

Participation Form

ABOUT YOU

Full Name: Preferred Name:

Pronouns: Date of Birth: Race: Gender Identity:

Address:

Phone #: E-Mail:

School: Grade:

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: Relationship to Self:

Phone #: Email:

PROGRAM QUESTIONS

Would you prefer to meet with someone from our program team by yourself? Yes No

If yes, tell us a little about why, so we can best support you:

Do you have any questions or suggestions?

PARTICIPATION AGREEMENT

I agree to comply with the rules and policies of the program and facility:

Signature: Date:

Program Guidelines

Welcome to CRC Teen Elevate! Our goal is to guide you through a program where you will learn skills that improve your mental wellness, refine your coping skills, and develop your overall understanding of mental health. To do that, we need to create an environment where everyone feels welcome and accepted.

CRC Teen Elevate is guided by the following values, and will encourage all participants to engage appropriately and maturely with the program:

- **Respect:** showing consideration for the feelings, thoughts, wishes, rights, or traditions of others
- **Compassion:** to empathize with/relate to someone who is suffering and to feel compelled to reduce the suffering
- **Integrity:** a personal quality of fairness; being honest and having strong moral principles that you refuse to change
- **Open-mindedness:** the willingness to consider something without judgment

The social work staff will work with all participants to help them learn to act and make decisions that align with these values. If behavior or attitude redirection is needed consistently, a participant may be asked to leave the program for the remainder of the session, at the discretion of the Social Work Staff. If the behavior continues, the participant will be required to meet with the Social Work Lead prior to re-engaging with the program.

The following behaviors will not be allowed at CRC Teen Elevate under any circumstances:

- *Possession or use of weapons, alcohol, illegal substances, paraphernalia, or tobacco products*
- *Acts of physical violence, harassment, threats, bullying, or intimidation*

If a teen engages in one of the above behaviors, they will be asked to leave the program immediately and will only be allowed to return after a meeting is held with the youth and their parent or guardian, at the discretion of the Social Work Lead.

By signing below, I acknowledge that I agree to follow the above guidelines:

Printed Name

Signature

Date



CENTER FOR JUSTICE SOCIAL WORK CLIENT INTAKE INFORMATION

Center for Justice Social Work (CJSW) offers various programs and services. Please check the box that indicates the program or service in which you are participating in:

- Arlington Mobile Integrated Health (MIH)
- Soundview Wellness Mental Health Therapy 
- Teen Elevate @ Community Resource Center of Stanwood/Camano

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a 'Client's Rights' section describing your rights under the law. You have the right to review this Notice before signing it. The terms of this Notice may change. If we change this Notice, you may obtain a revised copy by contacting our office. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations.

You have the right to revoke this Consent, in writing, signed by you. However, such revocation shall not affect any disclosures we have already made in reliance on your prior Consent. CJSW provides this information in compliance with Federal Regulations, Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 CFR Part 2.

As a client, you understand the following information as it pertains to HIPAA:

- Protected health information may be disclosed or used for treatment, payment or health care operations.
- CJSW has a Notice of Privacy Practices and that the individual has the opportunity to review this notice.
- CJSW reserves the right to change the Notice of Privacy Policies.
- You have the right to restrict the uses of their information.
- You may revoke this Consent in writing at any time and all future disclosures will then cease.
- CJSW may condition treatment upon execution of this Consent. No services can be provided without this signed form. No insurance can be billed on the individual's behalf without this signed HIPAA consent form.

As a client, you understand the following information as it pertains to 42 CFR Part 2:

- Federal Regulations (42 CFR Part 2) prohibits a recipient of protected health information from making any further disclosure of alcohol or substance abuse treatment information unless expressly permitted by written authorization of the person to whom it pertains or their legal representative or otherwise permitted by 42 CFR Part 2.
- These Federal Regulations also restrict any use of the information to criminally investigate or prosecute any substance use disorder client.
- 42 CFR Part 2 permits only limited disclosures regarding deceased clients when required by federal or state laws for the collection of vital statistics or an investigation into the cause of death.

If you have any questions or concerns regarding your health record or if you believe that CJSW has violated the Counselor Credentialing Act, please notify the CJSW Administrative Team at the contact listed below:

Administrative Team Contact: Jessica Willmorth, 360-218-4645, jessica@cjsw.org

CLIENT RIGHTS

Our program is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client you have rights and responsibilities that are important for you to understand. Your provider has corresponding responsibilities to you. These rights are listed below:

- You are entitled to receive information from me about my methods of intervention, the techniques I use and the duration of your program (if we can determine it). Please ask if you would like to receive this information
- You can seek a second opinion from another professional or terminate our program at any time
- You have the right to a referral if you should want services from another place or clinician
- You have the right to request restrictions on certain uses and disclosure of protected health information about you
- You have the right to release confidential information about you. This requires your written consent
- You have the right to rescind your release of information, in writing. However, if disclosures have already been made based on your earlier consent, these disclosures cannot be undone
- You have the right to receive an accounting of disclosures of Protected Health Information (PHI)
- You have the right to receive confidential communication by alternative means and at alternative locations. For example, you may ask that we contact you at your home address or personal phone number instead of work
- You have the right to inspect and obtain a copy of your file. You must request this in

writing. This however, does not include information gathered in anticipation of, or for use, in civil/criminal, or administrative action; information that we cannot legally disclose to you; or information that we determine should not be disclosed to you because it might hurt you or someone else

- You have the right to obtain a copy of this disclosure

Our program interventions have both benefits and risks. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness because the process of our program often requires discussing the unpleasant aspects of your life. However, our program has been shown to have benefits and we choose techniques that have research and evidence to back up their effectiveness. Our program often leads to clients having better coping skills and resources to manage life's challenges. Your participation is vital to the process. If you are feeling our program is not working for you, let us know. We can always adjust and create a new plan going forward.

CLIENT RESPONSIBILITIES

As a client of Center for Justice Social Work, you agree to the following responsibilities:

- Treating other individual's and staff, with dignity and respect, without regard to race, color, creed, national origin, religion, sex, sexual orientation, age, criminal background, political beliefs, visual or hearing impairment or disability
- Respecting the confidentiality of other program participants
- It is your responsibility to ask questions about anything you do not understand and to work with your provider to solve problems
- Absence or rescheduling of appointments must be kept to a minimum. Please give 24-hour notice for cancellations. Arriving 10 minutes late or more can be counted as a no-show and you will need to reschedule your appointment
- Respecting the rights of others. This includes physical violence, threats and other forms of abuse
- Not discriminating against fellow individuals because of an individuals' actual or perceived HIV infection, or association with individuals who are infected or who are perceived to be infected
- Observing rules, policies, signs and staff requests
- Weapons are not permitted on the program premises; physical violence or threats will not be tolerated. If you are found to be in violation of this rule, you will be discharged
- Individuals are not permitted to loiter in the immediate area around the Agency. After completing your business with the Agency, you are expected to leave
- No smoking is allowed in CJSW buildings

RECORDS

According to Washington State law RCW 246.809.035. CJSW is required to keep appropriate records on file. Your records are maintained in a secure location.

PARENTS & MINORS

While privacy in behavioral health is crucial to successful progress, parental involvement can also be essential. Children 13 and over are legally able to consent to their own treatment and must do so freely in order for them to participate in services. However, CJSW requests an agreement between the client and the parents allowing CJSW to share general information about progress and attendance, as well as a summary upon completion of our program. All other communication will require the child's agreement, unless we feel there is a safety concern (see section on Confidentiality for exceptions), in which case we will make every effort to notify the child of our intention to disclose information ahead of time and make every effort to handle any objections that are raised.

APPOINTMENTS

Frequency of appointments is dependent on the client's needs and goals.

COMMUNICATION POLICY

Email, text and other forms of electronic messages provide convenient methods of communication but please be advised that these methods, in their typical form, are not confidential means of communication and are not secure/HIPAA compliant. Please refrain from sending private health information via text message, voicemail and/or email. CJSW prefers to use email, voicemail and text message communication only with your permission and checking your preferred communication below and signing this disclosure is verifying your agreement to the chosen communication methods. **Client's preferred communication method: Voicemail Text Email**

MENTAL HEALTH CLINICIAN DISCLOSURE STATEMENT

PURPOSE

The purpose of the Counselor Credentialing Act is to provide protection for public health and safety and empower the citizens of the state of Washington by providing a complaint process against those Counselors who would commit acts of unprofessional conduct. Counselors practicing counseling for a fee must be registered or licensed with the Department of Health for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. Services are sometimes offered by a team of clinicians working together to provide on-going therapeutic intervention. While you may be seen by one or more members of our team, you will have a primary clinician who is responsible for overall management of your care. You have the right to refuse treatment and to choose a practitioner that best suits your needs. You can access crisis response services 24 hours a day, 7 days a week by calling 1-800-584-3578 or 9-8-8. (WAC 246.809.710)

EDUCATION, TRAINING AND EXPERIENCE

Social Workers are required to meet minimum education, training and experience requirements to become a mental health professional as defined by the Washington State Department of Health. As an organization, our therapeutic approach is client centered and blends various techniques to address your specific needs. Our goal is to listen openly, validate and empower

each client through skills development, reinforcing strengths, and challenging and replacing negative, self-defeating thoughts. Therapy and other therapeutic interventions are a unique collaborative relationship wherein the experience relies on a trusting, emotionally safe dynamic that will foster growth, healing and positive change for the client. Each provider brings their own unique experiences and education. CJSW has multiple undergraduate and graduate-level social work interns as well as associate licensed social workers, and fully licensed social workers. All providers, regardless of education level are closely supervised by a fully licensed social worker. An individual disclosure is available upon request for each clinician.

CONFIDENTIALITY

All sessions are held in strict confidence. It is the client, not the provider, who determines whether information may be released outside of CJSW, and only with a release of information signed by the client. CJSW practices from a team approach to ensure you receive access to services as quickly as possible. As such, there may be times that you will meet with multiple clinicians and/or have multiple clinicians assigned to you. Exceptions to this rule: state law mandates that there is no confidentiality where child abuse or abuse of a vulnerable adult has occurred. The provider may also be required to break confidentiality in life-threatening situations where the client poses a clear and present danger to self or others or is unable to provide minimum life-sustaining self-care. In this situation, the provider would take steps necessary to secure the safety of the client or others. Additional limitations to confidentiality include court subpoenas and situations in which vulnerable populations may be at risk. In case of a medical emergency, medical personnel may be given information pertinent only to your immediate medical care or if a crime is committed on the premises.

MENTAL HEALTH TEAM

Position	Name	Credential Number	Licensure Year	Professional Experience
Administrator	Dr. Kaitlyn Goubeau, LICSW	LW61055538	2021	MSW,2014 DSW, 2020
Director of Clinical Services	Sarah Trajano, LICSW	LW60790880	2018	MSW, 2014
Social Worker	Olivia Lauzon, LSWAIC	SC61298990	2022	MA, 2018 MSW, 2022

Position	Name	Current Degree	Degree In Progress	Expected Graduation
MSW Intern	Jill Malone	B.A. Psychology (2018) M.A. Behavioral Health (2020)	Master's of Social Work, Eastern Washington University	2023
MSW Intern	Alyssa Campbell	B.A. in Society, Ethics & Human Behavior (2013)	Master's of Social Work, Walden University	2024
MSW Intern	Viktoria Ratchford	B.A. in Psychology (2014)	Master's of Social Work, Seattle University	2024
BSW Intern	Kiarra Woodman	N/A	Bachelor's of Social Work, Seattle University	2023

PROGRAM RULES

CJSW is committed to providing a safe environment for all clients and staff. Engaging in any of the following behaviors can result in immediate discharge from any CJSW program.

- Threats of or actual physical violence against any CJSW staff member or individual
- Verbal abuse of any CJSW staff or individual
- Theft or damage to CJSW staff or individual property
- Bringing any type of weapon onto CJSW property
- Possessing, passing, or selling drugs/alcohol on CJSW property
- Loitering in or around CJSW property
- Reasonable suspicion of any Program Rule violations

This list is not exhaustive. The CJSW supervisor will discuss each situation with staff to determine if discharge is necessary. The assigned provider must complete a termination note and identify the reason(s) that led to discharge. Individuals discharged for any reason except voluntary completion of treatment, must have records reviewed by the supervisor prior to being considered for re-admittance into any CJSW program.

GROUP RULES

- Please Turn Cell phones off or to silent for group (Do not answer phone calls or use cell phones in group)
- Complete check in process upon arrival and prior to participation in group
- No Cross Talking. Please have personal conversations before/after group, or at break
- No threatening or abusive behavior or language
- Respect and honor group member's opinions and their right to express themselves. Refrain from criticizing others
- Confidentiality – Do not discuss anyone personally or any personal details that occur in the group, outside of the group. Violation of another group member's confidentiality can result in termination from the group and/or program
 - Other members of the group do not have the same ethical or legal obligation to confidentiality as the staff members of CJSW
 - CJSW will not share that you participate in the group but cannot guarantee anonymity due to the complexity of the group setting
 - Discussions made within the group sessions are not allowed to be discussed outside
- Group participation is expected. Please be prepared, respectful of others and their ideas and experiences. If you do not agree with something, please keep in mind others may need to hear the information

GOOD FAITH ESTIMATE

The "Good Faith Estimate for Health Care Items and Services" under the No Surprises Act began on January 1, 2022. Health care providers are required by law to give uninsured and self-pay patients a good faith estimate of costs for services. This aims to reduce the likelihood that patients may receive a "surprise" medical bill by requiring that providers inform patients of any expected charge(s) for a service before the service is provided. CJSW is committed to openly discussing fees for services with you during your first contact with us. You can expect the following:

- A good faith estimate of expected charges is:
 - available in a written document that is clear, understandable, and prominently displayed;
 - orally provided when the service is scheduled or when the patient asks about the costs; and
 - available in accessible formats, and in the language(s) spoken by the patient
- The good faith estimate will be provided within the following specific timeframes:
 - If the service is scheduled at least three business days before the appointment date, no later than one business day after the scheduling;
 - If the service is scheduled at least 10 business days before the appointment date, no later than three business days after the date of scheduling; or
 - If the uninsured or self-pay patient requests a good faith estimate (without

scheduling the service), no later than three business days after the date of the request. A new good faith estimate must be provided, within the specified timeframes if the patient reschedules the requested item or service.

GRIEVANCE PROCEDURE

If you have a complaint or grievance, please follow these steps for resolution:

- If you have a grievance it is encouraged that you speak directly with your provider about your complaint
- If the complaint is about your provider, you may ask to speak with the supervisor or you may request a grievance form. The form is attached to this packet, can be sent to you via email or text message, or can be accessed at: www.cjsw.org/submitaconcern

SIGNATURES VERIFYING AGREEMENT

“I have read the preceding information and understand my rights as a client. By signing below, I acknowledge my understanding and agree to all the terms discussed in this disclosure statement. By signing this disclosure statement, I also agree to permit consultation and I provide release for my clinician to seek consultation with other program professionals as the need arises. Additionally, my signature indicates my desire and consent to receive services from The Center for Justice Social Work.”

Client Name	Signature	Date
-------------	-----------	------

Intern Name	Signature	Date
-------------	-----------	------

Clinician Name	Signature	Date
----------------	-----------	------

For immediate behavioral health needs please call the Crisis Line at 9-8-8 or go to the nearest emergency department.

Grievance/Complaint Form

Last Name: _____ First Name: _____

Home Address: _____

Phone Number: _____ Email Address: _____

INFORMATION ABOUT YOUR CONCERN

Location of concerning incident: _____

Date concern occurred: _____

Approximate time that concern occurred: _____

Names of those involved: _____

Description of concerning incident: _____

Is this your first time bringing up this concern? Yes No

Do you have photographs or video relevant to this incident? If yes, you will be contacted directly to obtain or review. Yes No

Do you have any suggestions for resolving this concern? If so, please explain.



Name

Signature

Date