



Prairie Band Potawatomi Nation – Tribal Victim Services Program

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INFORMED CONSENT TO PARTICIPATE IN SERVICES

Client Name: _____

DOB: _____

Each client is informed of conditions under which services are provided. The signatures below confirm that the client, and/or his parent/guardian/authorized representative (hereafter “client”), received information to make an informed decision regarding receiving services. Specifically, the client and the staff member signed below discussed the following:

1. Engaged in discussion to identify problem(s) to be addressed and services available to address need;
2. Intake Packet & Service Delivery Process – Including but not limited to: required forms, identification, signatures, and other documentation necessary, prior to service delivery, in order to document eligibility to receive services;
3. The worker’s name, training, title(s), license(s), scope and limitations of work, and supervisor’s name and title;
4. Internal programs referred to, their purpose, capacities, and role in the comprehensive plan developed to address the client’s need;
5. Identified and discussed alternative options and risks and benefits to receiving services;
6. Notice of Confidentiality, Records Management & Access – Records are maintained in both written and electronic formats. Client records are accessible only to the client, persons/agencies with a current and valid written authorization to release/receive information pertaining to the client, authorized staff for purposes pertaining to the comprehensive and coordinated services to the client, for staff supervision, and for billing and audit purposes as required (42 C.F.R. Part 2; Privacy Act, 5 USC 552(a), the Violence Against Women Act confidentiality requirements, and/or the Health Insurance Portability and Accountability Act PL 104-191). Cases in which a client is receiving services under multiple programs may be presented for staffing;
7. Notice of Exceptions to Confidentiality – Program staff are required to release information, without a written consent, under certain circumstances. Those circumstances are as follows:
 - a. If there is reason to believe the client is in imminent danger conducted by another person;
 - b. If there is reason to believe the client is in danger of harming self or another person;
 - c. If there is reason to believe a child is being or has been abused and/or neglected (P.L. 101-647 Crime Control Act and P.L.101-630 Indian Child Protection & Family Violence Prevention Act); and/or
 - d. When a court order has been issued and validated compelling the release of certain limited information.
8. Notice of Non-Violence Agreement – Clients agree any violent, harassing, and/or demeaning actions taken by the client toward any staff member is cause for immediate termination of services (PBP Nation Employee P&P Section 4; F. Inappropriate Behavior and Anti-Harassment Policy);
9. Notice of Right to Appeal Decisions – Clients have the right to appeal determinations and decisions made by a staff member. Request for reconsideration should be addressed to the Program Manager within 10-days of the decision or as otherwise allowed in program specific policies & procedures;
10. Notice of In-activity Policy –It is the client’s responsibility to initiate contact with the program staff to remain an active client. Under most circumstances client files are closed after a period of 60-days with no-activity on the part of the client unless other arrangements have been made and documented in the client file.

This consent is voluntary, and I had the opportunity to ask and receive answers to questions pertaining to it.

Client Signature or Parent/Guardian/Authorized Representative

Date

Staff Signature

Date