



**C.A.S.E**  
**SUPPORT SERVICES**

Consent Packet

**C.A.S.E. Support Services, LLC**  
500 West Lanier Avenue STE 103B  
Fayetteville, GA 30214  
Office: 404-800-4002 Fax: 404-393-5698

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## **CONSUMER'S RESPONSIBILITIES**

As a client you and/or your representative are expected to:

- Provide complete and accurate information about your health, including present condition, past illness, hospitalization, medications, natural products and vitamins, and any other matters that pertaining to your health.
- Provide complete and accurate information including your full name, addresses, home telephone number, date of birth, social security number, insurance carrier, and employer when it is necessary.
- Ask questions when you do not understand what your doctor or other member of your health care team tell you about your diagnosis or treatment. You should inform your doctor if you anticipate problems, in the following prescribe treatment. Inform your doctor if you are considering alternative therapies.
- Ask your doctor or nurse what to expect regarding pain and pain management, and work with them to develop pain management plan. You should tell your doctor or nurse about any worries you have about taking pain medication.
- Keep appointments, be on time for your appointments, and call us as soon as possible if you cannot keep your appointments.
- Leave valuables at home and bring only those items necessary.
- Abide by all facility rules and regulations.
  - No smoking
  - Weapons are prohibited on premises
  - Treat staff, other consumers and visitors wit courtesy and respect.
- Provide complete and accurate information for insurance claims and work with the facility's administrator to make payment arrangements.
- Know your health insurance coverage and related policies concerning required pre-approvals, co-pays, covered services, admissions, and the services covered by our insurance provider.
- Pay your treatment bills in a timely manner.
- Ask questions if there is financial issue that you do not understand.

**SUMMARY OF CONSUMER RIGHTS IN COMMUNITY MENTAL HEALTH,  
Intellectual Disabilities AND SUBSTANCE ABUSE**

When you receive services in a community mental health, mental retardation, and/or substance abuse program, your rights are protected by Rules and Regulations contained in Chapter 290-4-9. A full copy of the Rules is available to you at the program where you are served. Below is a simplified outline of those rights. The Rules and Regulations describe any limitation to these rights and other provisions which may apply and should be consulted when there is a dispute or question regarding any of these rights.

**Your rights include:**

- The right to an interpreter if you do not speak English or are hearing impaired.
- The right to receive services that respect your dignity, and protect your health and safety
- The right to know the names and positions of all those involved in services planning and implementation process
- The rights to be informed of the benefits and risk of your treatment.
- The rights to participate in planning your own program.
- The right to refuse service, unless a physician or licensed psychologist feels that refusal would be unsafe for you or others.
- The right to receive care suited to your needs.
- The right to prompt and confidential services even if you are unable to pay.
- The right to review and obtain copies of your records, unless the physician or other authorized staff feels it is not in your best interest.
- The right to exercise all civil, political, personal and property rights to which you are entitled as citizen.
- The right to remain free of physical restraints or time-out procedures unless such measures are required for providing effective treatment, or protecting the safety of you or others.
- The right to be free of physical or verbal abuse.

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- The right to converse privately, to have reasonable access to a telephone, to receive/send mail, to have visitors and to retain your personal effects, clothing and money, except if denial is necessary for treatment/habilitation-documented by physician/licensed psychologist.
- The right to have advance directives, such as a living will, health care proxy, or durable power of attorney that clearly states your treatment wishes.
- The right to pain assessment and management.
- The right to file a complaint if you think any of these rights have been restricted or denied.

If you want to know more about your rights, a full copy of the Regulations is available to you on report. A summary of the Consumer Rights Complaint Process is also available.

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Privacy Notice

Effective Date: July 1, 2010

THIS NOTICE DESCRIBES HOW YOUR MEDICAL & PROTECTED HEALTH  
INFORMATION  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO  
THAT INFORMATION

PLEASE REVIEW THIS NOTICE CAREFULLY

Please Note: A more thorough explanation of the C.A.S.E. Support Services Privacy Notice can be obtained at any time by requesting a copy from the Integration Center, HFA Privacy Officer, your Team Leader, and/or accessing the C.A.S.E. Support Services web page at [www.csspptsrvcs.outlook.com](http://www.csspptsrvcs.outlook.com)

- Your confidential health information may be released to and shared with other members of the treatment team and/or agency as needed to provide you and your family with quality care and treatment.
- Your confidential health information may be released to your insurance provider for reimbursement for the services provided to you and your family.
- Your confidential health information may be released to public or law enforcement officials in the event of an investigation in which you and/or child are a victim of an alleged abuse, crime or domestic violence or in the cases of missing persons.
- Your confidential health information may be released to other health care providers in the event of a need for emergency care.
- As required by law, your confidential health information may be released to a public health organization or federal organization to report communicable disease or untoward event to a biological product (food or medication).
- Your confidential health information may not be released for any other purpose than that which is identified in this notice (including the more detailed notice).
- Your confidential health information may be released only after receiving written authorization from you and/or your parent/legal guardian. You may revoke your authorization to release confidential health information at any time.

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- You may be contacted by C.A.S.E. Support Services staff to remind you of any appointment or other health services that may be of interest to you and/or your family.
- C.A.S.E. Support Services may contact you for the purposes of fund-raising to support the agency's operations.
- You have the right to restrict the uses/disclosures of your confidential health information. However, HFA may choose to refuse your restriction if it is in conflict of providing you and your family with quality health care or in the event of an emergency situation.
- You have the right to receive confidential communications about your health care.
- You have the right to review and photocopy any/all portions of your health information. However, HFA does reserve the right to refuse copies of portions of the clinical record as allowed by law.
- You have the right to make changes to your health information. However, HFA does reserve the right to refuse copies of portions of the clinical record as allowed by law.
- C.A.S.E. Support Services is required by law to maintain your health information confidentially.
- Upon request, you have the right to receive a more thorough Notice of Privacy Practices. This can be requested at any time from the Integration Center, HFA Privacy Officer, or your service planner.
- C.A.S.E. Support Services is bound to our Notice of Privacy Practices. We reserve the right to make changes as necessary. If changes are made, you may receive an updated copy of the HFA Notice of Privacy Practices.

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## **CONSUMER GRIEVANCE INSTRUCTIONS**

1. If you have a concern or grievance, we encourage you to bring our concern grievance to the attention of the staff person involved. The staff person will address your concerns and attempt to solve the problem with you.
2. If you are unable to complete the first step or if your concern or grievance has not been resolved by meeting with the staff person concerned, you may request an interview with that staff person's immediate supervisor. This request may be made in writing, by telephone contact or in person to the Program Director of Clinical Director. Upon receipt of the request, the supervisor will contact you within 48 working hours.
3. If your concern or grievance is still not resolved to your satisfaction, you may re-contact the supervisor involved and request a mediation session with the assistance of a trained mediator, both parties can try to reach a mutually satisfactory resolution.
4. If you choose not to have a mediation session, or it does not resolve the issues, you may have a Review Hearing. The Review Hearing will be scheduled within 15 working days of your request. You may have an advocate or supportive person with you. We will keep minutes and provide you with a written response with 5 working days of the meeting.

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Crisis Line Referral to Georgia Crisis and Access Line (GCAL):

1-800-715-4225

I, \_\_\_\_\_, understand and acknowledge that I have received the Georgia Crisis and Access Line phone number for crisis situations, in the unlikely event that my team members are unavailable. Crisis situations could include, but are not limited to, self or dependent being at imminent risk of harm to self or other. I understand and acknowledge that if I (or my family member) is in a crisis situation, and my team members cannot be reached for immediate assistance, I will call 1-800-715-4225 and/or 911.