Session Information

Client:	Lancaster, Counseling Services (404887) 11/26/1969
Staff:	Kirby, Jennifer (2905_K128)
Document Date:	12/2/2014
Client Program:	(Not Set)

Consolidated Intake Form v2

Positive Identification Provided: ◉ Yes ○ No

If no, explain why no ID was provided?

Outcome Evaluation

I agree to the following Outcome Evaluation Statement: ○ Yes ◉ No

I agree that the agency and the agency's funding/accrediting/licensing organizations may use information regarding my treatment to evaluate the efficacy and efficiency of services provided to me while I am under the agency's care. This information may also be used for these purposes for up to one year following my discharge from the agency's care, provided that any such information is revised so as not to identify me. I understand that I may withdraw my consent at any time and that this withdrawal of consent will not affect my treatment in any way. In case the agency cannot reach me directly, please call:

Name :

Phone:

If unable to locate, call:

Phone:

Voter's Registration

I acknowledge that I received the South Carolina Election Commission's Voter Registration Declination Form.
I understand that if I believe that someone has interfered with my right to register to vote or to decline to register to vote, or my right of privacy in deciding whether to register or in applying to register to vote, that I may file a complaint with the South Carolina Elections Commission (phone: 803-734-9060; mail: PO Box 5987, Columbia, SC 29250)

I was offered the opportunity to register to vote and choose the following: I am registered already

Client's Rights

Client Rights Information Reviewed: ◉ Yes ○ No

I acknowledge that I have received a copy of the agency's Client Rights policy and its Grievance Procedures. I understand that the agency may review these rights with me periodically.

Client's Responsibilities

Client Responsibilities Information Reviewed:

◉ Yes
○ No

I acknowledge that I have received a copy of the agency's Client Responsibilities policy and information about exclusion from services.

Consent for Treatment

I agree to treatment:

◉ Yes
○ No

I certify that my rights and responsibilities have been fully explained to me. I agree to each of them and still desire treatment services provided by this program in accordance with these rights and responsibilities.

HIPPA Privacy Notice

I received a copy of the agency's Privacy Notice :

◉ Yes
○ No

I acknowledge that I have received a copy of the agency's Privacy Notice on the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which protects an individual's personal health information and gives patients increased access to their medical information.

I am aware that, in accordance with federal law and regulations (including HIPAA and 42 CFR Part 2), health-related information that the agency gathers about me will remain strictly confidential except that it, or some of it, may be provided:

-To entities for which I have signed a separate release of information.

-Pursuant to a valid court order (signed by a judge pursuant to the terms of 42CFR Part 2).

-Pursuant to South Carolina mandatory reporting laws, to include neglect or abuse of a child, including sexual abuse, and expressed or suspect danger toward self or others.

-To case auditors, who are required to complete a confidentiality statement prior to access.

-For health and administrative oversight activities as described in the Privacy Notice.

-For judicial and administrative procedures as described in the Privacy Notice.

Emergency Contact

I agree to allow contact in an emergency to the designated Emergency Contact :

◉ Yes
○ No

I have designated an emergency contact to agency intake staff. I authorize named contact to be called in the case of an emergency.

Parental/Guardian Consent (Required if under 16)

I consent to the provision of services to named client and I may revoke this consent at any time:

○ Yes
○ No

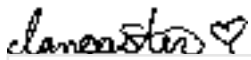
Client First Name:

Client Last Name:

Printed Parent/Guardian Name:

Signatures

Signatures:



Signature Date Time: 12/2/2014 2:01 PM

Guarantor: Lancaster, Counseling Services (Self)

Enter New Guarantor: (if unavailable)

Signature #1: Jennifer Kirby (Administrative Representative) - 12/2/2014 2:01 PM

Signature History

Action	Date	Staff
Document Signed	12/2/2014	Jennifer Kirby (Administrative Represe-ntative)