



Welcome to LifeWorks NW

Everyone deserves support at times, and we are glad to be here to provide support for you. We would like your time with us to be the best possible.

Asking for help with an addiction or mental health issue can be scary, uncertain, even stressful, but we would like you to know that we understand. Our mission is to provide people with the tools and resources necessary to live a healthy and productive life. It may be hard initially to develop trust, especially if something bad has happened to you, but we want to work with you and make you feel safe and comfortable.

We realize you might be worried about privacy and we want you to know that we will guard your privacy through the well-developed policies we have in place. You may be worried about not being able to afford your treatment. Please don't consider turning away from help when we can provide it, regardless of your ability to pay.

Please remember that reaching out is a good thing, and the first step toward leading a healthier and happier life. Having a mental illness or an addiction is nothing to be ashamed about; one out of every five people has a mental health diagnosis and one out of every 10 has an addiction problem. You should be proud of yourself for seeking help. We at LifeWorks NW want to hear your story and work with you to achieve your goals.

All services provided are individualized and tailored to meet your needs. We have comprehensive array of services available to all clients. After an initial assessment, staff will work with you collaboratively to identify goals and a plan of care that will address your needs. We monitor progress and satisfaction throughout the process and course of services. If at any point you are dissatisfied with your services please inform your assigned provider staff, and if this is not resolved we have a complaint line always available (503.645.3581, extension 2450).

We wish you the very best on your journey forward and are glad to know you have started by seeking support. We hope we can be here for you. We value your opinion so please feel free to contact us by phone at 503.645.3581 or mail us at 14600 NW Cornell Road, Portland, OR 97229 with any concerns, suggestions or issues you may have or just to let us know about your experience here at LifeWorks NW. Check out our website at www.lifeworksnw.org for more information and resources.



Sincerely,

Mary Monnat, President & CEO



Consent to Treatment Rights and Responsibilities

Welcome to LifeWorks NW. We look forward to providing you high quality health services. We are committed to creating a barrier-free environment for all people with disabilities. We can provide aids to those with visual or hearing impairments. As with any treatment relationship there are many rights and responsibilities of both the client and the provider. In addition to all applicable statutory and constitutional rights, every individual receiving services is entitled to the rights as detailed below. Please review it carefully and talk to your clinician about any questions or concerns you might have. Where this document refers to “you”, it is intended to mean both the client and/or the client’s legal guardian.

MEDICAL NECESSITY

Generally, treatment services are limited to those that are determined to be "medically necessary" for the diagnosis and treatment of specific conditions. Services must be appropriate to treating the problem and consistent with standards of good practice as recognized by licensed professionals. Whenever possible we use short-term, solution-focused, goal-oriented approaches to reducing problems.

SERVICE DELIVERY

You have the right to choose from a range of available an appropriate services and supports, those that are consistent with the Service Plan, culturally competent, provided in the most integrated setting in the community, and under conditions that are least restrictive to the individual’s liberty, that are least intrusive to the individual and that provide for the greatest degree of independence. You have the right to access peer delivered services and receive medication assessed to be necessary, appropriate, and specific to your (the individual’s) diagnosed clinical needs.

You have the right to inspect you service record in accordance with ORS 179.505. You have the right to participate in the development of a written Service Plan, receive services consistent with that plan and participate in periodic review and reassessment of service and support needs, assist in the development of this plan, and to receive a copy of the written Service Plan. You have the right to have family and guardian involvement in service planning and delivery. You have the right to receive prior notice of transfer, unless the circumstances necessitating transfer pose a threat to health and safety.

You have the right to be treated with dignity and respect, be free from abuse or neglect and to report any incident of abuse or neglect without being subject to retaliation. You have the right for religious freedom. You have the right to be free from seclusion and restraint.

COORDINATING CARE WITH YOUR PHYSICIAN AND OTHER NETWORK PROVIDERS

We want to emphasize the importance of coordinating your care with your primary physical health care and other service providers (e.g. addiction and mental health). We urge you to discuss with your physician your behavioral health care needs and the treatment you are receiving. This is particularly important whenever medication is involved in treatment. If you do not have a physician, we strongly encourage you to select one.

Our medical providers will work directly with your primary physician and whenever appropriate, will refer you back to your primary care physician for ongoing medication management. If you are receiving mental health services we will be sharing information and coordinating care with other providers within your health coverage provider network. This is to ensure that all involved providers are working together to provide you with effective services. We no longer require that you sign an authorization form that allows us to communicate with your primary care physician about your mental health treatment, as the new health care laws indicate we must share your mental health information with your primary physician. We will not communicate with your primary care physician without your written

authorization regarding the addiction treatment you are receiving at LifeWorks NW. For those who are receiving addiction treatment services we request that you sign an authorization form that allows us to communicate with your primary care physician about your treatment.

BENEFITS AND RISKS

Behavioral health treatment has both benefits and risks. Treatment is generally effective in helping people solve the problems for which they are seeking help. It often leads to a significant reduction of feelings of distress, better relationships, and solving specific problems. Our experience is that most people benefit from our services. You have the right to have all services explained, including expected outcomes and possible risks. You have the right to refuse participation in experimentation.

There may be risks to receiving behavioral health services. We try to limit the risks of treatment by working closely with you. Your clinician will review with you the potential risks from treatment. If medications are used, there are risks of uncomfortable side effects. The psychiatrist or nurse will tell you about these effects. We believe that getting help is worth the risks most of the time. There are also risks to not receiving treatment; frequently the problem gets worse without treatment.

You have the right to discontinue treatment at any time. However, we encourage you to discuss such a choice openly with your clinician. Similarly, your clinician may need to terminate your treatment if, in his or her judgment, you are not benefiting.

CONSENT TO TREATMENT

You have the right to give informed consent prior to the start of services, except in a medical emergency or as otherwise permitted by law.

For children's services, we have a family focused model and we believe it is important to involve parents and guardians in a child or youth's treatment. All children under age 14 need to have consent from their parent or guardian for us to provide services. For youth 14 or older accompanied by a parent, we attempt to obtain consent from both the youth and the parents (or guardian). Minor children may give informed consent to services in the following circumstances, under age 18 and lawfully married; age 16 or older and legally emancipated by the court; or age 14 or older for outpatient services only. Outpatient services does not include services provided in residential programs or in day- partial-hospitalization programs. For youth 14 or older seeking mental health services without a parent (guardian), we will make reasonable efforts to involve the parent (guardian) unless there is a clear reason not to, the youth has been abused by the parent, or the parents are not willing to be involved.

ACCESS TO RECORDS BY NON-CUSTODIAL PARENTS

If your child is in treatment, both parents have rights to see and copy your child's chart. Also, both parents can talk to any staff person who has met with your child. This is true even if you are not married to the child's other parent and even if you have sole custody. Only a court can limit this right of non-custodial parents.

EMERGENCIES

The best person to help you in an emergency is your primary clinician or service coordinator. During our business hours, please call this person at their usual location. If your clinician is not available, we will connect you with another clinician who can help you. For emergencies that occur outside of our normal business hours, call the office where you are usually seen and you will be provided with a number to call.

DECLARATION OF MENTAL HEALTH TREATMENT

When legally an adult, you have the right to complete a Declaration of Mental Health Treatment form. This form allows you to make decisions ahead of time about treatment in case of a mental health emergency during which you are unable to make treatment decisions for yourself. Your clinician can provide you with a copy of the Declaration of Mental Health Treatment, written guidelines, and a contact person who can provide information and assist you in filling out the Form. If you have any questions about this, please ask your clinician.

YOUR PRIVACY AND ITS LIMITS

A description of how medical information about you may be used and disclosed is set out in our Notice of Privacy Practices. You may request a copy of that notice at any time from your clinician or from any of the receptionists in our offices.

You have the right to confidentiality and the right to consent to disclosure in accordance with ORS 107.154, 179.505, 179.507, 192.515, 192.507, 42 CFR Part 205.50.

The work that we do at our sites is confidential. Information regarding your mental health status, the provision of care, or payment for care is considered Protected Health Information (PHI). Federal and state laws provide legal protections for this information as described more fully in our Notice of Privacy Practices. This means that things you tell us are private. As a general rule, we will not share anything about you with anyone outside of the Center unless we have your written authorization. In order to coordinate your care, we may ask you to provide us with written authorization to share information with others also involved in your care. You may refuse this request; however, in limited circumstances, we may be unable to continue providing services if we cannot coordinate your care. If you previously have been a client in any LifeWorks NW programs, including alcohol and drug treatment, those records will be available to the individuals now providing services to you.

To protect your privacy, we will not use email or texts to communicate with you about your needs or your care. If you need us to communicate with us via email or text we will need to review this process with you.

Written information about you is kept in a confidential clinical record that is kept secured when it is not in use. If you want to see your record, we request that you set up an appointment with your clinician so he or she can explain the record and answer your questions.

Generally, before we provide information to someone about you outside of our clinics, you must first complete an *Authorization to Release Confidential Information*. This authorization says who will receive what types of information and for how long. If you want to revoke an authorization, tell your clinician or send a written statement to ATTN: Records Department, 14600 NW Cornell Rd, Portland, OR 97229. You may revoke an authorization at any time except when we have taken action in reliance on the authorization. We cannot undo actions already taken pursuant to an authorization.

EXCEPTIONS TO CONFIDENTIALITY

There are times when we may share protected health information without your consent. These include:

Staff Colleagues, Consultants, and Supervisors. Your clinician may talk about you with other staff to get advice about your treatment or coordinate your care. This is always done in a professional way with respect for you as a person.

Coordination of Mental Health Care. Your clinician may share and receive information related to your treatment as needed to coordinate care. We will only share information necessary to ensure that treatment planning and services are coordinated to minimize duplication and provided in a manner that ensure quality care.

Pharmacy Services. If you are prescribed medications at our clinic, we will coordinate your prescriptions with the pharmacy that you use. We will only share the information needed to manage your medications effectively.

FDA Disclosure. We may share information with the Food & Drug Administration to assist in their investigation significant adverse effects of medication prescribed for you by LifeWorks NW.

Emergency Situations. We may share information about you with other professionals or agencies in a medical or mental health emergency, or for follow up after such an emergency.

Future Harm. If we learn that you or someone else might be seriously harmed in the future (including possible suicide), we may have to share protected health information with the appropriate authority.

Child Abuse, Elder Abuse, or Abuse of a Mentally Ill Adult. There are times we have to report to authorities if we learn about suspected abuse. This includes harm to a child, an elderly person, or any adult receiving mental health services. Under Oregon Mandatory Reporting Law, child abuse includes physical abuse, neglect, mental injury or emotional maltreatment, sexual abuse, or sexual exploitation and threat of harm to a child, which may include exposure to domestic violence and exposure to the manufacture of methamphetamine. We also by law have the right to release confidential information in order to cooperate with an investigation of potential abuse. We will comply with these laws and our ethical obligations to assure the safety of these people. In some instances, psychologists are not required by law to report abuse; however, all psychologists employed at LifeWorks NW will make reports upon receipt of information about harm or abuse. Since we are a community facility funded by the State, we are required to report abuse of any adult receiving mental health services.

Crimes Against Us. We will tell the police and courts about any crime by a client committed at any of our programs or locations, or against any person who works for us, or about any threat to do such a crime.

Subpoena or Court Order. If we are ordered to go to court, we may have to give information from your chart without your permission. We will release information as ordered by the court or as required by state and federal laws.

Research, Audit, Evaluation. We may let some officials see our charts to do scientific research, fiscal audit, program evaluation, or peer review. Except when the disclosure is essential to the research, evaluation, review or audit, individual identities will not be disclosed.

Governmental Agencies. We may make disclosures to governmental agencies, when necessary to secure compensation for services we provide to you.

Health Oversight Activities. We may disclose health information to a health oversight agency that oversees the health care system and ensures compliance with the rules of government health programs such as Medicare or Medicaid.

Decedents. We may disclose clinical information to a coroner or medical examiner as authorized by law.

Use and Disclosure With Authorization. In all other instances, we will disclose protected health information pursuant to the terms of a written authorization signed by you or a person authorized to release protected health information on your behalf. You may revoke any authorization, except to the extent we have taken action in reliance on the revocation. No revocation is valid with respect to inspection of records necessary to validate expenditures by or on behalf of governmental entities.

COMMUNICATION BY TEXT MESSAGING

You may communicate with your clinician by text messaging, if you are enrolled in a program that has staff enabled with a device to allow for text messaging. You may also opt to receive automated appointment reminders via text message. Lifeworks NW will adhere to all privacy practices in text messaging and will refrain from releasing any private health information via text message. If you choose to participate in text messaging you will be provided with our policy regarding text messaging and will be required to review and sign a consent form. Your clinician will review expectations regarding text communications and is available to answer questions regarding these practices.

REQUEST TO AMEND YOUR RECORDS

You have the right to request that we amend the health information maintained in your clinical record. We may deny your request under limited circumstances, including those circumstances in which the information you seek to amend is accurate and complete.

SAFETY

Safety at work for our staff and our consumers is a high priority. Firearms and other dangerous weapons are prohibited on any of our premises. Physical violence, hostile acts, intimidation, harassment or other disruptive behaviors are not acceptable, and may result in your being denied services here.

If you bring children for clinical services, please be prepared to provide adequate supervision for them in the waiting room. If you bring children with you when you are receiving services for yourself, they will need to accompany you into the session. We also ask that children not bring toy weapons to our facilities.

For your safety and the confidentiality of all consumers, we ask that you be accompanied by a staff member any time you are in a clinical area.

INSURANCE AND MANAGED CARE

If you are requesting that your health insurance pay for the treatment you receive here, they are likely to request information about your problems and the treatment provided, as well as itemized statements of charges. By signing a Fee Agreement and this Consent to Treatment form and authorizing us to bill your insurance, you are giving us permission to release information to the insurance company about your treatment. We may use electronic means to bill your plan. You have the right to review any information we send to your insurance company. Please inform your primary clinician if you would like to review this information.

FEES AND PAYMENT

There are charges for all LifeWorks NW services, including counseling, consultations, preparation of special reports or treatment summaries, or other services you may request. If the service is not covered by your insurance or the funder of services, you will be expected to pay for the service. The amount that you will need to pay will be discussed with you in advance. Then you will be asked to sign a Fee Agreement.

You must inform us immediately of any change in your insurance plan, including the Oregon Health Plan. If your insurance changes and you are no longer covered, you are responsible for your bill. If you have questions about your coverage, confidentiality, or any aspects of your treatment, please ask your clinician.

You have the right to be informed of the policies and procedures, service agreements and fees applicable to the services provided, and to have a custodial parent, guardian, or representative assist with understanding any information presented.

CANCELLATION POLICY AND NON-PAYMENT POLICY

Cancellations and failures to show for an appointment significantly interfere with our ability to provide good service. If you are not able to keep an appointment, we require that you cancel by phone at least 24 hours in advance, or by Monday morning at 8 a.m. for Monday appointments. If you fail to cancel in advance, you may be charged a no-show fee. Payment for missed appointments is due at the time of your next visit. If you do not pay your fee plus any balance due at the time of your visit, you may be refused services by your clinician. Your statement may be turned over to a collection agency, if you do not pay your fees.

If you fail to show for ongoing medication appointments we will require you to schedule first with your primary therapist to focus on removing barriers to your consistent compliance with medical appointments.

Also, if on three separate occasions you fail to cancel or show for an appointment, your case may be closed with the agency. It may take up to 90 days to re-enter services, and you will need to complete all intake paperwork. Similarly, if we have had no contact with you for three months or more, we will close your case with our agency, unless you have discussed this absence with your clinician.

COMPLAINTS and GRIEVANCES

Any individual receiving services, or the parent or guardian of the individual receiving services, may file a grievance with LifeWorks NW, the individual's managed care plan or the Division.

For individuals whose services are funded by Medicaid, grievance and appeal procedures outlined in OAR 410-141-0260 through 410-141-0266, must be followed.

For individuals whose services are not funded by Medicaid, please see Grievance and Appeals posted in the clinic lobby.

We want to discuss and resolve any complaints as soon as they come up. You can ask to talk to your clinician's supervisor at any time. LifeWorks NW has a written grievance procedure designed to resolve problems that are not resolved informally. You may share your concerns about our services or request a copy of the complaint and grievance procedure by calling 503.645.3581 ext 2450. You will be contacted promptly about your concerns.

There are also local and national regulatory bodies and professional associations that oversee your clinician's work. Should you wish, we will help you contact these associations.

You have a right to file grievances, including appealing decisions resulting from the grievance.

NOTICE OF DISCLOSURES

You will be informed of and may request a listing of certain disclosures of Protected Health Information made by us. This does not include disclosures you have authorized. This does not apply to requests that go back more than six years or for disclosures that occurred prior to January 1, 2014.

You have the right to exercise all rights listed above and as outlined in OAR 309-019-0115, and in all relevant Oregon Revised Statutes and Oregon Administrative Rules (including but not limited to all rights set forth in ORS 109.610 through 109.697, if the individual is a child and all rights set forth in ORS 426.385, if the individual is committed to the authority), without any form of reprisal or punishment. You have the right to be informed at the start of services, and periodically thereafter, of the rights guaranteed by this rule. You have the right to exercise all rights described in this rule without any form of reprisal or punishment.

NOTIFICATION OF RIGHTS

This document serves as written form of your individual client rights. Upon request, this form can be provided in an alternative format or language appropriate to the individual's need. These rights, and how to exercise them, must be explained to you, and if appropriate, to your guardian. Individual Rights and Appeals and Grievance policies are posted in the lobby of all LifeWorks NW sites that provide outpatient services.

EFFECTIVE DATE

This notice is effective on September 1, 2017

RIGHT TO CHANGE THE TERMS OF THIS NOTICE

Lifeworks NW reserves the right to change the terms of parts of this consent at any time. We will post any changes in our waiting rooms and on our website at www.lifeworksnw.org.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Note: References to You/You are intended to include minor age children in treatment with use

This Notice will tell you about the ways in which we may use or disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your protected health information. We are required to maintain the privacy of health information about you, and to provide you with this Notice of our legal duties and privacy practices. When we use or disclose protected health information about you, we are required to abide by the terms of this Notice (or another notice in effect at the time of the use or disclosure).

If you have any questions about this notice, please discuss it with your primary therapist or with our Privacy Officer.

Who Will Follow This Notice

This notice describes the privacy practices followed by our employees, including clinical staff and office personnel.

Our Privacy Obligations

The work that we do at LifeWorks NW is confidential. Information regarding your health status, the provision of care, or payment for care is considered Protected Health Information (PHI). This means that things you tell us are private.

Federal and state law provides legal protection for this information. As a general rule, we will not share anything about you with anyone outside of LifeWorks NW unless, 1) we have your written authorization or 2) the law allows or require us to disclose information.

We create a record of the care and services you receive when you see us that includes protected health information. We need this record to provide you with quality care and to comply with legal requirements. This record is kept secured both physically and electronically.

To protect your privacy, we will not use email to talk with you about your needs or your care.

Uses and Disclosures Without Your Authorization

We may use or disclose your protected health information without your authorization under the following circumstances:

Staff Colleagues, Consultants, and Supervisors. Your clinician may talk about you with staff to get advice about your treatment or coordinate your care. This is always done in a professional way with respect for you as a person.

Pharmacy Services. If you are prescribed medications at LifeWorks NW, we will coordinate your prescriptions with the pharmacy that you use. We will only share the information needed to manage your medications effectively.

Emergency Situations. We may share information about you with other professionals or agencies in a medical or mental health emergency, or for follow up after such an emergency.

Future Harm. If we learn that you or someone else might be seriously harmed in the future (including possible suicide), we may have to share protected health information with the appropriate authority.

Child Abuse, Elder Abuse, or Abuse of a Mentally Ill Adult. There are times we have to report to authorities if we learn about suspected abuse. This includes harm to a child, an elderly person, or any adult receiving mental health services. Under Oregon Mandatory Reporting Law, child abuse includes physical abuse, neglect, mental injury or emotional maltreatment, sexual abuse, or sexual exploitation and threat of harm to a child, which may include exposure to domestic violence and exposure to the manufacture of methamphetamine. We also by law have the right to release confidential information in order to cooperate with an investigation of potential abuse. We will comply with these laws and our ethical obligations to assure the safety of these people. In some instances, psychologists are not required by law to report abuse; however, all psychologists employed at LifeWorks NW will make reports upon receipt of information about harm or abuse. Since we are a community facility funded by the State, we are required to report abuse of any adult receiving mental health services.

Crimes Against Us. We will tell the police and courts about any crime by a client at any of our programs or locations, or against any person who works for us, or about any threat to do such a crime.

Subpoena or Court Order. If we are ordered to go to court, we may have to give information from your chart without your permission. We will release information as ordered by the court.

Access to Records by Non-Custodial Parents. If your child is in treatment, both parents have rights to see and copy your child's chart. Also, both parents can talk to any staff person who has met with your child. This is true even if you are not married to the child's other parent and even if you have sole custody. Only a court can limit this right of non-custodial parents.

Research, Audit, Evaluation. We may let some officials see our charts to do scientific research, fiscal audit, program evaluation, or peer review. Except when the disclosure is essential to the research, evaluation, review or audit, individual identities will not be disclosed.

Health Oversight Activities. We may disclose health information to a health oversight agency that oversees the health care system and ensures compliance with the rules of government health programs such as Medicare or Medicaid.

Governmental and Funding Entities. We may make disclosures to governmental and/or funding entities when necessary to secure compensation for services we provide to you.

Decedents. We may disclose clinical information to a coroner or medical examiner as authorized by law.

Use and Disclosure With Authorization

In all other instances, we will disclose protected health information pursuant to the terms of a written authorization signed by you or a person authorized to release protected health information on your behalf.

You may revoke ("take back") any authorization at any time, unless we have taken action in reliance on the authorization. You cannot revoke an authorization if it involves the government (or someone acting on behalf of the government) validating their expenditures.

Your Individual Rights

For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about

access to health information, you may contact our Privacy Office. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Director. You will not be penalized for filing a complaint.

Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive health information by alternative means of communication or at alternative locations.

Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to some or all of your records, if we determine it could be detrimental to your treatment. If you desire access to your records, we ask that you talk to your primary clinician or your clinician's supervisor.

Right to Amend Your Records. You have the right to request that we amend your health information maintained in your medical record file or billing records. If you want to amend your records, please obtain an amendment request form from our Front Desk Staff and submit the completed form to them. We may deny your request under limited circumstances, including those circumstances in which the information you seek to amend is accurate and complete.

Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your health information made by us. This includes an accounting of disclosures during any period of time prior to the date of your request, provided it does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we may charge you for the accounting statement.

Effective Date and Duration of This Notice

This updated Notice is effective on May 15, 2007.

Right to Change Terms of this Notice

We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all health information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas around LifeWorks NW and on our website www.lifeworksnw.org. We will also provide you with a copy of the notice at your next appointment following the change in the notice. You also may obtain any new notice by contacting the Privacy Office.

Privacy Office

Privacy Officer

LifeWorks NW

14600 NW Cornell Road

Portland, OR 97229

Telephone Number: (503) 645-3581



Policies Related To Client Activity While Visiting LifeWorks NW Sites

SMOKING POLICY

All LifeWorks NW properties are no smoking areas. If you need to smoke, please go to the public sidewalk and be sure to throw your cigarette butts in the provided trash receptacles.

TOBACCO FREE WORKPLACE

LifeWorks NW is strongly committed to maintaining and improving the health and well being of all employees and clients. Therefore, all tobacco and nicotine products use is prohibited except for nicotine replacement that is FDA approved. Electronic cigarette usage is also prohibited under this policy.

To protect the health of all our employees and clients, tobacco, nicotine products (unless they are FDA approved) and electronic cigarettes are not permitted in LifeWorks NW's buildings, facilities or grounds and LifeWorks NW's agency owned vehicles.

CELL PHONES IN THE LOBBY

Please refrain from talking on your cell phone while in a LifeWorks NW lobby as a courtesy to our other clients. If you need to make or receive a phone call, please step outside the lobby at the front of the building.

PET POLICY

LifeWorks NW policy is that only Service Animals, not Emotional Support Animals are allowed to accompany clients onto agency sites.

According to the ADA Service Animals are trained to perform a task or tasks for someone with a disability who would otherwise not be able to perform that task or tasks for themselves.

WEAPONS POLICY

No weapons or items that may be perceived as a weapon will be permitted at any LifeWorks NW site.

1.3 Weapons

LifeWorks NW prohibits all persons, except law enforcement personnel, who enter LifeWorks NW's property from carrying a firearm, or other weapons of any kind onto the property regardless of whether the person is licensed to carry the weapon. All employees are also prohibited from carrying a weapon while in the course and scope of performing their job for LifeWorks whether they are on LifeWorks NW's property at the time or not and whether they are licensed to carry a handgun or not.



CTT _____
SIGN/REC: _____

STATEMENT OF INFORMED CONSENT TO TREATMENT

I have carefully read, or have had read to me, all of the information above and I **fully understand this information, including the complaint and grievance procedures and my individual rights.** My signature below means I had client confidentiality guidelines and client rights and responsibilities explained to me, and I have received information on the "Declaration for Mental Health Treatment." This document allows me to make decisions about my care if I am unable to make them because of a mental health emergency. If I wish to complete a declaration, I will talk with my clinician about it.

- I would like more information about the Declaration for Mental Health Treatment
- I would like more information about a healthcare advance directives
- If required by the clinicians licensing board, I have been provided with a professional disclosure statement.

I now want to freely give my informed consent for myself, and/or minor child or legal dependent, to be in treatment at Lifeworks NW.

_____	_____	_____
Print Client Name	Signature	Date

_____	_____	_____
Legal Guardian Name	Signature	Date

Relation to Client

*I certify that this document was signed in my presence.**

_____	_____	_____
Witness Name & Title	Signature	Date

I hereby attest that I have received a copy of my individual rights
NAME OF CLIENT:

_____	_____	_____
Print Client Name	Signature	Date:

_____	_____	_____
Legal Guardian Name	Signature	Date

Relation to Client

This signature of informed consent was received via a fax machine.

_____	_____	_____
Fax Recipient Name & Title	Signature	Date

*NOTE: If unsigned by client, witness certifies that client was unable to do so at this time, although all attempts were made in good faith to inform client of all rights and responsibilities.