



Jewish Family Service

Today's Date: ____/____/____

Clinician Name: _____

CLIENT INFORMATION

Name: _____ DOB ____/____/____ Sex: F [] M []

Address: _____
Street & Apartment # City Zip Code

Phone: (H) _____ (W) _____ (C) _____

Email: _____ Birthplace: _____

Religion: _____ Place of Worship: _____

Race:

Caucasian [] African American/Black [] American Indian/Aleut [] Asian [] Hispanic [] Other []

Marital Status:

Single [] Married Couple [] Unmarried Couple [] Widowed [] Separated [] Divorced []

Veteran: Veteran [] Post-911 Veteran [] Not a Veteran [] Unknown []

Education: Grade Completed _____

GED [] High School [] Some College [] Bachelors [] Masters [] PhD []

Field of Study: _____

Occupation: _____

Employer: _____

Referral Source/Relation:

If here for Occupational or Speech services- Reason for

Therapy: _____

SPOUSE/PARENT/FAMILY INFORMATION

Name: _____ Relationship to Client _____

DOB: ____/____/____ Home Phone: _____

Cell Phone: _____

Email: _____



Jewish Family Service

Preferred method of contact:

If by phone, is it okay to leave a voicemail? (circle one) Yes / No

Marital Status: Married Couple [] Unmarried Couple [] Single [] Widowed [] Separated []
Divorced []

Race: Caucasian [] African American/Black [] American Indian/Aleut [] Asian [] Hispanic []
Other []

Religion: _____ Place of Worship: _____

Education: Grade Completed: GED [] HS [] Some College [] Bachelors [] Masters [] PhD []
]

Employed [] Underemployed [] Unemployed [] Retired [] Disabled []

Occupation: _____ Employer: _____

Number of Dependents/Siblings: _____

Name	School	Grade	DOB
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Emergency Contact: _____ Phone _____

If you have health insurance with coverage for services provided by JFS, the information below will assist us in filing insurance claims on your behalf. This does not guarantee payment by the insurer.

RESPONSIBLE PARTY INFORMATION

Name of Insurance Co.: _____

Member ID# (from card) _____ Policy /Group # _____

Policy Holder's Full Name: _____ Insured's SS# _____ - _____ - _____

Phone # of Insurance Co (Provider Service): _____

Employer: _____



Jewish Family Service

Secondary Insurance Name (if any):

Member ID# (from card) _____ Policy / Group # _____

Policy Holder's Full Name: _____ Insured's SS# _____ - _____ - _____

Phone # of Insurance Co (Provider Service): _____

Employer: _____

FEE POLICIES AND GUIDELINES

Please read the "Fee Policies and Guidelines" sheet in your JFS CLIENT INTRODUCTION TO TREATMENT packet prior to completing this section:

I have read and understand the fee policies of Jewish Family Service.

I understand that Jewish Family Service will bill my insurance company for the full cost of services on my behalf. I authorize Jewish Family Service to file and assign insurance benefits on my behalf.

Signature of Client / Guardian

_____/_____/_____
Date

RELEASE OF INFORMATION AND ASSIGNMENT OF BENEFITS

Client's or authorized person's signature: I authorize the release of any medical or other information necessary to process my claims. I also request payment of medical benefits to Jewish Family Service who accepts assignment for my services.

Signature of Client / Guardian

_____/_____/_____
Date



Jewish Family Service

JEWISH FAMILY SERVICE CLIENT INTRODUCTION TO TREATMENT

Welcome to Jewish Family Service. It is the general policy of JFS to serve all who seek mental health and social services provided by JFS without regard to age, sex, race, national origin, ethnic origin, economic status, affectional orientation, physical or mental disabilities, or religion. However, the eligibility for certain programs of JFS may be restricted on the basis of religion or national origin. JFS reserves the right to refer those who seek our services to other agencies or resources if the services of JFS are not appropriate for that person.

Keeping Confidences is our first rule. Your privacy is our primary concern. You will tell us many things about yourself to enable us to help you. All information and records regarding our clients are confidential within the agency. Information is never given to any individual or organization without written consent of the client except under extraordinary circumstances. Information cannot remain confidential when any form of child abuse or any threat to harm others or self is involved.

Perhaps the single biggest misconception is expecting a counselor to give advice or tell you what to do. The counselor does not blame, judge or take sides. What the counselor does try to do is help you examine and deal with your problems in a manner which will be satisfactory for you. Our counselors are well equipped with graduate degrees and experience. We firmly believe that we can assist you in some way.

The Length of Service varies greatly, depending on the nature of your concerns. Sometimes we can help you resolve them in one or two interviews. Usually, more time is required.

The Work Hours in our office are from 8:30 a.m. – 8:00 p.m. on Mondays, Tuesdays and Wednesdays, 8:30 a.m. – 6:00 p.m. Thursdays, and Fridays from 8:30a.m. - 5:00 p.m.. After hours, in a real emergency, you may call for assistance by phoning our regular number and advising our answering service that you need to be contacted.

The Central Purpose of JFS is to foster the development of healthy individual and family living through professional counseling. We opened our doors in November, 1951. We receive our funding from Jewish Federation of Greater Dallas and the United Way. This support helps to pay the fees of those who are unable to pay the full amount.

If You Have Any Questions or concerns about the way in which our service is provided, please feel free to discuss these issues with your counselor. If there is need for further clarification or consideration, contact our Clinical Services Director or our Chief Executive Officer at 972-437-9950.



Jewish Family Service

FEE POLICIES AND GUIDELINES

Jewish Family Service is a non-profit agency providing a full range of services on behalf of residents across the Greater Dallas area. The following information will provide important guidelines regarding payment for your services with JFS.

Fees:

In order to provide service, fees are charged for each interview / session. Our standard hourly fee is \$100 for most of our services. Payment for services will be reviewed with you, in most cases, prior to this first appointment. If you are experiencing significant financial difficulties or are considered "low income", a sliding fee scale is available and can be discussed with you. No one will be denied service because of their inability to pay. If you have questions concerning the JFS Fee Policies and Guidelines or need to speak to someone regarding your fees, please ask to speak to our Fee Counselor.

Insurance Coverage:

- Many major medical insurance policies include coverage for our services. At intake (initial phone call) you will have informed the caseworker of your insurance company and coverage. Our billing company, Centex Medical Claims, will verify benefits and notify you of your coverage and fees for service either prior to your first appointment, or shortly after (if we have just received this information today). With your consent, an insurance claim for reimbursement will be filed by this agency for the full cost of service on your behalf. NOTE: Our filing of claims on your behalf does not guarantee payment for services by the insurer and, in most cases, the insurance claims we file for you *will go towards meeting your annual deductible*.
- *You should receive communications on your claims status by your insurer in the mail. If you have questions regarding your insurance claims for JFS services, please submit your questions to our Billing Coordinator / Fee Counselor at jlindsey@jfsdallas.org.*

Missed Appointments:

*Missed appointments **which are not canceled at least 24 hours in advance** will be charged to your account. Exceptions to this practice because of unusual circumstances may be discussed with your counselor.*

Payment of Fees:

Payment for service is due at each appointment. We accept checks (made payable to Jewish Family Service), cash or credit cards for payment (minimum charge of \$5.00). If you miss 2 appointments or fail to pay fees as agreed, services may be suspended or terminated. If services have been suspended for any reason, any balance on the account must be paid in full before resumption of services.



Jewish Family Service

CLIENTS' RIGHTS STATEMENT

As a client of JFS, you have the right to service that:

- a) Recognizes each person as a unique individual and treats him/her in a respectful, non-judgmental way;
- b) Intends to help you grow and develop to your full potential;
- c) Where one's culture and special needs are understood and accepted;
- d) From professionals who are qualified, trained, and licensed where appropriate;
- e) Considers your request for service, a specific professional, and other considerations based on agency policy and procedure;
- f) Will refer you to other community professionals or agency services if we cannot provide them;
- g) Is confidential;
- h) Is non-coercive and supports one's right to self-determination and maximum independence.

As a client of JFS, you have the right to information concerning:

- a) All agency services and their criteria for eligibility;
- b) Any fees for service before receiving service;
- c) The circumstances under which your record may be made available;
- d) Reasons for the agency's termination of your service;
- e) The agency's client grievance procedure.



Jewish Family Service

DISCIPLINE POLICY

Jewish Family Service promotes positive behavior and protects the safety of service recipients and staff through our efforts to verbally, effectively manage and de-escalate potential confrontational situations, the adherence to a policy that prohibits any form of restraint, seclusion or punishment, the availability of security, onsite and on call, and through the assessment of the client's ability to benefit from treatment in an outpatient setting providing voluntary services.

Jewish Family Service prohibits any form of corporal punishment, isolation as punishment, or any punishment that aims at degrading or humiliating clients in their own eyes or the eyes of others. These include: any form of physical punishment, use of pharmacological or mechanical restraints, use of isolation, use of punitive work assignments or physical exercise as a punishment, use of group consequences as a means of intervening on a client's behavior, use of painful, negative reinforcers, use of deprivation of client rights as consequences for behavior or use of seclusion. These forms of isolation, restraint or seclusion are not used under any circumstances. If a client presents as a risk to them self or to another, JFS staff institute our panic alarm procedures (see panic alarm policy) and/or notify the police by a 911 call immediately.

Any staff or volunteer who fails to follow this policy will be responded to with severe personnel consequences, which might include termination. In all cases the Chief Executive Officer makes the final decision on the course of personnel action to be taken. All new program volunteers and employees will sign the policy to verify that the policy has been read and understood.



Jewish Family Service

CLIENT COMPLAINT PROCEDURE

If, as a client of JFS, you have a complaint and/or grievance regarding your counselor, or an agency policy or practice that you think has negative or unfair implications towards you, your family, or your situation; you have the right to file a complaint, in the following manner:

1. Request an in-person or telephone contact with the Director of the appropriate department. (You may expect that contact to take place within 3 working days).
2. Should the result of that contact not satisfactorily address your concerns, the next step is for you to submit a written complaint and in that complaint request a meeting with the Chief Operating Officer. (You may expect that contact to take place within 5 working days of receipt of your written complaint).

Chief Operating Officer: Cathy Barker
972-437-9950

3. If Step 2 does not resolve your complaint, the next step is to request a meeting with the Operations Committee. The Committee shall review, in advance of the meeting, your written complaint and the Chief Operating Officer's written summary of the meeting in Step 2. (You may expect that meeting to take place within 21 working days, and b) You may expect the decision in writing within 14 working days after the meeting).
4. Steps 1 - 3 provide a rigorous internal process through which JFS professional and lay leadership can respond to complaints regarding agency practice. Please note that each licensed clinician has posted in their office the appropriate Board's Code of Ethics. Should your grievance or complaint involve an issue which you believe questions compliance with this Code of Ethics, you may, in addition to processing your concern internally, at JFS, contact the following:

Texas State Board of Examiners of Psychologists	512-305-7700
Texas State Board of Licensed Professional Counselors (LPCs)	512-834-6658
LPC Complaint Hotline	1-800-942-5540
Texas State Board of Social Work Examiners	1-800-232-3162



Jewish Family Service

POLICY OF CLIENT CONFIDENTIALITY

In order to protect our clients' privacy and to maximize the quality and benefits of our service to our clients, it is the policy of JFS that client records and all communications between a client and the agency remain confidential. However, there are instances in which information shared between client and therapist must be disclosed. These instances include:

1. When information is sought by the courts or by authorized government agencies with the advice of the agency's legal counsel;
2. When there is a probability of imminent physical injury by the client to him/herself or to others, or where there is a probability of immediate mental or emotional injury to client. These include:
 - a) Child abuse or neglect;
 - b) Suicide;
 - c) Homicide;
 - d) Involuntary hospitalization;
 - e) Elder abuse, neglect or exploitation.

In these instances, reports are made to the appropriate medical or law enforcement personnel.

When possible, your caseworker/therapist will inform you of the need to provide information about you before the information is released. For clients under 18 years of age, legal custodians will be notified.

If a request is made by a client or other authorized persons, the agency will comply with the request if it is proper under applicable state and/or federal law and is not harmful to the client. If a question arises with regard to the request, JFS will consult with legal counsel before acting on the request. JFS will comply with applicable legal requirements based upon this legal consultation concerning confidential client communication.

INTERDEPARTMENTAL RELEASE OF INFORMATION

In an effort to provide the most comprehensive level of services to you, the professional staff of JFS, including psychiatric and psychological consultants, may exchange and discuss information regarding your situation. The purpose for these discussions would be for coordination of services, diagnostic evaluation and treatment planning. Any professional included in this exchange is bound by rules of confidentiality as described in the JFS Client Confidentiality statement above.



Jewish Family Service

NOTICE OF PRIVACY PRACTICES

To our Clients: This notice describes how information about you as a client of JFS may be used and disclosed, and how you can get access to your information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our Commitment To Your Privacy

JFS is dedicated to maintaining the privacy of your personal information as required by law and to maintain the confidentiality of information. We realize that these laws are complicated, but we must provide you with the following information.

Use And Disclosure Of Your Personal Information In Certain Specific Circumstances

The following circumstances may require us to use or disclose your personal information:

1. Health authorities and health oversight agencies that are authorized by law to collect information;
2. Lawsuits and similar proceedings in response to a court or administrative order;
3. If required to do so by a law enforcement official;
4. When necessary, to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.

Your Rights Regarding Your Personal Information

1. **Communications.** You can request that JFS communicate with you about your information in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. We will accommodate reasonable requests.
2. **Email communications.** If your clinician is in agreement, you may use email to communicate with your clinician, however, email should be limited to scheduling purposes only. It should also be noted that email confidentiality cannot be guaranteed, and that it should not be used for any critical or emergency communication.
3. **Right to a copy of this notice.** You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our front desk receptionist.
4. **Right to file a complaint.** If you believe your privacy rights have been violated, you may file a complaint with JFS. To file a complaint with JFS contact Cathy Barker, Chief Operating Officer at (972) 437-9950. All complaints must also be submitted in writing to the practice address. You will not be penalized for filing a complaint.
5. **Right to provide an authorization for other uses and disclosures.** JFS will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.



Jewish Family Service

**JEWISH FAMILY SERVICE
INFORMED CONSENT SIGNATURE FORM**

I, _____, understand that I will be a client of Jewish Family Service and will remain so until either termination of services or 3 months from the last date of contact.

I have been given copies of the following documents:

- Client Introduction to Treatment
- Fee Policies and Guidelines
- Client's Rights Statement
- Discipline Policy
- Client Complaint Procedure
- Policy of Client Confidentiality
- Interdepartmental Release of Information
- Notice of Privacy Practices

I have read and understand the information contained in this packet and voluntarily agree to participate in services from Jewish Family Service for me and/or my family.

Printed Name of Client: _____

Signature of Client / Guardian

_____/_____/_____
Date

I request the following limitations relating to communication directed to me by JFS:

You may leave a detailed message at this number:

Home _____

Mobile _____

Work _____



Jewish Family Service

**This form is not required to be completed for Speech, Occupational Therapy or Liaison clients.*

JEWISH FAMILY SERVICE INFORMED CONSENT SUPPLEMENTAL

Client Name: _____

Assigned Counselor: _____
Name

My Counselor is (check one):

A Post Doc Fellow with a PhD in _____ being supervised by:

Clinical Psychology Supervisor License # Effective Date

My direct JFS supervisor

Name Ext

An Licensed Professional Counselor-Intern (LPC-Intern) being supervised by:

LPC-Supervisor License # Effective Date

My direct JFS supervisor

Name Ext

An LPC-intern having graduated with a Master's, awaiting Board Certification, being supervised by:

My direct JFS supervisor

Name Ext



Jewish Family Service

A Master's Level graduate student at _____
University

In this Program: _____ Pursuing this licensure: _____

My faculty advisor is _____
Name Phone

My direct JFS supervisor _____
Name Ext

In order to provide the best service possible, I will be discussing your case with my supervisor on a regular basis. I am required to have direct supervision of my counseling services and cannot provide services without this supervision. If you have any questions regarding the services I am providing to you, you are welcome to contact my direct supervisor.

Signature of Client / Guardian Date ____/____/____