CASIANO
CLINICAL SERVICES

STATEMENT OF CLIENT'S RIGHTS AS PER CONNECTICUT GENERAL STATUES

Casiano Clinical Services, LLC provides mental health and counseling services to children, families, and adults. At Casiano Clinical Services, LLC it is our responsibility to provide each of our clients with information regarding their rights as established by Connecticut General Statutes #306. Although the language and emphasis of this status may not be applicable to the HRC Pastoral Counseling Center's clients, it is the intention of this law to convey to all recipients of mental health and social services that they are entitled to specialized quality care. These rights are as follows:

A. All clients are entitled to receive humane and dignified treatment at all times, with full respect for personal dignity and rights to privacy. (17a-542)

B. Each client shall receive service in accordance with an individualized and specialized plan suited to the client's need. (17a-542)

C. Any client having a grievance may follow the Casiano Clinical Services, LLC, Grievance Procedure. Every client or parent or legal guardian, as appropriate, will receive a written copy of this procedure at the time of initial intake. Another copy of the procedure may be obtained upon request.

D. These rights are, in part, summaries of sections of Patient's Rights, 17a-540 to 17a-550 inclusive, of Connecticut State Statutes. A complete copy of the Patient's Rights Statute is available to any client for review.

E. It is the Policy of Casiano Clinical Services, LLC, to provide equal opportunity access to services for all people without regards to race, color, sex, sexual orientation, age, national origin, or religion.

F. All Clients are entitled to receive information about their therapist training and experience if they request this information.

Records are considered your protected health information and are covered under the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPPA"). Casiano Clinical Services, LLC follows the HIPPA regulations to secure your right to privacy.

(Client's Copy)

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Patient Name: _____

Signature: _____ Date: _____

Witness: _____

CASIANO
CLINICAL SERVICES

PATIENT HIPPA CONSENT FORM

I understand that under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow–up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have been informed by you and your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I have been given the right to review such Notice of Privacy Practice prior to signing this consent. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact my therapist at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, in the event that you do agree then you are bound to abide by such restrictions.
I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

Patient Name: _____

Signature: _____ Date:_____

Witness: _____

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CLINICAL SERVICES

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(Client's Copy)

Reports of suspected child abuse and neglect: All of our staff are mandated reporters (by Connecticut General Statues section 17a-101. Mandated reports are required to report or cause a report to be made when in their professional capacity, they have reasonable cause to suspect or believe that a child under the age of 18 has been abused, neglected or is placed in imminent risk or serious harm by a person responsible for the child's health, welfare or care, or by a person given access to the child by the responsible person.
In situations where we believe that there is reasonable cause to believe that a child is at risk we will contact the State of CT Department of Children & Families and/or Police.

Reports of harm to self or others: If we have reason to believe that you are at risk to harm yourself or others we are obligated to ensure everyone's safety. We will be obligated to contact Mobile Crisis in order to provide emergency psychiatric assessment.

Treatment Contract: In order to accomplish the goals of therapy, families need to keep and honor scheduled appointments. If treatment contract is broken, families will be required to meet with the Casiano Clinical Services, LLC CEO prior to reapplying for treatment.

Fees: Casiano Clinical Services, LLC services are available to all persons in the community in accordance with our mission. Therapeutic service will be billed directly to the client's insurance carrier (if applicable). Depending on the plan and type of coverage, a co-pay may also be required from the client at the time of service. It is the responsibility of the client to provide proof of insurance coverage. Failure to do so may result in application of payment through a sliding fee scale.

In signing below, I acknowledge that I have read, understood and agree to adhere to the expectations/procedures outlined above related to clinical services at Casiano Clinical Services, LLC.

Patient Name: _____

Signature: _____ Date: _____

Witness: _____