

JPHSA Acknowledgment and Consent

JeffCare Division

Individuals Receiving Services from JeffCare		Initials
Handbook	I have received a copy of the JeffCare Health Services Handbook.	
Privacy	I have received a copy of the JPHSA Privacy Notice.	
Rights	I have received a copy of the Rights and Responsibilities of Individuals Served.	
Acknowledgement of Abuse/Neglect Reporting Requirement	All health and human service professionals are required by state law to report suspected abuse or neglect of certain populations (e.g. children, elderly or adults with disabilities) to the appropriate authorities. If you have any questions about this, please feel free to ask for a better understanding before you acknowledge.	
Feedback	I received a copy of the JPHSA Feedback form, and I understand that I can provide feedback (positive or negative) and receive a response from JPHSA.	
Appeals	I received a copy of the JPHSA Appeals Process and I understand that I have a right to appeal certain eligibility, service, and fee decisions per JPHSA policies.	
Advance Directives	Do you have a Medical Advance Directive or Living Will? Yes <input type="checkbox"/> No <input type="checkbox"/> • If yes, do you have a copy of the directive? Yes <input type="checkbox"/> No <input type="checkbox"/> • If no, would you like information and assistance on completing one? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Do you have a Behavioral Health Advance Directive? Yes <input type="checkbox"/> No <input type="checkbox"/> • If yes, do you have a copy of the directive? Yes <input type="checkbox"/> No <input type="checkbox"/> • If no, would you like information and assistance on completing one? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Attendance Procedure	I understand, if I am unable to attend an appointment, I am expected to notify the Health Center in advance. I understand if I do not check in by my designated check-in time, I may not be able to be seen that day or may have to wait to be seen. I understand if a provider in JeffCare prescribes medication, I must attend my regularly scheduled appointments to continue my medication without interruption.	
Payment for Services	I understand I am expected to pay for my services at the time of the service, including private insurance co-pays. I also understand if I am unable to make my payment at the time of the service, I can request to set up a payment plan prior to being seen for the service.	

Possible Reasons for Discharge	<p>I understand that services from JeffCare may be terminated for certain reasons, including but not limited to:</p> <ul style="list-style-type: none"> • Meeting or completing all of the goals on my service plan; • Refusing to participate in services or work towards my service plan; • Doing something that poses a substantial risk to others, including bringing alcohol, illegal drugs or weapons into the Health Centers; • Demonstrating a need for services that JeffCare is unable to provide; and/or • Failing to make payments towards services or failing to make an effort to adhere to payment plans developed. 							
Drug Screens	<p>During the course of receiving services here, I may be asked at any time, including today, to provide a urine drug screen (UDS) to assist in my assessment and treatment. I understand that I have the right to refuse to be administered a UDS.</p>							
Charitable Choice	<p>I have a right to be referred to a faith-based provider for substance use disorder services if I so choose. If I am unhappy with the services provided, I can return to JPHSA to receive these services at any time.</p>							
Consent to Treatment	<p>I have had the opportunity to review the information provided on this page and to ask questions. I understand that my/my child's participation in JeffCare and services is voluntary and I authorize JeffCare to provide services for me/my child, including diagnostic procedures and/or hospitalization, except as required by law.</p>							
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