

Consenting to Treatment and/or Services at Lenape Valley Foundation (LVF)

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|---|---|
| <input type="checkbox"/> Administrative Case Management (ACM) | <input type="checkbox"/> Blended Case Management (BCM) |
| <input type="checkbox"/> Outpatient (OP) | <input type="checkbox"/> Assertive Community Treatment (ACT) |
| <input type="checkbox"/> Crisis | <input type="checkbox"/> Behavioral Health Rehabilitation Services (BHRS) |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Partial Hospital Program (PHP) |
| <input type="checkbox"/> Peer Support | <input type="checkbox"/> Seniors Empowered for Life Fulfillment (SELF) |
| <input type="checkbox"/> Evaluation & Management (E&M) | |

As we partner with individuals and families to meet their aspirations and goals, safe and trusting relationships are essential. This Consent form is meant to begin this process by sharing important information about services here.

As you review this Consent form, please refer to the documents you have been given (by LVF staff), which provide more information under each of the categories below:

Informed Consent and Decision-Making

LVF is a mental health services provider. Our services are voluntary. You have freedom to choose where to participate in mental health services – here or with a different provider. You have the right to full information about your condition and treatment/service options, to ask questions and have your concerns addressed, and to make decisions about your care.

Notice of Privacy Practices (HIPAA)

LVF is bound to federal and state law with regards to protecting and safeguarding your personal healthcare information (PHI). The Notice of Privacy Practices we distribute to you describes circumstances under which LVF may and may not share your PHI, and what your rights and choices are in this matter. Federal law requires that we obtain your signed acknowledgement that you have received the Notice of Privacy Practices.

Bill of Rights

The LVF Bill of Rights lists protections available to you with regards to non-discrimination and your rights as a health care consumer.

Civil Rights Compliance

LVF's Civil Rights Compliance document lists addresses for submitting a complaint in the event you believe you have been discriminated against based on race, color, religious, creed, handicap, ancestry, national origin, age or sex.

Formal Complaint Procedures

LVF is open to complaints about our staff, services, or facilities. Complaints are most often managed by speaking with a trusted staff member or a manager overseeing the involved staff or area. If preferred, a formal complaint process is available as described in the Formal Complaints Procedure document.

Mental Health Advanced Directive

You have the right to institute a Mental Health Advanced Directive (MHAD). LVF staff can point you to information sources about the creation and use of this document. LVF is required to ask you if you have an MHAD.

Do you have a Mental Health Advanced Directive? Yes No

Would you like information on the completion of a Mental Health Advanced Directive? Yes No

LVF Service Guidelines

LVF provides services in offices, homes, and the community to individuals and families in many different circumstances – often under stress. LVF Service Guidelines attempt to create a service environment where all involved can feel respected and safe.

Signature Page

I have read this information in this Consent or have had it explained to me.

I have received documents associated with each of the categories above.

I am aware that all of these documents remain available to me in LVF service waiting areas, through a request to any LVF staff, or on LVF's website at www.lenapevf.org.

Signature