, and to tell you about health-related benefits or other services that might be of benefit to you.
5. **Required by Law.** The Center will disclose protected health information when required by law or necessary for health care oversight. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information, provided that you have been given notice and an opportunity for a hearing; (c) when there is a legal duty to warn or take action regarding imminent danger to a specific person or persons; (d) when required to report certain communicable diseases and certain injuries; and (e) when a Coroner is investigating the client's death.
6. **Health Oversight Activities.** The Center may disclose protected health information to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, regulatory programs, or determining compliance with program standards.
7. **Crimes on the premises or observed by Center personnel.** Crimes that are observed by Center staff that are directed toward staff or occur on the Center's premises will be reported to law enforcement.
8. **Business Associates.** Some of the functions of the Center are provided by contracts with business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.
9. **Research.** The Center may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation and applicable state law are followed.
10. **Involuntary Clients.** Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.
11. **Family Members.** Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.

12. **Fund Raising.** The Center, or its fund raising Foundation, may contact clients as a part of its fund raising activities. In such case the Center will disclose only limited information about clients including: demographic information (name, address, other contact information, age, gender, and date of birth); dates of health care provided; department of service; treating physician; whether there was a positive or negative outcome; and health insurance status. If a client does not want us to contact them for fundraising efforts, the client has the right to opt-out of receiving such communications.

13. **Confidentiality of Alcohol and Drug Abuse Patient Records.** The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under 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 C.F.R. Part 2 for Federal regulations.) [42 C.F.R. § 2.22]

B. **Client Authorization or Release of Information.** Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written permission, including (i) most uses and disclosures of psychotherapy notes; (ii) most uses and disclosures of your protected health information for marketing purposes; and (iii) disclosures that constitute the sale of your protected health information. If you provide us permission to use or disclose 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 your protected health information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

II. YOUR RIGHTS AS A CLIENT

A. **Access to Protected Health Information.** You have the right to inspect and obtain a copy of the protected health information the Center has regarding you, in the designated record set. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask Center staff for the appropriate request form.

B. **Amendment of Your Record.** You have the right to request that the Center amend your protected health information. The Center is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask Center staff for the appropriate request form.

C. **Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures the Center has made regarding your protected health information in the six (6) years immediately preceding your request. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you or disclosures made pursuant to a signed Authorization. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask Center staff for the appropriate request form.

D. **Additional Restrictions.** You have the right to request a restriction or limitation on the protected health 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 protected health 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, unless your request is that we not disclose information to a health plan for payment or health care operations activities when you have paid for the services that are the subject of the information out-of-pocket in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To make a request, ask Center staff for the appropriate request form.

E. **Alternative Means of Receiving Confidential Communications.** You have the right to request that you receive communications of protected health information from the Center by alternative means or at alternative locations. For example, if you do not want the Center to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask Center staff for the appropriate request form.

F. Copy of this Notice. You have a right to obtain a paper copy of this Notice upon request at any time, even if you have agreed to receive this Notice electronically.

III. ADDITIONAL INFORMATION

A. Privacy Laws. The Center is required by State and Federal law to maintain the privacy of protected health information. In addition, the Center is required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice.

B. Terms of the Notice and Changes to the Notice. The Center is required to abide by the terms of this Notice, or any amended Notice that may follow. The Center reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in the Center's service delivery sites and will be available upon request.

C. Breach Notification. The Center is required to notify you following a breach of your protected health information that has not been secured in a certain manner.

D. Complaints Regarding Privacy Rights. If you believe the Center has violated your privacy rights, you have the right to complain to Center management. To file your complaint, call the Jefferson Center Privacy Officer at 303-425-0300, toll-free at 1-800-201-5264 or TTY at 303-432-5540. You also have the right to complain to the Office for Civil Rights, U.S. Department of Health & Human Services, 999 18th Street, Suite 417, Denver, CO 80202, (303) 844-2024; (303) 844-3439 (TDD), (303) 844-2025 FAX. It is the policy of the Center that there will be no retaliation for your filing of such complaints.

E. Additional Information. If you desire additional information about your privacy rights at the Center, please call the Client and Family Advocate at Jefferson Center at 303-425-0300, toll-free at 1-800-201-5264 or TTY at 303-432-5540.

F. Effective Date. This Notice is effective April 14, 2003, and revised as of September 23, 2013.

AUTHORIZATION FOR PROVISION OF UNENCRYPTED ELECTRONIC PROTECTED HEALTH INFORMATION (ePHI) AND USE OF UNENCRYPTED EMAIL

I, hereby authorize Jefferson Center/s medical staff, clinical staff, and allied professional staff ("Center") to provide copies of my Electronic Protected Health Information ("ePHI"), to me or my Personal Representative, in accordance with applicable Center policies and procedures, in a format that is not Encrypted.

I also authorize Center to communicate with me (whether for the provision of ePHI or otherwise) by email, texting, faxing, telephoning, or through other types of media that are not Encrypted.

I understand and acknowledge that these types of communications and ePHI that are transmitted to me and are not Encrypted are subject to a risk of interception and/or unauthorized access by third parties, including but not limited to my employer, if I utilize work email for communications described here. I understand and agree that Center shall not be liable or responsible for interception of, or unauthorized access to, my ePHI or email that is provided or transmitted to me by Center in a format that is not Encrypted. Further, Center is not responsible for safeguarding ePHI that has been provided to me and that is not Encrypted (e.g., if a CD-ROM or other device is used to provide unencrypted ePHI to me).

Center has the right to refuse to provide ePHI to me on external portable media provided by me (e.g., CD-ROM or flash drive) if Center determines there is an unacceptable level of risk to its systems and security in utilizing such external portable media. Where Center has made such a determination, Center will use email to communicate with and provide ePHI to me.

All capitalized terms used and not otherwise defined in this Authorization shall have the meanings set forth in the Health Insurance and Portability Accountability Act of 1996 ("HIPAA") and/or its accompanying regulations.

ADVANCE DIRECTIVES

Even though Jefferson Center and your therapist provide behavioral health services, federal law requires that we tell adult clients with Medicaid about Colorado laws relating to your right to make health care decision and Advance Directives. Your provider will provide behavioral health care whether or not you have an advance directive.

What is a Medical Advance Directive? Advance Directives are written instructions that express your wishes about the kinds of medical care you want to receive in an emergency. In Colorado Medical Advance Directives include:

- Medical Durable Power of Attorney: This name a person you trust to make medical decision for you if you cannot speak for yourself.
- Living Will: This tells your doctor what type of life supporting procedures you want and do not want.

- Cardiopulmonary Resuscitation (CPR) Directive or "Do Not Resuscitate Order": This tells medical personnel not to revive you if your heart or lungs stop working.

Your provider will ask if you have an Advance Directive. If you wish, your provider will put a copy of your Advance Directive in your medical file. If a medical provider does not follow your Advance Directive, you may call the Colorado Department of Public Health and Environment at 303-692-2980. For more information about Advance Directives you can call the Client and Family Advocate at Jefferson Center at 303-425-0300, toll-free at 1-800-201-5264 or TTY at 303-432-5540. If you have Medicaid, you may also call the Office of Member and Family Affairs at Foothills Behavioral Health Partners at 303-432-5956.

WELL-CHILD EXAMS (EPSDT)

For Medicaid clients under the age of 21, we are required to ask if any behavioral health issues were identified in the last medical visit or well-child exam. We want to address the issues that were identified and coordinate with your primary care physician (PCP). When you provide the name of the child's Primary Care Physician (PCP), Jefferson Center will contact the PCP to receive that information. If your child has not had a well-child exam within the last year, your therapist will recommend that you schedule an appointment. If you do not have a PCP or you want a new PCP, you may contact Health Colorado for Assistance in Denver 303-839-2120; outside of Denver toll free to 1-888-367-6557; TTY: 1-888-876-8864.

Organized Health Care Arrangement ("OHCA")

Metro Community Provider Network, Inc. ("MCPN"), Jefferson Center for Mental Health ("JCMH"), Aurora Comprehensive Community Mental Health Center, Inc. d/b/a Aurora Community Mental Health Center, Inc. ("AUMHC"), Arapahoe Mental Health Center, Inc. d/b/a Arapahoe/Douglas Mental Health Network ("ADMHN"), and Arapahoe House, Inc. ("Arapahoe House") have agreed to form and to enter into an organized health care arrangement (the "Integrated Care OHCA"). Members of the Integrated Care OHCA may share your health information with other members of the Integrated Care OHCA for the purposes of treatment, payment, and health care operations in order to better address your health care needs.

How We Will Use and Give Out Your Health Information

The Integrated Care OHCA members have agreed to either participate (1) as a clinically integrated care setting where patients may receive health care services from more than one provider; or (2) in a joint arrangement and to conduct at least one of the following joint activities: (a) utilization review, in which the Integrated Care OHCA members review the other members' health care decisions (or have a third party do so); (b) quality assessment and improvement activities, in which treatment provided by the Integrated Care OHCA members is assessed by other Integrated Care OHCA members (or a third party on its behalf); or (c) payment activities, if the financial risk for delivering health care is shared, in part or in whole, by participating Integrated Care OHCA members and if PHI created or received by a covered entity is reviewed by other OHCA members or by a third party on their behalf for the purpose of administering the sharing of financial risk.

Health Information Exchange

Jefferson Center for Mental Health endorses, supports, and participates in electronic Health Information Exchange (HIE) with CORHIO as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and health care providers that participate in the HIE network. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures.

You may choose to opt-out of participation in the CORHIO HIE by signing the opt-out form, or cancel an opt-out choice, at any time.