

Session Information

Client: Lancaster, Counseling Services
(404887) 11/26/1969

Staff: Kirby, Jennifer (2905_K128)

Document Date: 12/2/2014

Client Program: (Not Set)

Orientation Checklist v2

The following has been reviewed and explained to me:

- Rights and Responsibilities of Clients:** Yes No
- Client Complaint and Appeal Process:** Yes No
- Ways I can give input and suggestions:** Yes No
- Confidentiality Policy-How My Participation is Confidential:** Yes No
- Intent/Consent to Treat forms:** Yes No
- Behavior Expectations of the Clients:** Yes No
- The Program's Transition/Discharge Criteria and Procedures:** Yes No
- How Staff Will Help Identify & Respond to Potential Risks to Myself & Others, Including Safety Plan:** Yes No
- How to Access to After Hour Services:** Yes No
- Professional Conduct that Clients Can Expect from the Counselors:** Yes No
- Consent to Release Forms for Communication with Applicable Services and Individuals:** Yes No
- Financial Obligations/ Agency Fees and Insurance Co-pays, as Applicable:** Yes No
- Agency Health & Safety Policy, including:**
 - Legal/Illegal Substance Brought Into the Program
 - Prescription Medication Brought Into the Program
 - Use of Tobacco Products
 - Weapons Brought Into the Program
 - Orientation to the Environment, Including Emergency Exits
 - Use of Seclusion/ Restraint
- First aid and fire alarm pull stations, extinguishers, and evacuation routes have been shown to me:** Yes No
- Program Rules and Expectations of the** Any Restrictions Placed on the Client Events, Behaviors, or Attitudes and Their Likely Consequences

Counseling Services of Lancaster -
Orientation Checklist

- Client Which Identifies the Following:** Means by Which the Client May Regain Rights or Privileges
- Explanation of Assessment Process and Purpose:** Yes
 No
- Explanation of Individual Plan of Care/ Goal Development and Achievement & Client Participation:** Yes
 No
- Potential Course of Treatment/Services:** Yes
 No
- How Motivational Incentives can be used:** Yes
 No
- Expectations for Legally Required Appts, Sanctions or Court Notifications including Probate Court :** Yes
 No
- Identification of Assigned Case Manager/Counselor:** Yes
 No
- Received a copy of the Client Handbook:** Yes
 No

My signature documents that I have been given an orientation to the services offered and all the above information has been discussed and explained to me. I understand I am responsible for the information, rules and regulations outlined in this orientaton. If questions arise, I have been encouraged to talk with my counselor. I have been advised to keep the copies given to me and refer to them during the course of my participation in the program.

Signatures

Validation Issues: Error: Requirements not met for Orientation Checklist v2.

Electronic Signature: The document can not be signed until the errors above are resolved.

Signature History

Action	Date	Staff
No records found		