# CONSENT TO PARTICIPATE IN SERVICES

Thank you for choosing **TREATMENT ALTERNATIVES FOR STRONGER COMMUNITIES ("TASC")** as your health care provider. We are committed to providing quality care and service to all of our clients. This document explains the relationship between you and TASC as it relates to services provided to you, including your consent to be treated, the financial agreement between you and TASC, and your rights and responsibilities as a client. Your signature on this document indicates your consent and agreement to each section and provision below.

Except in cases of emergency, you must sign this form prior to receiving services from TASC.

**Consent for Services.** I elect to receive health care services by TASC, which may include Specialized Case Management™, treatment, and other behavioral health and health-related services ("Services"). My signature on this document indicates my consent to receive such Services by TASC and its affiliates, employees, and contracted providers who are authorized by TASC to provide Services to me.

**Consent for Services by Students, Interns, Other Trainees, and Independent Contractors.** I understand that I may receive Services from individuals who may be students, interns, other types of trainees, or independent contractors. I understand and give my consent to receive Services from these types of individuals. Alternative arrangements for a different service delivery team member may be made upon request.

**Consent for Third-Party Services.** I understand that TASC may recommend and provide referrals to other health care and recovery support service providers upon authorization. I understand that I will be financially responsible for any costs charged by third-parties when receiving these services.

**Consent for Telehealth.** I understand and consent to receive Services through the use of telehealth technologies, including video and audio platforms. Services via telehealth include health care, mental health, substance use disorder treatment, and related services which are provided to an individual regardless of their location through electronic or telephonic methods. In the use of telehealth technologies, TASC enables all available encryption and privacy modes and only uses non-public facing remote communication products. I understand that while TASC will take all reasonable efforts to reduce the confidentiality risks associated with the use of telehealth, TASC cannot guarantee their privacy or security. Risks associated with the use of telehealth may include, but are not limited to, unsecured or interrupted transmission of personal information.

**Confidentiality.** I understand that while receiving Services from TASC, my information may be protected by the Health Insurance Portability and Accountability Act (HIPAA) privacy rules, under the Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2), the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/), and/or the confidentiality of patient records as specified in Illinois Administrative Code, Section 2060.350. These rights are summarized in the **NOTICE OF PRIVACY PRACTICES**, which can be found on the website (www.tasc.org), posted in any TASC office, and by requesting a printed or electronic copy. These rights include, but are not limited to: the right to inspect and copy records; the right to request amendments to records; the right to request and receive an accounting of disclosures; and the right to request restrictions on certain uses and disclosures of protected health information.

**Waiver and Release of Liability.** TASC is not liable or responsible for any personal property that is damaged, lost, stolen, or left behind while on or about TASC premises, including, but not limited to, any personal belongings, a vehicle, or its contents, whether such loss or damage is caused by negligence, third parties, or any other cause. All individuals entering TASC premises do so at their own risk with respect to their personal property.

**Marketing and Other Communications.** I understand and consent that my information may be used or disclosed for purposes related to alumni participation, fundraising, policy, advocacy, or other relevant activities for TASC. I may opt out of these communications from TASC by contacting the Development Department via email (development@tasc.org).

## FINANCIAL AGREEMENT

TASC is committed to providing quality care and service to our clients, including transparent financial and billing practices. My signature on this document indicates my agreement and consent to TASC's financial and billing practices below.

- I agree to provide current insurance information to TASC regarding all active health insurance benefits. I certify that the insurance information provided to TASC for purposes of payment for services is, to the best of my knowledge, complete and accurate. I understand that any misrepresentation related to insurance or other payor source may make me legally responsible for payment of charges for services provided.
- Guarantee of Payment. I acknowledge and understand that I am financially responsible for all charges for services provided. I understand that some or all of the services I receive from TASC may not be covered by insurance or other payor source. Except where prohibited by law, if my insurance or other payor source does not cover the services, or if my insurance or other payor source shall, for any reason, fail to pay for the services I received, I acknowledge that I am financially responsible for, and I agree to timely pay for, all charges for services (including any deductible or co-payment) provided.
- Assignment of Benefits. I authorize and direct that any insurance proceeds payable for services provided by TASC to me be paid directly to TASC, and I hereby assign to TASC all interest in, and rights to claim, collect, and receive the proceeds from any insurance company providing coverage for services provided. I authorize TASC to file any needed appeals for any denial of payment or benefit determination. Any payments received by TASC from me or my insurance company may be applied to offset any balances in my account.
- Fee Schedule. I understand that fees may be required for services and that services may also be available regardless of source of financial support. If fees apply, payment must be received in full at the time of service. A copy of the **TASC FEE SCHEDULE** is available on the website (www.tasc.org) and a printed or electronic copy may be provided upon request.

## SUMMARY OF CLIENT RIGHTS AND RESPONSIBILITIES

**Client Rights.**
Below is a summary of my rights as a client of TASC. A complete **CLIENT RIGHTS STATEMENT** can be found on the website (www.tasc.org), posted in any TASC office, and by requesting a printed or electronic copy.

- I have the right to give or withhold informed consent to receive Services from TASC, 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 the right to the expression of conflict-free choice regarding treatment, service delivery, concurrent services, and composition of my service delivery team.
- While receiving Services, I have the right to be free from abuse, neglect, financial or other exploitation, retaliation, and humiliation.
- I cannot be denied Services because of race, color, sex, religion, national origin, ancestry, age, order of protection status, marital status, sexual orientation (including gender identity), HIV status, physical or mental disability, unfavorable discharge from military service, pregnancy, citizenship status, employment status, familial status, or arrest record. I cannot have Services denied, reduced, suspended, or terminated for exercising my rights. I have the right to have my disabilities accommodated.
- I have the right to let TASC know how I feel about the Services I receive through the complaints process by contacting the Compliance Department via email (compliance@TASC.org).
- I understand that if I am incarcerated, institutional regulations may supersede some of my rights.

**Client Responsibilities.**
Below is a summary of my responsibilities as a client of TASC.

- I understand that my participation with TASC may be voluntary or may be mandated by an external authority.
- I understand that the purpose of participation with TASC is to work with individuals on my service delivery team to help overcome the challenges that brought me here.

- I understand that I will cooperate with my service delivery team and participate in the service/treatment planning process, which includes sharing my questions, ideas, and goals.
- I understand that to be successful at TASC, I must follow my service/treatment plan, including attending all scheduled meetings and appointments with my service delivery team.
- I understand that I must follow the rules and regulations of TASC and of the programs I participate in. If I fail to follow these rules, I risk my status here at TASC.
- I understand the policies prohibiting smoking, drugs, weapons, and the use of seclusion and restraint within TASC programs.
- I understand that after-hours services may not be available for the TASC program in which I am participating.
- If I am referred to TASC through the criminal legal system or the Illinois Department of Corrections, my program may require that I must keep my TASC case manager, even AFTER my release from incarceration or completion of treatment, until my case manager and I both agree that I have completed my service/treatment 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.

## INFORMATION RECEIVED AND SIGNATURES

I agree and give my **INFORMED CONSENT** to receive the Services described to me and I agree to participate in those Services. I understand what my expectations are for my success at TASC and I understand the consequences resulting from a refusal or withdrawal from such Services.

Where required or requested, I received the appropriate program brochure(s) further describing the Services to be provided, the Clearing Your Criminal Record brochure summarizing processes on how to clear my criminal record, and/or the Balanced and Restorative Justice (BARJ) brochure.

My signature below indicates that I have received, read, understood, and agree to all the provisions in the Consent to Participate in Services and its statements, policies, and notices referenced within, including, but not limited to the Notice of Privacy Practices, TASC Fee Schedule, and Client Rights Statement. I acknowledge that TASC staff have explained this document to me, I have had the opportunity to review and ask questions related to its contents, and have no remaining questions or concerns at this time.

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| Client Name (Print) | Client Date of Birth |
| Client Signature | Date |
| Parent, Guardian, or Personal Representative Name (Print) | |
| Parent, Guardian, or Personal Representative | Date |
| Staff/Witness Signature | Date |