



SAY San Diego TERMS & AGREEMENT Community Assessment Team (CAT)

I. CLIENT/GUARDIAN CONSENT

I hereby consent to the participation of myself and/or my child(ren) in services as provided by SAY San Diego.

Parent / Minor
Guardian Initials Initials

II. CONFIDENTIALITY

What is said to your service provider is confidential; information is not shared with anyone without your prior written consent. Although we want parents to be informed of their child’s progress, it is SAY’s policy not to share with a parent details of conversations held with their children. To ensure quality of services, staff and interns at SAY receive regular supervision and information about your case may be discussed in this setting.

There are some legal & ethical exceptions to the confidentiality rules.

We are legally mandated to:

1. Surrender records under certain conditions if subpoenaed by court.
2. Notify authorities if you report to us that you are the perpetrator or victim of child abuse or if SAY reasonably suspects that child abuse has occurred.
3. Notify authorities if you report to us that you are the perpetrator or victim of elder abuse or if SAY reasonably suspects that elder abuse has occurred.
4. Notify potential helpers or victims if you indicate that you intend to hurt or kill yourself or someone else.

We may:

1. Disclose information to medical personnel in medical emergencies.
2. Notify law enforcement when a minor under 16 has been a victim of a crime.

Parent / Minor
Guardian Initials Initials

III. ACCESS TO FILES

I am aware that SAY’s funding sources periodically review case file documentation for quality control purposes and contract adherence.

Parent / Minor
Guardian Initials Initials

IV. NOTIFICATION OF INFORMATION COLLECTION/SHARING

I understand that SAY San Diego tracks the demographic information (i.e. name, age, DOB, ethnicity), group attendance, and (un)successful completion of group. SAY San Diego provides this information to partner agencies and funders to ensure adherence to contract standards.

Parent / Minor
Guardian Initials Initials

V. CONSENT TO TAPE INTERVIEWS

Audio/visual tape recording of individual and group sessions with clients are often helpful to clients and staff/interns for playback in discussions to review their work together. Additionally, recordings are useful for professional review in supervision and consultation. SAY realizes the therapeutic and educational value of taping sessions. However, SAY believes in the right of clients to decide whether or not they are willing to have a session taped. Therefore, if you do not object to the tape recording, we ask that you indicate your consent by signing your initials below. If you do object, cross out this section of the contract.

Parent / Minor N/A
Guardian Initials Initials

VI. CANCELLATION/TERMINATION POLICY/ATTENDANCE

I agree to give at least 24 hours' notice if canceling my appointment.
I understand that if I miss 3 appointments or if I am more than 15 minutes late for two consecutive scheduled appointments, services with SAY San Diego may be terminated due to lack of participation.
I understand that if I am more than 15 minutes late to an appointment, my service provider reserves the right to reschedule due to scheduling impacts.

Parent / Minor
Guardian Initials Initials

VII. FREEDOM OF CHOICE

Acceptance and participation in SAY is voluntary and shall not be considered a prerequisite to other community or agency services. You have the right to request a change of provider, staff person, therapist, and/or case manager. You have the right to referral, as appropriate, to other service providers. You have the right to participate in the planning of services to be provided or the right to an individualized Family Goal Plan.

Parent / Minor
Guardian Initials Initials

VIII. CONTINUUM OF SERVICES

I understand that SAY has other youth and family services which may be available upon request. I hereby consent to release/exchange of information regarding myself/my children to other SAY programs, as needed to coordinate services. My service provider will discuss these alternate services and receive verbal consent prior to release.

Parent / Minor
Guardian Initials Initials

IX. TRANSPORTATION TO AND FROM A SAY SAN DIEGO SITE

I am aware that once my child leaves a SAY San Diego site, SAY San Diego is no longer responsible for them and is released of all liability.

Parent / Minor
Guardian Initials Initials

X. ELECTRONIC COMMUNICATIONS

I understand that communicating with SAY San Diego staff using electronic media (email, texts, social media) is my right but that this is not a secure method of communication and these methods do not meet HIPAA's minimum standard of protection for electronic communication. While SAY San Diego will do everything reasonable to protect my information, protection from "hacking", "phishing" and other unauthorized interceptions cannot be guaranteed. Therefore, I understand that communicating through electronic media is done at my own risk.

Parent / Minor
Guardian Initials Initials

Client/Guardian Name Signature Date

Minor's Name Signature Date