



Consent to Participate in Services

MY RESPONSIBILITIES

1. I elect to have TASC provide me with Behavioral Health services.
2. I understand that the purpose of participation with TASC is to work with TASC to help overcome the challenges that brought me here.
3. I understand that I will help create my Service/Treatment plan with TASC. To do this I must share my questions, ideas, and goals. I agree to cooperate with TASC and my case manager on my Service/Treatment plan. TASC will provide these services in the least restrictive environment.
4. I understand that I must follow my Service/Treatment plan to be successful at TASC, including attending all scheduled meetings and appointments.
5. I understand that I must follow the rules and guidelines of TASC and of the programs I attend. If I fail to follow these rules, I may risk my status here at TASC.
6. I understand TASC's policies prohibiting smoking, drugs, weapons, and the use of seclusion and restraint within the TASC programs.
7. I understand that after-hours services may not be available for the TASC program in which I am participating.
8. If I am referred to TASC through the criminal justice system or the Illinois Department of Corrections, my program may require that I must keep in contact with my TASC case manager, even AFTER my release from incarceration or completion of treatment, until my case manager and I both agree I have completed my plan. I understand that if I break any of my program's rules, the program may require this to be reported to my probation officer, parole officer, and/or the court.
9. My responsibilities and TASC's responsibilities have been explained to me. I understand what the expectations are for my success at TASC.

MY RIGHTS

Below is a summary of Client Rights. A complete list of Client Rights is posted at every TASC office. TASC staff can provide you with the full Client Rights statement and the details of the Client Rights policy.

10. While receiving TASC's services, I have the right to be free from abuse, neglect, financial exploitation, and sexual exploitation.

For Internal Use:

Client Name (Last, First): _____

Client Date of Birth: _____

11. I have a right to let TASC know how I feel about the services I receive through the grievance process by contacting Compliance at TASC via email (compliance@tasc.org) or phone (312-274-2625). I will be informed on how to initiate a grievance for investigation and resolution of alleged infringement of rights through the TASC grievance procedures and provided with a description of the route of appeal available when a person disagrees with an organization's decision or policies.
12. I understand my right to contact the Guardianship and Advocacy Commission, 160 N. LaSalle St., Suite S500, Chicago, IL, 60601, 312-793-5900 and Equip for Equality, Inc., 20 N. Michigan Ave., Suite 300, Chicago, IL, 60602, 312-341-0022. TASC staff shall offer assistance to me in contacting these groups.
13. I have the right to be notified of any client rights restriction(s) and to have my guardian(s) and/or any agency identified by me notified as well. If rights are restricted, justification of such rights restrictions and the procedure for removal of the restriction will be fully explained to me and documented in my client record. Documentation shall include a plan with measurable objectives for restoring my rights that is signed by me or my guardian, the Qualified Mental Health Professional (QMHP), and the Licensed Practitioner of Healing Arts (LPHA). In addition, notification of the restriction and a copy of the plan to remove the restriction of rights shall be provided to me, my guardian, as appropriate, and any agency designated by me.
14. I understand my right to contact and file a complaint with the public payer or its designee regarding both payment and services and to be informed of the public payer's process for reviewing grievances. I understand that I can call or write to the Illinois Department of Human Services (DHS)/Department of Mental Health (DMH) to discuss the concerns I may have about my services: 217-782-6470 Illinois DHS/DMH, 319 East Madison Ave., Suite 3B, Springfield, IL 62701.
15. I understand that while receiving services from TASC, my personal information may be protected by the Health Insurance Portability and Accountability Act (HIPAA) privacy rules. These rights are summarized in the Notice of Privacy Practices. My privacy may also be protected under the Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2), the Illinois Mental Health and Developmental Disabilities Confidentiality Act, and the confidentiality of patient records as specified in Illinois Administrative Code, Section 2060.319.
16. I have rights regarding the confidentiality of HIV/AIDS status and testing and anonymous testing as specified in Illinois Administrative Code, Section 2060.321.
17. I cannot be denied services because of age, sex, race, religious belief, ethnic origin, sexual orientation, marital status, HIV status, physical or mental disability, or criminal record that is unrelated to present dangerousness. I cannot have services denied, reduced, suspended, or terminated for exercising my rights. I have the right to have my disabilities accommodated as required by the Americans with Disabilities Act of 1990 (42 USC 12101), Section 504 of the Rehabilitation Act, and the Human Rights Act [775 ILCS]. All TASC services are available to the client regardless of the source of financial support.
18. I will receive services in the least restrictive environment, as appropriate and available.
19. I have a right to give or withhold informed consent, the right to refuse treatment or any specific treatment procedure and the right to be informed of the consequences resulting from such refusal. I have a right to the expression of choice regarding treatment, confidential information, service delivery,

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concurrent services, composition of the service delivery team, and involvement in research projects, if applicable.

20. I understand that if I am incarcerated, institutional regulations may supersede some of these items.

INFORMATION RECEIVED

- 21. I have received a copy of the TASC Fee Schedule and understand that fees may be required for TASC services.
- 22. I have received the Notice of Privacy Practices, which explains the rules regarding privacy and confidentiality, including Limits of Confidentiality.
- 23. I have received the appropriate Program Brochure(s) describing the services I will receive and how I will be able to participate in this program. I acknowledge I have the right to refuse treatment or specific treatment procedures and the right to be informed of the consequences resulting from such refusal.
- 24. Where required or requested, I have received the Clearing Your Criminal Record brochure, which summarizes processes on how to clear my criminal record.
- 25. Where required or requested, I have received the Balanced and Restorative Justice Program (BARJ) brochure.
- 26. I understand that a complete list of my rights is posted in every TASC office and a written copy is available upon request. I have received the complete list of TASC Client Rights.
- 27. I agree to participate in the services described here in my program brochure.

Client Name (please print)

Client Signature Date

Parent/Guardian/Authorized Representative Name (please print)

Parent/Guardian/Authorized Representative Signature Date

Staff Name (please print)

Staff Signature Date

For Internal Use:

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Client Date of Birth: _____