



Client First, Last Name: _____

Client Date of Birth: _____

CONSENT FOR TREATMENT AND SERVICE AGREEMENT

This document records consent for treatment and outlines the conditions under which services are provided by Child and Family Agency of Southeastern Connecticut (CFA).

CONSENT FOR TREATMENT

Client/Person to Receive Services at CFA

Client First Name _____

Client Last Name _____

Date of Birth (MM/DD/YYYY) ____/____/____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP Code _____

Person Providing Consent to Treatment (Select one)

- ☐ I am 13 years of age or older and am requesting and consenting to receive services. The information above is my own.
- ☐ I am 18 years of age or older and am requesting and consenting to receive services. The information above is my own.
- ☐ I am the parent/legal guardian of a minor requesting/receiving services and have the legal authority to consent to treatment. My information is provided below:

Parent/Legal Guardian First Name _____

Parent/Legal Guardian Last Name _____

Relationship to Client (select one): **Parent/Legal Guardian** **Other(specify):** _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP Code _____

SCHOOL BASED HEALTH CENTER OPT IN

CFA's School-Based Health Center (SBHC) programs provide medical and/or mental health services at the following locations for school-aged clients.

To register the school-aged client, please select their school and provide their current grade. If not interested in SBHC services, no action is required. You may proceed to the next page.

School Aged Client School:

- ☐ Bennie Dover Jackson Middle School (New London)
- ☐ BP Mission (Early Childhood Center)
- ☐ Catherine Kolnaski STEAM Magnet School (Groton)
- ☐ C.B. Jennings International Elementary Magnet School (New London)
- ☐ CFA Early Childhood Development Center (New London & Groton)
- ☐ Dean's Mill Elementary School (Stonington)
- ☐ Dr. Charles G. Barnum School (Groton)
- ☐ Ella T. Grasso Technical School (Groton)
- ☐ Fitch High School (Groton)
- ☐ The Friendship School (Waterford)
- ☐ Gales Ferry School/Juliet W. Long School (Gales Ferry/Ledyard)
- ☐ Gallup Hill School (Ledyard)
- ☐ Groton Middle School (Groton)
- ☐ Ledyard High School (Ledyard)
- ☐ Ledyard Middle School (Gales Ferry/Ledyard)
- ☐ Mary Morrisson (Early Childhood Center)
- ☐ Mystic River Magnet School (Groton)
- ☐ Nathan Hale Arts Magnet School (New London)
- ☐ New London High School (New London)
- ☐ Northeast Academy (Groton)
- ☐ Regional Multicultural Magnet School (New London)
- ☐ Stonington High School (Pawcatuck)
- ☐ Stonington Middle School (Stonington)
- ☐ Thames River Magnet School (Groton)
- ☐ West Vine Elementary School (Pawcatuck)
- ☐ Winthrop STEM Magnet Elementary School (New London)
- ☐ Not interested in SBHC services at this time

School Aged Client Grade: _____

SERVICE CONDITIONS AND EXPECTATIONS

By consenting to treatment for myself or the client, I understand that:

☐ **Services Provided**

- Services are individualized based on the client's needs, clinical or medical assessment, and program eligibility.
- Services may include individual therapy, family therapy, group therapy, psychiatric evaluation, outpatient medical services, school-based medical services, psychiatric medication management, and/or non-clinical community programs.
- Services may be provided in person, through telehealth, in the community, in schools, or in the home depending on program availability and clinical need.
- When telehealth services are provided, the client must be physically located in the state of Connecticut.

☐ **Confidentiality**

- I understand that confidentiality and privacy practices are explained in CFA's Client Rights and Responsibilities and Notice of Privacy Practices documents.
- When services are provided outside of a CFA office, conversations may be overheard by individuals who are not participating in treatment. While CFA will make reasonable efforts to protect privacy, complete confidentiality cannot be guaranteed in these settings.

☐ **Safety and Mandatory Reporting**

- CFA staff are mandated reporters. In the event of suspected abuse or neglect, staff will seek supervisory input and may be required to file a report with child protective services or seek emergency intervention to ensure the safety of the client or others.

☐ **Emergency Procedures**

- CFA administrative offices are open Monday through Friday, 8:30 a.m. to 4:30 p.m. Clinical service hours vary by program. Current clients have access to 24/7 on-call support for urgent concerns by calling (860)440-7182. In a life-threatening emergency, call 911.
- If emergency medical treatment is necessary for a client under the age of 18, CFA staff will attempt to contact the parent/legal guardian and may call 911 when necessary to protect the health and safety of the client or others.

☐ **Appointment Expectations**

- Clients are expected to attend scheduled appointments and participate in treatment in accordance with the Client Rights and Responsibilities Agreement. Please refer to that agreement for the full description of client responsibilities and expectations related to participation in treatment.
- For clients under 18, parents/legal guardians may be required to be available during the duration of the appointment or asked to participate in treatment sessions when deemed clinically necessary by the provider.

- For clients under 12 years of age, a Parent/Legal Guardian is required to remain available for the duration of the appointment to provide support and assistance as needed. This requirement does not apply to appointments held at SBHCs.
- If a client becomes uncomfortable during a session they may stop the session at any time, and if under the age of 18 may access their parent/legal guardian.
- **School Based Health Center Services**
 - Do not replace the client's regular community primary care provider. If a client does not have a primary care provider, staff will assist them with a referral to a primary care medical home.
 - If opting in I consent that the client specified can obtain routine health services at a CFA SBHC, including annual recommended screenings and preventative visits.
 - I authorize CFA to exchange information as needed with the client's primary care provider, school nurse, and key school district personnel to effectively care for the client. I understand that the SBHC medical and behavioral health providers may communicate with one another about client care.
 - I understand that my child will continue to be enrolled in a CFA SBHC if child is enrolled in a school that has a CFA SBHC, although yearly updates will be requested.
 - I recognize that health records, if received by the school district, may not be protected by the HIPAA Privacy Rule, but will be education records protected by the Family Education Rights and Privacy Act.
- **In Home and Crisis Services**
 - For in-home services, a parent/legal guardian or another responsible adult (18 years of age or older) who resides in the home must be present.
 - For in-home services, clients shall to the best of their abilities provide a safe environment for sessions to be completed, in alignment with CFA's Client Rights and Responsibilities.
 - For the Urgent Crisis Center, a parent/legal guardian must accompany all minors under 18 years of age.

Authorization for Electronic Communications

By checking the box and providing the contact information, I agree and consent to communications regarding services at CFA in the following forms:

- ☐ Home phone _____
 - ☐ Phone Call
 - ☐ Voicemail
- ☐ Parent/Legal Guardian Work phone _____
 - ☐ Phone Call
 - ☐ Voicemail
- ☐ Parent/Legal Guardian Cell Phone: _____
 - ☐ Phone Call
 - ☐ Voicemail
 - ☐ Text Message
- ☐ Parent/Legal Guardian Email: _____
- ☐ Client/Person Receiving Services (13+ only) Cell Phone: _____
 - ☐ Phone Call
 - ☐ Voicemail
 - ☐ Text Message
- ☐ Client/Person Receiving Services (13+ only) Email: _____

Clients/Person receiving services and parents/legal guardians can withdraw consent to electronic communications at any time verbally or in writing.

CONSENT FOR TREATMENT AND SERVICE AGREEMENT ACKNOWLEDGEMENT AND SIGNATURES

By signing below, I voluntarily consent (or authorize the named client) to receive services provided by CFA. I acknowledge that I have reviewed, understand, and agree to CFA's Service Conditions and Expectations as outlined in this document.

Client/Person to Receive Services Signature (if 13 years of age or older)

Date (MM/DD/YYYY)

Printed Name (First & Last)

Signature

Parent/Legal Guardian Signature (if applicable)

Date (MM/DD/YYYY)

Printed Name (First & Last)

Signature

NOTICE OF PRIVACY PRACTICE

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health record(s).
- Correct your health record(s).
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated by calling 860-437-4550 or submitting on-line at <https://www.childandfamilyagency.org/about/contact/> or sending a letter to us addressed at P.O. Box 120, New London, CT 06320.

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends.
- Provide disaster relief.
- Market our services.

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive.
- Run our organization.
- Pay for your health services.
- Administer your health plan.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

To the extent that we have your substance use disorder client records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health record(s)

- You can ask to see or get a copy of your health records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request.

Ask us to correct health record(s)

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- We will ensure your request to correct your health or claims record(s) is added to your health record.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or mobile phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit the information we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious or dealing with an altered mental status, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder client records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Health Information Exchange (HIE)

Child & Family Agency (CFA) participates in Health Information Exchange (HIE) networks, including Carequality and CommonWell Health Alliance, to securely access health information from participating organizations nationwide when needed for client care. Prisma is CFA's electronic health record information search tool that enables authorized providers to access available health information from these networks. Access to this information helps providers better understand a client's health history and support safe, effective, and coordinated care.

Clients have the option to opt out of this HIE service. To exercise this option, clients must notify CFA of their decision to opt out.

Do research

We can use or share your information for health research. Information shared for research purposes will not include person identifiable information.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

General Information

This notice is effective October 1, 2026.

CFA's Privacy Officer is Kim Kalajainen, Chief Operating Officer, kalajainenk@ctcfa.org and 860-437-4550.

CFA does not use or share any of your information for marketing purposes.

Connecticut State law provides the following additional safeguards for privacy practices.

- Connecticut law (Conn. Gen. Stat. § 52-146o) requires physicians, psychologists, and other health care providers to not disclose client communications or examination findings without the explicit consent of the client.
- Connecticut law support clients filing civil lawsuits against providers for negligence and unauthorized breaches of confidentiality.
- Connecticut law (Conn. Gen. Stat. § 19a-583) makes it a broad violation for anyone to disclose HIV-related information without specific, written, and informed consent.
- Connecticut law (Conn. Gen. Stat. § 52-146c) safeguards communications with psychiatrists, psychologists, and other mental health professionals.

Federal law 42 CFR Part 2 also provides safeguards to clients who are participating in treatment for substance use disorders. Under this law CFA will not use or disclose information for



purposes of civil, criminal administrative or legislative investigations or proceedings unless we receive specific written permission from you.

If you are receiving treatment for substance use disorder(s), CFA will also not contact you for fundraising purposes without your prior permission. CFA will also follow specialized procedures in contacting you in the event of a breach of our information systems.

NOTICE OF PRIVACY PRACTICES FOR SUBSTANCE USE DISORDER TREATMENT INFORMATION Child & Family Agency of Southeastern Connecticut, Inc.

This notice describes how health information related to Substance Use Disorder (SUD) treatment by Child & Family Agency of Southeastern Connecticut, Inc (CFA) may be used and disclosed, your rights with respect to your SUD treatment information and how to file a complaint concerning a violation of the privacy or security of your SUD treatment information, or of your rights concerning your SUD treatment information. You have a right to a copy of this notice, in paper or electronic form, and to discuss it with our Privacy Officer, whose contact information is listed below if you have any questions.

Kim Kalajainen Chief Operating Officer & Privacy Officer

Phone: 860-437-4550

Email: kalajainenk@ctcfa.org

This notice supplements the information in our Notice of Privacy Practices, which is required under the Health Insurance Portability and Accountability Act (HIPAA), and describes the additional protections for records related to SUD treatment information. We are required to provide clients with this notice of our legal duties and privacy practices with respect to SUD records and to notify affected clients following a breach of unsecured SUD records.

This notice is applicable to SUD treatment information protected under 42 U.S.C. Section 290dd-2 and Code of Federal Regulations (CFR), Subchapter A Part 2 which is limited to SUD treatment programs and does not apply to information related to care provided outside of these programs, such as substance use screening that is performed in emergency rooms or by your primary care provider.

Your Choices

With your consent, we can use and share your information as we:

- Treat you;
- Run our organization;
- Bill for our services;
- Fulfill your requests to share information with your consent;
- Prevent multiple program enrollments;
- Report about court-referred treatment;
- Report on prescription drug monitoring programs.

How We May Use and Share Your Information

CFA protects your health information according to federal and Connecticut laws as defined by CFA's Notice of Privacy Practice. There are additional safeguards specific to the confidentiality of SUD client records, maintained by CFA. With your consent, we will share your SUD treatment information amongst our staff as needed to provide care to you, bill you for services, or assist us with our operations. Generally, however, we may not say to a person outside of CFA that you are a client of CFA or disclose any information identifying you as a person with substance use disorder except as permitted by law and described below.

Instances where we may share information without your consent:

- The disclosure of information is between or among personnel having a need for the information in connection with their duties to provide diagnosis, treatment, or referral for treatment if the communications are within CFA, due to having direct administrative control over the respective service;
- The disclosure is made to medical personnel in a medical emergency;
- The disclosure is made to Qualified Service Organizations providing services on our behalf who agree in writing to protect the information in the same way that we are required to protect the information;
- The disclosure is made to law enforcement to report a crime you commit, or threaten to commit, in our facility or against our personnel;
- The disclosure is made to the Connecticut Department of Children and Families to report suspected child abuse and neglect as required by Connecticut state law;
- The disclosure is to a public health authority, if the information has been de-identified;
- The disclosure is to assist cause of death inquiries;
- The disclosure is made to qualified personnel for audit or evaluation who a) agree in writing to protect the information as required under our policies, b) represent federal, state, or local government agencies that are authorized by law to oversee CFA, or c) provide financial assistance to CFA or provide payment for health care, such as the Department of Mental Health and Addiction Services;
- We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.
- The disclosure is allowed by a court order and that order includes a subpoena or other legal mandate requiring that we share your information. Note that records, or testimony about your records, cannot be shared in any civil, administrative, criminal, or legislative proceedings against you unless there is specific written consent or a court order. If there is a court order, we must let you know and provide you with an opportunity to object.

In all other circumstances, we will ask for your consent to release your information outside of CFA. Instances where we may share information with your consent:

- When you ask us in writing to share your information;
- When you consent to allow us to share information about you outside of CFA for all future treatment, payment, and healthcare operations purposes. Organizations who receive your information for these purposes are required by law, or contract, to protect your information as required by federal law, including 42 U.S.C. Section 290dd-2 and Code of Federal Regulations (CFR), Subchapter A Part 2, or by HIPAA. Once your information is shared, it may be redisclosed by recipients in accordance with HIPAA. However, federal law prohibits the use or disclosure of these records in civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order.
- We must follow certain procedures before using or sharing your information for investigations and legal proceedings.
 - We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
 - We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
 - We may use or share your information to respond to legal proceedings against CFA based on a court order, and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

At any point in time, you may change your mind regarding sharing your information. If you change your mind, we will stop any future sharing of your information but will be unable to stop any information that has already been released.

Your Rights as a Client of CFA

As a client of CFA, you have certain rights with regard to your information in addition to those rights described in our Notice of Privacy Practices:

- You have a right to request restrictions of disclosures made with your prior consent for purposes of treatment, payment, and health care operations. We will review your request but are not required to agree, unless the request relates to sharing information with your insurance provider and your care has already been paid by another source. If we agree to your request, we may still share your information where needed for emergency care or where required by law.

- You have a right to an accounting of disclosures of electronic records of your care by CFA to people outside of CFA.
- You have a right to inspect and obtain a copy of your SUD treatment records, subject to limited exceptions permitted by law.
- You have a right to obtain a paper or electronic copy of this notice as well as our Notice of Privacy Practices, upon request. You may also find this notice at <https://www.childandfamilyagency.org/privacy-policy/>
- You have a right to elect not to receive fundraising communications.

Our Commitment to You

We respect the need to maintain the confidentiality of your care. We are required to follow the terms of the notice currently in effect. If we make changes to how we manage your records, we will change our notice and provide you with a new notice on your next visit if you are still receiving care. If you are no longer receiving care at CFA, you may request an updated copy of our notice or you may find the most recent notice in effect on our website at <https://www.childandfamilyagency.org/privacy-policy/>.

If you have a concern or question about this notice or your privacy, you may contact the Privacy Officer whose contact information below. In addition, you have a right to file a complaint with the Secretary of the Department of Health and Human Services. For directions on how to contact the Secretary, please contact the Privacy Officer. You will not be retaliated against for filing a complaint.

Kim Kalajainen Chief Operating Officer & Privacy Officer

Phone: 860-437-4550

Email: kalajainenk@ctcfa.org

Notice of Privacy Practices

I acknowledge that I have been provided with information on how to access CFA's Notice of Privacy Practices. I understand that this acknowledgement confirms that I received the Notice of Privacy Practices. It does not mean that I agree with its contents or authorize the use or disclosure of protected health information.

Client/Person to Receive Services Signature (if 13 years of age or older)

Date (MM/DD/YYYY)

Printed Name (First & Last)

Signature

Parent/Legal Guardian Signature (if applicable)

Date (MM/DD/YYYY)

Printed Name (First & Last)

Signature

Staff Documentation for Notice of Privacy Practices (if applicable)

To be completed by CFA staff if the client/legal guardian does not sign to acknowledge receipt for the Notice of Privacy Practices.

I certify that the CFA Notice of Privacy Practices was provided to the client/person receiving services or parent/legal guardian. The individual did not provide a signature acknowledging receipt.

Date (MM/DD/YYYY) _____

CFA Staff Member Printed Name (First & Last) _____

CFA Staff Member Signature _____

CLIENT RIGHTS AND RESPONSIBILITIES

Clients receiving services from Child and Family Agency of Southeastern Connecticut, Inc., (CFA) or its affiliates, are entitled to certain rights and responsibilities.

Confidentiality

- Information regarding a client's treatment will not be disclosed to anyone outside of CFA without the appropriate authorization, except as permitted or required by law.
- To support coordinated care, CFA staff may share information between CFA programs as permitted by law and CFA policy.
- When more than one adult name is in a record, authorization from all applicable adults may be required before information is shared.
- CFA's role is to support the client's mental and physical health and well-being. CFA does not participate in custody disputes or provide written recommendations relating to custody.
- CFA continually evaluates its programs to improve services for children and families. De-identified information may be used for internal quality improvement, reporting, statistical purposes, and funding requirements. Any use of identifiable Protected Health Information (PHI) for external research will occur only with appropriate written authorization or approval by an Institutional Review Board (IRB) or Privacy Board, as required by law.

Client Rights

Clients have the right to:

- Receive equal treatment without regard to race, color, spiritual beliefs, sex, gender identity, sexual orientation, and/or national origin.
- Receive services that take into consideration the client's culture and spoken language.
- Participate actively in treatment planning, and ongoing decisions regarding services.
- Review the client's record, subject to applicable confidentiality laws and Agency policy. Record reviews are conducted in the presence of the treating provider and/or supervisor. CFA will determine whether review or release of information may be harmful to a minor client, as permitted by law.
- Subpoena CFA treating clinician or provider for written or verbal testimony. Fees may apply.
- Request a change in staff assignment.
- Refuse services at any time. The clients should discuss with their assigned clinician.
- Seek another opinion from an individual or organization outside of CFA regarding diagnosis, medications, or treatment planning.
- Decline any audio/audiovisual taping.
- Receive information regarding risks, benefits, and alternatives associated with the proposed treatment or service plan.
- Request information regarding the professional education and experience of the treating clinician.
- Request a Good Faith Estimate.
- Express concerns regarding services and request changes when appropriate.

- Express concerns about the CFA policies and procedures. The agency's Grievance Procedure is available for review and reference on our website at <https://www.childandfamilyagency.org/grievance-procedure/>

Client Responsibilities

Clients and parents/legal guardians are responsible for:

Maintaining a Safe and Respectful Treatment Environment

- Treating CFA staff, family members, and other clients with respect.
- Maintaining a safe and appropriate treatment environment.
- Refraining from rude or obscene language, appearing under the influence of alcohol or other substances, and making verbal or physical threats while receiving services.
- Understanding that threats and actions involving harm to oneself or others are not protected by confidentiality and may be reported to the appropriate authorities.
- Ensuring that weapons are not brought onto CFA premises. When services are provided in the home, weapons must be disclosed, secured, and safely stored.
- Understanding that behaviors that compromise the safety of clients, families, or CFA staff may result in changes to services, including discharge from CFA services.
- Not recording, photographing, or otherwise capturing, or sharing or distributing, video, audio, or photographs of CFA services, staff, clients, or family members.

Participating in Treatment

- Participating actively in treatment and attending scheduled appointments as recommended by the treatment team.
- Following program expectations and treatment recommendations discussed during intake and throughout the course of services.
- Providing accurate and complete information regarding medical history, medications, symptoms, and other information necessary for treatment.
- Notifying CFA promptly of changes to contact information, insurance coverage, or legal custody that may affect treatment, communication, or service coordination.
- Understanding that failure to participate in services, maintain attendance, or meet program expectations may result in discharge from CFA services.

Managing Financial Responsibilities

- Providing and maintaining accurate and current financial, insurance, and contact information necessary to determine eligibility, billing, and payment for services.
- Reviewing and signing CFA's Financial Responsibility Agreement.

Telehealth Agreement

Telehealth allows CFA providers to diagnose/evaluate, consult, treat, educate, and manage care using interactive audio, video or data communication.

- I agree not to record and/or distribute my telehealth therapy sessions.

Client Rights & Responsibilities Acknowledgement

I agree that I have received, read, and understand this Client Rights and Responsibilities document. I have had the opportunity to ask questions, and my questions have been addressed. I understand my rights and responsibilities as a client or parent/legal guardian of a client at CFA.

Client/Person to Receive Services Signature (if 13 years of age or older)

Date (MM/DD/YYYY)

Printed Name (First & Last)

Signature

Parent/Legal Guardian Signature (if applicable)

Date (MM/DD/YYYY)

Printed Name (First & Last)

Signature

FINANCIAL RESPONSIBILITY AGREEMENT

By signing this agreement, I acknowledge that I am the financially responsible party for the client at Child & Family Agency of Southeastern Connecticut, Inc (CFA). This agreement applies to clients who: have HUSKY, commercial or military insurance, do not have insurance (self-pay), or choose not to use insurance for CFA services (private pay).

Understanding Insurance Costs

At CFA, we understand that healthcare insurance can be hard to understand and at times confusing. The information below confirms terms and ensures we have a common understanding of insurance terms:

- **Co-payment:** a fixed dollar amount you pay directly to the service providers for a health care visit.
- **Deductible:** a set dollar amount you pay yourself for care before insurance starts paying.
- **Co-insurance:** a split percentage of the bill (such as 20% for you and 80% for the plan) that you pay after you meet your deductible.
- **Statement:** CFA will send a monthly statement detailing any balances owed.

General Responsibilities

I agree to:

- Provide current insurance information that confirms the client's eligibility to receive services. Should changes in insurance occur, new insurance information must be shared with CFA by the time of the client's next appointment.
- Complete any additional paperwork or forms required by my insurance company to receive prior authorization for client services.
- Inform the client's provider if they are receiving similar services from another provider that could be duplicate services provided by CFA. This is important as it could create a situation where the insurance will not pay for one of the services.
- Contact the CFA billing department if I have questions about insurance coverage, billing, payment arrangements, or financial assistance.

Payment Responsibilities

If applicable, I agree to:

- Pay any insurance co-payment (co-pay) prior to or at the time of the visit.
- Pay any deductible or co-insurance that remains after my insurance has processed the claim.
- Pay the full cost of services if I do not have insurance or choose not to use my insurance per the fee schedule that follows.

Outstanding Balances

I understand that:

- If the client transitions from one CFA service to another, any outstanding balance must be paid in full prior to starting the new service.

- If client withdraws from a program with an outstanding balance, I remain accountable for paying the balance.
- Failure to meet financial responsibilities may affect client's ability to schedule future appointments and could result in discontinuation of services.

Fee Schedule

For those clients with commercial or military insurance, CFA has either negotiated or accepted the rates set by your insurance company and will be disclosed on your explanation of benefits (EOB) or your monthly CFA billing statement.

The fee schedule below includes our base fee applicable for private pay or self-pay clients. Based on specific services rendered during sessions, these could vary based on time spent.

Program	Intake Session & Case Management	Follow-Up Sessions or Med Check
Child Guidance Clinic (CGC) / Outpatient Therapy	\$150	\$120
Functional Family Therapy (FFT)	\$180	-
Multi-dimensional Family Therapy (MDFT)	\$180	-
Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)	\$180	-
Adult Outpatient Therapy (AOT)	\$150	\$120
Urgent Crisis Center (UCC)	\$1000	-
Psychiatry (Psych)	\$275	\$125-\$175

Clients participating in the following CFA services will not be billed for out of pocket fees:

Grant Funded Programs	Intake Session	Follow-Up Sessions
Intensive Family Preservation (IFP)	N/A	N/A
Reunification & Therapeutic Family Time (RTFT)	N/A	N/A
Family Resource Centers (FRC)	N/A	N/A
Youth Engagement Partnership (YEP)	N/A	N/A
Healthy Futures (HF)	N/A	N/A
Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) ^Some insurances	*	*
School Based Health Centers- Medical & Mental Health (SBHC)	*	*
Intimate Partner Violence - Family Assessment Intervention Response (IPV-FAIR)	*	*

** Note: CFA will make a Good Faith Effort to obtain and confirm insurance eligibility to bill insurance for these programs*

Financial Assistance

If I am unable to pay my balance, I understand that I may contact CFA's billing department by calling (860) 437-4550 Option 5 to discuss available payment options or determine whether I qualify for a reduced fee. To determine whether I qualify for financial assistance, CFA may ask me to:

- Provide updated financial information
- Share documentation of hardship
- Agree to a specific payment arrangement

Release of Information: I authorize CFA to disclose and release to my insurance carrier(s), including Medicare, Medicaid, Medigap/Supplemental benefits providers, and private insurers, as applicable, any medical and treatment information needed for payment purposes for services rendered. I authorize use of this form for the release of information needed to process claims to all my insurance carrier(s) and its authorized agents. I authorize my provider/practice to act as my agent in helping obtain payment from my insurance companies.

Assignment of Benefits: I assign all payments, rights and claims for reimbursement of claims, costs and expenses allowable under my insurance plan(s) directly to my provider or practice for services rendered. I understand I will receive a statement for any balance due by me and I agree to make full payment upon receipt of the statement after insurance has met its obligation.

Medicare Authorization: If a Medicare beneficiary, I understand my signature requests payment to be made and authorize the release of medical information necessary to pay claims. If 'other health insurance' is indicated in item 9 of the HCFA-1500 Form, or elsewhere on approved claim forms, or electronically submitted claims, my signature authorizes the release of information to insurance companies or its authorized agents. In Medicare-assigned cases, the physician or supplier agrees to accept the charge of determination of the Medicare carrier as the full charge, and I agree I am responsible for deductible, coinsurance and non-covered services. Coinsurance and deductibles are based upon the charge determination of the Medicare carrier.

Financially Responsible Party Signature

Client (if over 18 years old) or Parent/Legal Guardian

Date (MM/DD/YYYY):

Printed Name (First & Last):

Signature:
