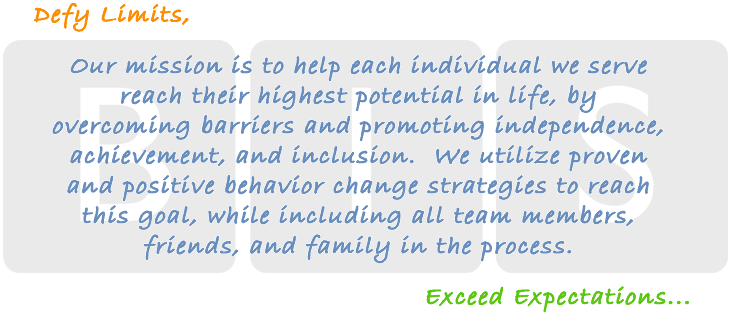
Welcome to Behavior Intervention Services!

Thank you for choosing Behavior Intervention Services (BIS) as your service provider! Our mission is to help each individual we serve reach his or her highest potential in life by overcoming barriers and promoting independence, achievement, and inclusion.  We utilize proven and positive behavior change strategies to reach this goal while including all team members, friends, and family in the process. Our company’s values are the foundation of our business and are exemplified in all aspects of our agency’s behavioral intervention. We look forward to the opportunity to assist you and your family.



***Defy Limits, Exceed Expectations***



Home and Community Based Client Services Handbook

**Missouri law gives individuals who received mental health services the following rights without limitations:**

1. To humane care and treatment ;
2. To the extent that the facilities, equipment and personnel are available, to medical care and treatment in accordance with the highest standards accepted in medical practice;
3. To safe and sanitary housing;
4. To not participate in non-therapeutic labor;
5. To attend or not attend religious services;
6. To receive prompt evaluation and care, treatment, habilitation or rehabilitation about which individual is informed insofar that person is capable of understanding;
7. To be treated with dignity as a human being;
8. To not be the subject of experimental research without prior written and informed consent or that of a parent, if the person is a minor, or guardian; except that no involuntary committed person shall be subject to experimental research, except as provided by statue;
9. To decide not to participate or to withdraw from any research at any time for any reason;
10. To have access to consultation with a private physician at the individuals expense;
11. To be evaluated, treated or habilitated in the least restrictive environments;
12. To not be subjected to any hazardous treatment or surgical procedure unless the individual’s parent, if the person is a minor, or guardian consents; or unless such treatment or surgical procedure is ordered by a court of competent jurisdiction;
13. In the case of hazardous treatment or irreversible surgical procedure, to have , upon request, an impartial review prior to implementation, except in case of emergency procedures required for the preservation of life;
14. To a nourishing, well-balanced and varied diet;
15. To be free from verbal and physical abuse.

**Home and Community Based Participant Services**

**What this means to you….**If you receive Medicaid Home and Community Based waivers services, you have the right to make choices about your life. You may make decisions about how, when and where you get your services. You may come and go when and where you want. You should have the choice to work and be involved in your community.

1. Behavior Intervention Services will make sure you have choice and full access to be part of your community.
2. Behavior Intervention Services Handbook is a document that explains how your services will be carried out. Behavior Intervention Services will make sure your service meet the HCBS requirements.

**HCBS requirement (42 CFR 441.301(4)(i))**

**ACCESS TO THE COMMUNITY**

The setting is integrated in and supports full access to the greater community and engagement in community life.

**Which means….**Behavior Intervention Services will make sure you have choices about events and have full access to your community. If you want to go to an event, staff will help you see if you have enough money and transportation. BEHAVIOR INTERVENTION SERVICES will help you find local events, parades, etc. and provide options for you to choose from. You will be encourages to go to public events, such as clubs, groups, parades or fairs, etc.

**Employment**

The setting provides opportunity to seek employment and work in competitive integrated settings.

**Which means….**If you want a job, you may talk with BEHAVIOR INTERVENTION SERVICES and/or ask for a meeting to talk about your employment options. Your planning team will help you with your employment service options. Your planning team will help you with your employment service options.

**MONEY MANAGEMENT/PERSONAL RESOURCES**

The setting supports control of personal resources.

**Which means….**BEHAVIOR INTERVENTION SERVICES will work with you and those who help manage your money. You may have access to your money, but may also ask to have your BEHAVIOR INTERVENTION SERVICES help take care of your funds. BEHAVIOR INTERVENTION SERVICES will help pay your bills, make deposits, budget for more costly items, and work through how to manage money. You will have your own account and can ask for help and information about your money.

**COMMUNITY RESOURCES**

The setting supports individuals to receive services in the community to the same degree of access as person’s not receiving Medicaid HCB services.

**Which means….**BEHAVIOR INTERVENTION SERVICES will talk to you about what you like and your choices in accessing services in your community; such as, medical, social and recreational activities, or those services that apply.

**CHOICE OF SETTINGS**

The setting is selected by the individual from among setting options including non-disability specific settings.

**Which means….**BEHAVIOR INTERVENTION SERVICES will work with you to learn about your likes and dislikes. This means you have choice of where you live, work and the things you do in your community, including doing things with people who do not have disabilities.

**RESTRICTIONS/MODIFICATIONS**

The setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual’s needs and preferences.

**Which means….**You will not have your rights limited, unless it’s in your individual support plan. Any limits must be approved by you, your guardian, and your team. It must also be reviewed by Due Process committee.

**PRIVACY**

The residential setting provided the individuals with the option for a private bedroom. The setting ensures the individuals rights of privacy.

**Which means….**You can talk with your friends/family privately. You will have privacy in your bedroom. You have the right to privacy in your home. Staff will knock before entering your home or room.

You will have choice about who you live with. If an issue comes up between housemates, BEHAVIOR INTERVENTION SERVICES will meet with you to solve it. If you want new housemates, BEHAVIOR INTERVENTION SERVICES will help you make changes.

**HOUSING OPPORTUNITIES**

The person centered service plan documents the options based on the individual’s resources available for room and board.

**Which means….**BEHAVIOR INTERVENTION SERVICES will give you choice of housing options. BEHAVIOR INTERVENTION SERVICES will work with you to find the best home for you and one you can afford. You may express your wants with BEHAVIOR INTERVENTION SERVICES and (TCM entity) during your meetings.

**CODE OF CONDUCT**

The setting ensures the individuals rights of dignity and respect.

**Which means….**BEHAVIOR INTERVENTION SERVICES and all staff will treat you with “dignity and respect”. You should be treated the way you want. You should be talked to in a nice manner and helped in a positive way.

**GREIVANCE POLICY**

The setting ensures freedom from coercion and/or restraint.

**Which means….**You can talk to staff any time you are unhappy with your services, and BEHAVIOR INTERVENTION SERVICES will try to fix the issue. BEHAVIOR INTERVENTION SERVICES will help you contact your guardian or your support coordinator, if needed. If the issues have not been fixed, you and/or your guardian can file a verbal or written complaint.

BEHAVIOR INTERVENTION SERVICES will have the Division’s Constituent Services Office phone number so you or your guardian/family can call with a complaint. You do not have to give your name.

**FREEDOM OF CHOICE**

The setting optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices.

**Which means….**BEHAVIOR INTERVENTION SERVICES will make sure you have choices in your life. You will make choices about how you spend your free time. You can do things you like at your home, such as play video games, watch TV or listen to the radio. You may do your laundry and other household activities at times you choose.

**VISITORS**

The setting optimizes autonomy and independence in making choices regarding with whom the individual interacts.

**Which means….**You may invite family and friends to your home at any time.

**SERVICES AND SUPPORTS**

The setting facilitates choice regarding services and supports and who provides them.

**Which means….**You get to choose your services and who you want to provide them. BEHAVIOR INTERVENTION SERVICES will ask you about what you want or which staff is the best fit. BEHAVIOR INTERVENTION SERVICES will offer options so you and your guardian may make a choice.

**Person-Centered Planning Process and Individual Support Plan (ISP)**

**Which means….**This plan process should include people that you choose. The plan needs to be easy for you to understand. The process should take place at times and locations that work for you and your family. Your plan should identify your needs and support you receiving them.

**Restriction of Rights**

BIS upholds the rights of the individuals it supports as set forth in the Missouri Department of Mental Health Certification Principles.

BIS prohibits the restriction of individual’s rights unless the individual’s Person-Centered Planning Team in conjunction with the Due Process Committee deems such restrictions necessary. Any modification or restriction of a right must meet the following requirements, be reviewed by the Due Process Committee and be documented in the ISP (Individualized Support Plan):

* Specific assessed need and justified
* Positive interventions and supports used prior to any modifications
* Less intrusive methods of meeting tried but did not work
* Clear description of the condition that is directly proportionate to the specific assessed need
* Regular collection and review of data to measure the ongoing effectiveness
* Informed consent of the participant
* Assurance that interventions and supports will cause no harm to the participant
* If a participant has a rights restriction indicated in his/ her I.S.P., Behavior Intervention Services will collaborate with the support coordinator and other providers to collect data, attempt alternative strategies and work towards reinstating the restriction over time.
* External advocate and right to participate in the process

BIS will not allow any rights’ restrictions unless the supported individual and/or guardian has participated in the decision of such restrictions.

BIS allows for the use of mechanical restraints for any individual in dangerous situations either to the client or to the staff and only following the appropriate guidelines by the Missouri Department of Mental Health and approved by the team members of the Person-Centered Planning Team and only under the direction of a physician.

BIS allows for the use of physical restraints in dangerous situations either to the client or to the staff only if following the appropriate guidelines by the Missouri Department of Mental Health.

BIS allows for the use of chemical restraints only as approved by the team members of the Person-Centered Planning Team and only under the direction of a physician.

**Due Process**

Individual citizen’s rights are only limited through legal proceedings and/or Due Process Committee approval. Such limitations occur when clients pose an immediate risk to themselves or others. An individual’s guardian can also impose a restriction if the guardian believes it is in the best interest of the individual.

If it is deemed necessary to propose any repeated long-term limitation of an individual’s rights, the following procedure and appeal process will be followed.

The individual's support team will meet with the individual and will discuss and agree upon whether the limitation is deemed necessary for health and safety.

An addendum will be made to the individual’s plan with documentation to support the need for the imposed limitation. The addendum will include the length of time the individual will be limited, how frequently the plan will be reviewed, the actions the person must demonstrate or eliminate in order to no longer have the limitation, and the process for appealing the decision.

The agency shall make every effort to ensure that the individual is aware of the proposed limitation of rights by assisting the individual in seeking an advocate to support the individual.

The Advocate, with the assistance of the agency, shall use those communicational aids at the Advocate’s disposal to ensure that the individual can comprehend the proposed limitation of rights to the best of his/her abilities. If a representative for the client is to be involved, a release of information form will need to be signed by the client, giving the agency permission to discuss relevant concerns with this party.

After the Team has prepared all the above-stated information, it will then be presented to the Due Process Committee that is associated with BIS as well as other agencies. The individual supported and any member of the Team is afforded the opportunity to attend to present the case.

The individual supported may choose to utilize available resources (attorney, People First chapter, DMH Rights Monitor (800-364-9687), MO Protection & Advocacy, etc.) for in-service training or additional information.

The Due Process Committee will make suggestions and/or recommendations for the individual and the team to follow as it deems necessary.

**HIPAA Waiver**

**Behavior Intervention Services is committed to protecting your health information.**

THIS NOTICE DESCRIBES HOW CLIENT INFORMATION ABOUT YOUR CHILD, OTHER MEMBERS OF YOUR FAMILY OR YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A federal regulation, known as the HEALTH INSURANCE PORTABILITY AND ACCOUNTIBILITY ACT (HIPAA), requires that we provide detailed notice in writing of our privacy practices.

**BIS is committed to protecting health information about your child, you and your family.**

* HIPAA requires that we protect health information which identifies a patient or family, information which is called Protection Health Information.
* We will maintain the privacy of all Protected Health Information.
* We give you this notice of our legal duties and privacy practices.
* We reserve the right to change this notice in accordance with current law, and post a copy of such changes in our office in a prominent location, and provide you with a copy of the revised notice upon your request.

**How we may use and disclose Protected Health Information without your written authorization or opportunity to agree or object.**

* For treatment: We may use and disclose Protected Health Information to provide, coordinate, and manage your child’s health care and related services. Examples include disclosure of Protected Health Information when your child requires referral to a physician, health care professional, or hospital, or other specialized testing or therapy.
* For payment: We may use and disclose Protected Health Information order to verify your coverage for particular treatment and services and to collect payment for your child’s treatment and other services from third party payers including your health plan, their paid reviewers, and other insurance companies providing you with additional coverage.
* For health care operations: We may use and disclose Protected Health Information in order to help improve the quality of your child’s care and reduce its cost. This includes providing training to other health care providers, cooperating with outside organizations which certify the quality of providers or institutions, providing information to professionals who help us improve and maintain the quality and efficiency of the services we provide to your child and to others, resolving grievances which occur within our practice, and converting Protected Health Information to de-identified health information, data which cannot be associated with your child or with other members of your family.
* For communication from our office to you: We may use and disclose Protected Health Information to remind you of appointments and to provide you with information about alternative therapies.
* For compliance with law: We may use and disclose Protected Health Information to comply with applicable federal, state or local laws including worker’s compensation and Medicare laws.
* For compliance with public health directives: We may use and disclose Protected Health Information to assist public health and other authorities in their efforts to prevent or control communicable diseases, general or school-based injuries, disabilities, and injuries or complications from FDA-regulated medications or devices.
* For prevention and control of abuse, neglect, or domestic violence. We may use and disclose Protected Health Information to properly constituted government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse or neglect.
* For health oversight activities: We may use and disclose Protected Health Information to a health oversight agency for audits, investigations, inspections, licensure and disciplinary activities, and other activities necessary to monitor the health care system including government health care programs.
* For support of legal proceedings: We may use and disclose Protected Health Information when ordered by a court order, subpoena, or discovery requests.
* For support of law enforcement: We may use and disclose Protected Health Information to law enforcement authorities in the patient is a suspected crime victim, if law enforcement authorities indicate that it is necessary to locate a suspect, fugitive, material witness, or a missing person, if it relates to a crime or emergency no occurring in the office, and if it is necessary to report a crime and its nature, location, and the identity of those who committed the crime.
* For post-mortem matters: We may use and disclose Protected Health Information to a coroner or medical examiner and, if authorized by law, a funeral director, to allow them to carry out their jobs.
* For selected research activities allowed or required by the HIPAA Privacy Act: We may use and disclose Protected Health Information to governmental agencies for certain research or oversight of our practice and others and to you should you deserve it.
* For prevention of a serious threat to health or safety: We may use and disclose Protected Health Information to an appropriate person about your child or family in limited circumstances to prevent a threat to the health or safety of another person or to the public.
* For support of certain specialized government activities: We may use and disclose Protected Health Information to support certain activities including military maneuvers, executive protection, national security, intelligence gathering, and protection of the health of persons in custody.

**ALL OTHER USES AND DISCLOSURE OF PROTECTED HEALTH INFORMATION REQUIRE YOUR WRITTEN AUTHORIZATION. AT ANY TIME, YOU MAY REVOKE YOUR AUTHORIZATION, BUT ACTIONS TAKEN PRIOR TO YOUR REVACATION WILL STAND.**

**Your rights regarding Protected Health Information about your child and family:**

* Right to request restrictions: You have the right to request restrictions on the Protected Health Information that we may use for treatment, payment and health care operations. To request restrictions, you must make your request in writing to our Privacy Officer using the request form we provide. We are not required to comply with your request if we feel that it is in violation of the above-noted legal directives. In such a case, we will provide you with a written notice of denial.
* Right to receive confidential communications: You have the right to request that you receive communications containing Protected Health Information in a certain manner or at a certain location. You must make your request in writing to our Privacy Officer, Kimberly Forsythe, specifying how and where you would like to be contacted. We are required to accommodate reasonable requests.
* Right to inspect and copy: You have the right to copy or inspect Protected Health Information about you. This does not include Protected Health Information gathered for a civil, criminal, or administrative proceeding. We may deny your request only in limited circumstances. You may take your requests to inspect and copy in writing to our Privacy Officer, and we may charge you a reasonable fee for copying, postage, labor and supplies used to meet your request.
* Right to amend: You have the right to amend your Protected Health Information about your child or family as long as such information is kept by or for our office. This request must be made in writing to our Privacy Officer, and you must include a reason for the request.
* Right to receive an accounting of disclosures: You have the right to request and accounting of certain disclosures of your Protected Health Information. This request, in writing to our Privacy Officer, must be for a list of disclosures other than those specified in Section I above made during a time period of up to six years.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, please contact our Privacy Officer. We will not retaliate or taken action against you for filing a complaint. You may contact our Privacy Officer Kimberly Forsythe at the address and phone number below.

Kimberly Forsythe

2644 Metro Boulevard

Maryland Heights, MO 63043

314-395-9375

If you would like to file an anonymous external complaint you can do so by contacting the State of Missouri at 1-800-392-0210.

**Grievance Procedure**

It is the policy of Behavior Intervention Services that clients or others who voice concerns, complaints, or grievances have the right, within a responsible period of time, to file a grievance to be heard by impartial agency staff members. Grievers shall be provided with assistance in every phase of the process including the filing, investigations and presentation of the grievance. The agency will provide written response to a grievance within ten working days from the date a grievance is filed. If additional time is needed due to extenuating circumstances, the client will be given written notification. Grievers may also contact outside entities, in which case the agency will provide pertinent information to that entity regarding that incident or situation. Information will be provided to outside entities at the client’s request but only after written permission is given by the client in the form of a signed release of information form.

**PROCEDURES FOR FILING A GRIEVANCE**

1. When a person expresses a concern, complaint, or grievance regarding past and/or present services of Behavior Intervention Services, he/she will be advised by any agency staff member of the right to file a grievance and given the name and hours of availability of the agency’s Client Rights Officer. The Client Rights Officer is Kimberly Forsythe. An alternative agency representative, Kimberly Salls, will be contacted if the Client Rights Officer is the subject of the grievance or is unavailable. All efforts will be made for the grievant to meet with the Client Rights Officer immediately. The Client Rights Officer will generally be available from 8:00 to 6:00 p.m., Monday through Friday at 314-395-9375

2. The Client Rights Officer will explain the grievance procedure from filing to finishing resolution and discuss the person’s concerns.

3. Should the person decide to file a grievance, the Client Rights Officer will assist the client or person authorized by the client in completing a client grievance form, if needed. All written grievances must be dated and signed by the client or the individual filing on the clients behalf and must include the date, time, description and names of individuals involved in the incident/situation being grieved. All grievances will be turned into the Client Rights Officer.

4. At any time a client or representative can file a grievance with any outside organizations, including but not limited to:

Saint Louis Regional Office

Missouri Protection & Advocacy Services

925 South Country Club Drive

Jefferson City, MO 65109

573-893-3333

MOFEAT

15455 Manchester Rd #3685

Ballwin, MO 63022

636-527-3328

5. Upon receiving a client grievance form, the relevant information will be logged in a grievance log by the Client Rights Officer. The Client Rights Officer will investigate the complaint, gather facts, and speak with all parties involved within three working days.

a. The written acknowledgement of receipt of the grievance shall contain:

i. Date grievance was received

ii. Summary of grievance

iii. Overview of the grievance investigation process

iv. Timetable for completion of investigation and notification of resolution.

v. Treatment provider contact name, address, and telephone number.

6. The client or an authorized representative has the right to make a personal presentation regarding his/her complaint. Behavior Intervention Services will provide an agency representative for the grievant at an agency hearing on the grievance if desired and requested by the grievant.

7. The Clients Right Officer, HR Director or the Executive Director, will prepare and submit a written response to the grievance within ten working days of the filing of the grievance. A written statement of resolution will be given to the client or grievant.

8. A client has the right to represent him/herself in the grievance procedure or to designate a representative to be involved in the process. If a representative for the client is to be involved, a release of information form will need to be signed by the client giving the agency permission to discuss relevant concerns with this party.

9. Provisions will be made for grievant to have prompt access to the Client Rights Officer. All efforts will be made to relieve the Clients Rights Officer or Alternate of current duties in order to facilitate prompt attention to the grievant and grievance procedure. Staff members will be informed of their responsibility to notify potential grievant of the right to file a grievance, and the name and hours of availability of the Client Rights Officer. The Client Rights Officer will have the responsibility of ensuring that Behavior Intervention Services, LLC remains in compliance with the grievance procedure.

10. The Client Rights Officer will keep a written record of all grievances received, this record will include a copy of the grievance, documentation reflecting process used and resolution/remedy of the grievance.  In addition, if applicable documentation of extenuating circumstances for extending the time period for resolving the grievance beyond twenty one calendar days. This record will be kept in a grievance log.*.* Any staff member receiving and/or addressing a complaint will provide the necessary documentation requested on the log and when appropriate, refer the person to a more appropriate resource. The grievance log will be kept in a locked filing cabinet accessible to all agency staff. Periodically, the Client Rights Officer will review the grievance log for informational purposes that may be used in enhancing agency services.  All grievances will be kept on file for a minimum of two years for that date of resolution.

**CLIENT RESPONSIBILITIES**

As a client receiving Supported Living Services from Behavior Intervention Services, you will be expected to fulfill the following responsibilities, to the best of your ability:

* To treat staff and roommate(s) in a respectful manner.
* To participate in the development of your Person Centered Plan.
* To follow through with the Outcomes determined in your PCP.
* To participate in training to learn evacuation procedures.
* To participate in training on household chores and maintenance.
* To participate in training regarding community and personal safety.
* To pay your share of the household bills.
* To pay for any damage inflicted to property or appliance in the home, except for normal wear and tear.
* To share the common areas of the home, the telephone, staff time/attention, and use of household appliances.
* To be respectful of other’s personal property.
* To not enter the bedroom or private area of a roommate unless invited.
* To not disrupt the sleep of a roommate by making excessive noise at night.
* To not interfere with any rights guaranteed to a roommate.
* To inform staff if you have a problem, so that staff can work with you on a resolution.
* To inform staff if you feel sick, or are in pain, so that staff can help you.

These responsibilities are intended as general guidelines. Individual homes may have specific rules which must be agreed upon by all clients residing in the home.

ANNUAL CONSENT AND WAIVER

INDIVIDUAL CLIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Client”).

PARENT/LEGAL GUARDIAN NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**THESE AUTHORIZATIONS ARE VALID FOR PLAN YEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ` month/day/year**

**THROUGH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Month/day/year**

I consent and agree that Client shall reside at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and that Client will be supported by BEHAVIOR INTERVENTION SERVICES staff member(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Date

I agree and consent that, in the event that the above-named Parent/Legal Guardian is unavailable after Client’s serious accident, injury, or illness, any BEHAVIOR INTERVENTION SERVICES staff member may seek and authorize healthcare treatment. I further agree and consent that any BEHAVIOR INTERVENTION SERVICES staff member may for the purpose of providing healthcare treatment for Client: (1) give consent on client/guardian’s behalf for physician recommended procedures and/or treatment (2) receive from, and/or give to, the provider any information and (3) authorize the release of healthcare information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Date

I grant permission to Behavior Intervention Services personnel to sign authorizations for Client to participate in school/work activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Date

I have read and understood the information provided regarding the filing of the Property Tax Credit (circuit breaker) form for Client. I understand that BEHAVIOR INTERVENTION SERVICES will assist Client in filing for and receiving this credit for tax year\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Date

Because community-based activities require transportation, I hereby authorize Client to be transported in cars belonging to employees of Behavior Intervention Services. I do hereby indemnify said employees from Behavior Intervention Services and agree to hold said employees harmless from any and all liability arising out of any injury, illness, or accident that might happen to my son/daughter/self/ward.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Date

I would like to be notified of medication changes and side effects of new medications via:

**Please check which method you would like the information:**

***□Monthly Summary □Phone call □Email***

If Phone call which number is the best contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Email which is the email address you would like it sent to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Monthly Summary what is the current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Date

**I hereby release** BEHAVIOR INTERVENTION SERVICES, its employees, volunteers, directors, officers, and agents from any and all liability arising from or related to Client’s association with BEHAVIOR INTERVENTION SERVICES, including but not limited to any claims of past or future negligence by any of them, and waive all rights regarding such claims.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

­­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Date

I have received a copy of the Client Handbook which includes my Client Rights, Behavior Intervention Services HIPPA policy and grievance policy. The information was reviewed with me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The information has been thoroughly explained to me and my guardian and we understand the information to the best of our ability.

This acknowledgement is valid for one year from the date signed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Reviewer Date