



Supported
Employment
Information
And
Enrollment Packet

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Individual Information

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____ Cell _____

Email Address _____

Date of Birth: Month _____ Day _____ Year: _____ Male Female

Nick Name or Other Name(s) used: _____

Identification Number (Driver's License or State ID): _____ State Issued from: _____

Social Security Number: _____

Legal Status: Married Single Widow Divorced

Primary Language: English.....Spanish.....French.....German.....Other

Is an interpreter service required? Yes No TDD (Telephone Device for Deaf):

Name of person filling out this form if not the individual: _____

Guardianship Information

Guardian _____

Address _____ Phone _____

City _____ State _____ Zip _____ Cell _____

Email Address _____

Emergency Contact Information

Name _____

Relationship: _____

Address _____ Phone _____

City _____ State _____ Zip _____ Cell _____

Email Address _____

Name _____

Relationship: _____

Address _____ Phone _____

City _____ State _____ Zip _____ Cell _____

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Email Address _____

Current Living Arrangements

Who do you live with? Circle one:

By yourself _____ With a roommate _____ With your family/guardian _____

Apartment _____ Host Home _____ Group home _____

Other, explain: _____

Employment

Are you currently employed? Yes _____ No _____ If Yes, Name of Employer: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

How many hours per week do you work? _____ How are you paid? Check / Cash/ Deposit

Do you volunteer? Yes No If Yes, Name of Place: _____

How many hours per week do you volunteer? _____

Transportation

Do you drive an automobile? Yes ___ No ____ Do you own an automobile? Yes___ No ____

If yes, make, model and year of automobile: _____

If yes, list insurance policy holder and policy number: _____

Do you use Access a Ride? Yes _____ No _____

If yes, Access-A-Ride client identification number: _____

Do you use Call and Ride? Yes _____ No _____

If yes, Call and Ride client id number: _____

Do you use public transportation? Yes _____ No _____

Financial

Do you have a checking account? Yes___No ____

Do you have a savings account? Yes___No ____

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Insurance/Resource Information

Health Insurance Company: _____ Policy Number: _____

Medicare Number: _____ Medicaid Number: _____

Income (check all that apply)

Income	How Received	Date of Receipt	Amount
SSI/SSDI			
SSA			
Military Benefits			
Food Assistance			
Section 8			
Other			

Disability Information: Circle all that apply

- | | | | |
|----------------------------|---------------------|---------------------------------------|--------------------|
| Arthritis | Cerebral Palsy | Mental Illness | Schizophrenia |
| Attention Deficit Disorder | Down Syndrome | Intellectual/Developmental Disability | Spina Bifida |
| Autism | Brain Injury | | Spinal Cord Injury |
| Behavioral Disorder | Hearing Impairment | Multiple Sclerosis | Vision Impairment |
| Bipolar Disorder | Learning Disability | Muscular Dystrophy | Other |

Explain:

Medical Information: Circle all that apply

- | | | | |
|---------------------|--------------------------|---------------------------|----------|
| Allergies (explain) | Diabetes | Heart Condition (explain) | Shunt |
| Arthritis | Diet Restrictions | Hepatitis Carrier | Asthma |
| Tracheotomy | Ear Tubes | High Blood Pressure | Glasses |
| Hearing Aids | Atlantoaxial Subluxation | Scoliosis | Catheter |
| Seizures (explain) | Other | | |

Explain:

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Medications: please identify all medications applicant is currently taking

Name of Medication	Dosage	Time	Why	Prescribing Doctor

Medical Professionals

Primary Health Care Provider

Physician Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Office phone number: (____) _____

Other Health Care Provider

Name: _____

Specialty: _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Office phone number: (____) _____

Primary Hospital

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Phone number: (____) _____

Dentist

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Office phone number: (____) _____

Vision

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Office phone number: (____) _____

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Health Summary

Date of Last Physical: Results:	Doctor:
Date of Last Dental Visit: Results:	Doctor:
Date of Last Eye Exam: Results:	Doctor:
Does Consumer utilize adaptive equipment? Yes No Type:	Date of last check or service:

Physical Support Needs (Example: Eating, toileting)

Behavior Support Needs

Like/Dislikes

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Programs/Agencies

Are you receiving services with any Community Center Boards? _____ If yes, which one?

Service Coordinator: _____ Phone: _____

Email: _____

OTHER SERVICE PROVIDERS ON YOUR TEAM

Agency/Program:		
Contact Person:		Phone Number:
Address:		
Email Address		
Agency/Program:		
Contact Person:		Phone Number:
Address:		
Email Address		
Agency/Program:		
Contact Person:		Phone Number:
Address:		
Email Address		
Agency/Program:		
Contact Person:		Phone Number:
Address:		
Email Address		
Agency/Program:		
Contact Person:		Phone Number:
Address:		
Email Address		

Other Information

Have you ever been convicted of a crime? Circle one: Yes No

If yes please explain:

Is there any other information you would like to share?

Dispute Resolution

Policy:

Colorado law (Ref. 8.605.2 A-J) specifies what types of decisions may be disputed. This dispute resolution procedure pertains to those decisions that are specifically covered by Colorado law. Other complaints or disputes you have may be resolved in other ways.

Persons receiving services, parents, legal guardians, or authorized representatives (if within the scope of their duties) shall be offered a means for resolving disputes when one or more of the criteria listed below is met. The use of this procedure will not prejudice the future provision of services and supports to the individual receiving services. No individual may be terminated from services during the time negotiations of a dispute is occurring or during appeal of a decision.

The law states that you have the right to contest or dispute the following types of decisions made by FRIENDS Of Broomfield, Inc.

- A decision that you are not eligible for services and supports;
- A decision that you are no longer eligible for services and supports;
- A decision to provide, modify, reduce or deny services and supports set forth in your Individualized Plan;
- A decision to terminate, or end, your services and supports.

Procedure:

FRIENDS Of Broomfield, Inc. will provide a copy of the Dispute Resolution Procedure to individuals and/or their legal representatives at the time services and supports begin with FRIENDS Of Broomfield, Inc., each time there is a change to the procedure, or upon request.

If FRIENDS Of Broomfield, Inc. makes a decision affecting services and supports, as defined above, FRIENDS Of Broomfield, Inc. will ensure that a written notice of action is provided to you, in accordance with the Division for Developmental Disabilities (DDD) Rule 16.120, accompanied by this procedure to inform you of decisions proposed and to help you determine whether you want to contest or appeal the decision. The notice must be provided to you, in writing, at least fifteen (15) days before the action is to be effective.

If you have been notified by FRIENDS Of Broomfield, Inc. that it intends to take action that can be disputed, and you disagree with that action, you have the right to an appeal or complaint. The complaint should be in writing to the Director of FRIENDS Of Broomfield, Inc. FRIENDS Of Broomfield, Inc. will explain the process that is to be followed, if you wish to file a complaint.

If you do not begin the dispute resolution process by filing an appeal, FRIENDS Of Broomfield, Inc. may implement the original decision after the notice period has expired.

If you need assistance to file an appeal with FRIENDS Of Broomfield, Inc., you may contact the following organizations for help:

Association for Community Living (303) 527-0888
The Legal Center for People with Disabilities and Older People (303) 722-0300

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Imagine! (Community Centered Board) (303) 665-7789

Informal Negotiations

FRIENDS Of Broomfield, Inc. will provide the opportunity to resolve the dispute through an informal negotiation process. The informal negotiation process may be waived only if all parties are in agreement to do so. If the informal negotiation process is waived, formal proceedings will be initiated as described below.

Mediation may be considered as a form of informal negotiation if all parties involved in the dispute are in agreement.

When your complaint is received, FRIENDS Of Broomfield, Inc. will schedule an informal meeting with everyone involved in the decision to try to create a solution. This meeting will be scheduled within fifteen (15) days of receiving your complaint.

Following the meeting, FRIENDS Of Broomfield, Inc. will send the individual and/or legal representatives a written summary of the agreements or disagreements made during the informal negotiation process as well as FRIENDS Of Broomfield, Inc.'s decisions based on the meeting.

If the dispute cannot be resolved through informal negotiation, the individual or their representative may request, in writing, a formal hearing with FRIENDS Of Broomfield, Inc..

Formal Hearing Proceedings

When a request for a formal hearing has been received, FRIENDS Of Broomfield, Inc. will appoint an impartial decision maker. All parties involved in the dispute will be able to present information to the impartial decision maker. The impartial decision maker shall not have been directly involved in the specific decision at issue.

FRIENDS Of Broomfield, Inc. will arrange for a formal meeting and will provide written notification of the meeting at least ten days prior to the meeting.

The parties in the meeting may have their dispute presented by legal counsel, an authorized representative or another individual. All parties will be given the opportunity to respond to or question the opposing position.

The meeting will be documented or recorded.

Within fifteen (15) days of the meeting, the impartial decision maker will mail a written decision to the party who filed the complaint.

If the dispute has not been resolved through the formal hearing process, individuals and their families/guardians may request that the Executive Director of the Department of Human Services, or a designee, review the outcome of the formal hearing. This request must be in writing and shall include information about the dispute and other information or evidence for a

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thorough review. FRIENDS Of Broomfield, Inc. will submit information to the Executive Director of the Department of Human Services as well.

Decisions made by the Executive Director of the Department of Human Services, or a designee, will be considered final.

Individuals may not be terminated from services and supports during the dispute resolution process unless the Department of Human Services determines an emergency situation exists.

FRIENDS of Broomfield, Inc. will ensure that persons receiving services, their guardians, and family members shall not be coerced, intimidated, threatened or retaliated against because they have exercised their right to complain or participate in the dispute resolution process.

Grievance Resolution

Policy:

Each person has the right to raise complaints or grievances. FRIENDS of Broomfield, Inc. will assist persons in understanding this right and the process for making a grievance known upon entering services and at a minimum on an annual basis at the individual's Individual Plan meeting. The person making the grievance may do so in writing or verbally to a representative of FRIENDS of Broomfield, Inc. Making a complaint or grievance will not prejudice any future services or supports and the affected individual will not suffer any negative effects due to filing a complaint. FRIENDS of Broomfield, Inc. will ensure that no individual shall be coerced, intimidated, threatened or retaliated against because the individual has exercised his or her right to file a grievance or has participated in the grievance process. Every effort will be made to resolve the concern at the earliest stage and in a fair manner.

Procedure:

FRIENDS of Broomfield, Inc. will provide this grievance process to the person receiving services and/or the individual's guardian or authorized representative in a manner understandable to all at the time that service begins, when there is a change to the procedure, or upon request.

Complaints and grievances may be about services, supports, employees or other areas that are not covered by the Dispute Resolution Procedure.

- When someone wishes to make a grievance or complaint, they may do so in writing or verbally to FRIENDS of Broomfield, Inc. If a verbal complaint is made to FRIENDS of Broomfield, Inc., the complaint will be put in writing by FRIENDS of Broomfield, Inc. employee for follow-up.
- If you need assistance to file an complaint with FRIENDS of Broomfield, Inc., you may contact the following organizations for help:
 - Association for Community Living (303) 527-0888
 - The Legal Center for People with Disabilities and Older People (303) 722-0300
 - Imagine! (Community Centered Board) (303) 665-7789
- FRIENDS of Broomfield, Inc. will ensure that a written log is kept which tracks the complaint and its resolution.
- The FRIENDS of Broomfield, Inc. representative will try to resolve the complaint to the satisfaction of all parties as soon as possible. If an immediate resolution is not possible, FRIENDS of Broomfield, Inc. will offer an opportunity for all parties to come together to try to find a mutually acceptable solution. All parties will be informed about a meeting time and place at least 10 days before the meeting unless everyone involved wants to meet sooner.

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- Mediation may be used if both parties voluntarily agree to this process.
- FRIENDS of Broomfield, Inc. will make all attempts to resolve the complaint within fifteen (15) days following any meeting.
- FRIENDS of Broomfield, Inc. will ensure that agreements are documented and all involved parties receive copies of the decisions made during discussions, meetings or mediation.
- If the complaint or grievance cannot be resolved, and FRIENDS of Broomfield, Inc.'s Director has not been involved to date, the complaint may be submitted to FRIENDS of Broomfield, Inc.'s Director for consideration.

Complainants that feel their complaints cannot be resolved with FRIENDS of Broomfield, Inc. can submit them to the Health Facilities and Emergency Medical Services Division (HFEMSD) Home and Community Services complaint line, in person, mail or email. The division encourages complainants to try to resolve concerns first through FRIENDS of Broomfield, Inc.'s grievance process because very often this is the quickest way to address the problem. If concerns cannot be addressed satisfactorily through these more informal processes or the complainant chooses not to utilize FRIENDS of Broomfield, Inc.'s processes, the complainant may file a formal complaint with the division.

**Complaint Intake Coordinator
Health Facilities and Emergency Medical Services Division
4300 Cherry Creek Drive South
Denver, Colorado 80246**

**Home and Community Services Complaint Line: (303)692-2910 or (800)842-8826
Email: healthfacilities@state.co.us**

Mistreatment, Abuse, Neglect, Exploitation (MANE)

Definitions of mistreatment, abuse, neglect, exploitation

Mistreatment is the broadest definition and is defined as an act or omission of an act that threatens the health, safety or welfare of a person. Mistreatment includes abuse, neglect, unreasonable confinement or restraint or exploitation.

Abuse is a category of mistreatment and typically is considered to include the following major subcategories:

- *Physical Abuse* means any infliction of physical pain or injury such as substantial or multiple skin bruising, malnutrition, dehydration, burns, bone fractures, poisoning, subdural hematomas, soft-tissue swelling, suffocation, striking, twisting body parts or unreasonable use of force with or without apparent injury, or imposition of unreasonable confinement or restraint. This includes directing a person to physical abuse another person receiving services.
- *Sexual Abuse* means subjecting a person to any nonconsensual sexual conduct or contact classified as a crime under the “Colorado Criminal Code”, including sexual assault, rape, fondling, sexual exploitation or sexual interaction between an adult and a minor. In addition, any sexual interaction of any employee or volunteer with individuals receiving services shall constitute sexual abuse.
- *Verbal/Mental/Psychological Abuse* is defined as any verbal or nonverbal action which creates, is intended to create, or reasonably could create mental anguish to a person receiving services. This includes any action, which degrades, belittles, threatens or isolates an individual, promotes fears or hatred or excludes individuals unreasonably from conversations or activities. This includes ridiculing, screaming at, lying to, teasing unduly, discriminatory remarks and or name-calling.

Exploitation means an illegal or improper action affecting a person or use of the person’s resources for another person’s profit or advantage. It is the misrepresentation or taking advantage of an individual’s trust for another person’s benefit, such as promoting activities for another person’s amusement or pleasure, or taking, destroying or misusing another’s funds or property.

Neglect means an act or omission of an act by a person who is responsible for another person’s well-being which denies or fails to provide care and treatment required by law, policy, prudent treatment and Friends Unlimited directives. This includes acts or omissions of acts that contribute to injuries, or placement of an individual in an at-risk situation or denial of a safe and humane environment. This may include, but is not limited to, failure to provide adequate food and/or denial of meals, clothing, shelter, psychological care, physical care, medical care, medication, habilitation, supervision or other treatment necessities.

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Signs/examples of mistreatment, abuse, neglect, or exploitation may include:

- Bruises, scratches, or other physical evidence of an injury
- Being underweight or malnourished
- Being over medicated, drowsy, unable to respond to conversations
- Having a lack of privacy, not allowing you to close your bedroom or bathroom doors
- Taking food away from you
- Taking personal belongings away from you without permission

These are just some indicators of what mistreatment, abuse, neglect and exploitation could be. If someone is treating you in a manner that doesn't feel right to you or makes you uncomfortable, you should contact: **Gina Coufal, Executive Director – FRIENDS of Broomfield, Inc. (303-404-0123)**, your case manager or someone you trust immediately. There is also a number with the **Boulder County Department of Social Services (303-441-1441)** that you can call and report these concerns. If you need help placing this call, FRIENDS can assist you with this call. As your provider, FRIENDS will explain this process to you each year.

Your Rights

If you receive services through Friends Of Broomfield, Inc. you have the following rights:

- **Individual Plan (IP)**

You have the right to an individualized plan, called an IP. You have the right to be at your IP meeting, to talk about what you want or need, and to invite anyone you want to your IP meeting. When services and/or supports are suggested, you or your guardian has the right to say “yes” or “no” to those services and/or supports.

- **HUMANE CARE AND TREATMENT**

You have the right to get help from staff who will treat you fairly and not hurt or embarrass you.

- **PRIVACY AND RELATIONSHIPS**

You have the right to choose your relationships and friends and to choose when and where you will talk and visit with them. You have the right to talk with visitors in private, to send and get unopened mail, and to talk privately on the phone with anyone you want.

- **PERSONAL BELONGINGS**

You have the right to keep and use your clothes, money and other personal belongings like you want, unless you agree in your IP that there is good reason for you to get help with this.

- **FAIR PAY**

You have the right to be paid fairly for the work you do that is not part of the regular jobs done to take care of a house or apartment.

- **DOCTOR, DENTIST AND OTHER MEDICAL PROVIDERS**

You have the right to see the doctor, dentist or other medical providers of your choice when you are sick or need treatment. If needed, you will receive help in finding a doctor or dentist to provide services.

- **VOTE**

You have the right to vote if you are qualified to register.

- **RELIGION**

You have the right to be whatever religion you want and to attend any church you want. You cannot be made to do anything that is against your religion.

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- **REPORTS**

You have the right to keep reports in your file at Friends Of Broomfield, Inc. private unless you/your guardian sign a form allowing someone to look at these reports.

- **RULES**

You have the right to have rules you must follow explained to you and to have a copy of those rules.

- **INFLUENCE POLICY**

You have the right to tell Friends Of Broomfield, Inc. and other service provider(s), including the consumer representative(s), your opinion in order to influence how services are provided. You have the right to apply to serve on these Boards.

- **BEHAVIOR PROGRAMS, MEDICATION PROGRAMS, RIGHTS RESTRICTIONS**

Some programs take a right away from you for a while or include medication in order to help or protect you. If you/your guardian say “yes” to such a program, you have the right to have the program/medication regularly reviewed to make sure it is still helping and to make sure you are not taking too much medication.

- **APPEAL**

You have the right to appeal if you are not treated fairly or are hurt or embarrassed by the staff working with you, if you do not get the services agreed on in your IP meeting, or if you do not agree with a decision made about you. If you have a problem concerning the services you are receiving or should be receiving, refer to the Friends Of Broomfield, Inc. Grievance Procedure

Notice of Privacy Practices

Effective: November 1, 2010

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

This notice will tell you how we gather, use and disclose protected health information about you (your dependent). Protected health information means any health information about you (your dependent) that identifies you (your dependent) or for which there is a reasonable basis to believe that the information can be used to identify you (your dependent).

This notice will also tell you about your rights and our duties with respect to you (your dependent). It will also tell you how to complain to us if you believe that we have violated your privacy rights.

For purposes of this notice, health care includes but is not limited to “preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body.” FRIENDS has determined that all confidential, identifiable information that is obtained about you (your dependent) will be designated as “protected health information”. FRIENDS gathers protected health information about you (your dependent) for a variety of purposes.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU (YOUR DEPENDENT)

Determination for Services

For applicants’ age 18 years and over, service support is determined generally by the FRIENDS Program Director. Protected health care information is sometimes shared with the FRIENDS Executive Director if the service needs of the applicant are questionable.

When an applicant requires additional psychological testing to determine support services, protected health information is shared with the psychologist with whom FRIENDS contracts to do such testing.

To Obtain Treatment (Services and Supports)

FRIENDS may use protected health information about you to provide, obtain, coordinate and manage the services, supports and other health care you receive from us, or other providers with which we contract. This information may be disclosed to doctors, nurses, dentists, psychologists, social workers, mental health professionals, case managers or service coordinators, direct service staff at FRIENDS charged with quality assurance monitoring, administrative and direct care staff of other service providers with whom FRIENDS contracts, community agencies and providers that provide services to people with developmental disabilities outside of the developmental disabilities service system, and State agencies that have audit and quality assurance responsibilities.

In general, information is shared for the purpose of obtaining services, supports and other health care services and coordinating such services as they are outlined in the Individual Service Plan (ISP). An adult may need assistance from Vocational Rehabilitation as well as a system based

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vocational provider to obtain and retain employment. An adult may choose to have comprehensive services (residential services) provided by an agency other than FRIENDS. Protected health information will be shared with those agencies to enable them to provide appropriate and needed services as outlined in the IP. A nurse with a residential provider may share protected health information to obtain medical services for the individual.

For Payment

We may use and disclose health information about you so that we can be paid for services we provide for you or purchase on your behalf. This may include billing third party payers such as Developmental Disabilities Services, Medicaid or your insurance company. Developmental Disabilities Services (Colorado State agency which provides funding for services for people with developmental disabilities) would be billed for all services provided to adults in the developmental disabilities services system.

For Health Care Operations

We may use and disclose health information about you (your dependent) for our own operations. This information may be used to monitor the performance of staff providing services, to determine internally the quality of services being provided, to train staff and/or volunteers or to prepare for external audits and reviews.

For Planning Purposes

Each individual enrolled in services through FRIENDS has a plan of services/supports developed. This Plan is developed with input from a variety of individuals which includes the parent and/or the guardian or other personal representative of the adult with developmental disabilities, as needed. Private health information may be shared at the meetings to develop these plans.

Treatment and Service Alternatives

We may use and disclose health information about you to contact you about alternative treatment and service options that might be of interest to you. We may do this by mail, or phone, or in face-to-face contact. We will not provide such information to alternative treatment or service providers without your express written authorization.

Disclosures to Family and Others

We may disclose to a parent/guardian, personal representative, family member, or any other person identified by you, health information about you (your dependent) that is directly related to their involvement with the services and supports you (your dependent) receive. We may also use that information to notify such persons about your location, general condition or death. If there are individuals in your life (or of your dependent's life) that you do not wish to have this information, please notify:

**Gina Coufal, Executive Director
11851 Saulsbury St.
Broomfield, CO 80020.**

Disaster Relief

We may use or disclose health information about you (your dependent) to a public or private entity authorized by law to assist in disaster relief efforts. This will be done in coordination with those entities to ensure that a parent/guardian, other personal representative or any other person

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designated by you are notified of your location, general condition or death in the event of a disaster.

Required by Law

We may use or disclose health information about you when we are required to do so by law.

Public Health Activities

We may disclose health information about you for public health activities and purposes. This includes reporting health information to a public health authority that is authorized by law to collect or receive information for purposes and preventing and controlling disease. This would also include reporting for purposes related to the quality, safety or effectiveness of a United States Food and Drug Administration regulated product or activity. Examples of the latter might involve a serious adverse reaction to medication or a food supplement, or a safety issue with some product.

Victims of Abuse, Neglect, Mistreatment or Exploitation

By Colorado law, and by State and FRIENDS regulation, FRIENDS employees and contractors are obligated to report suspected abuse, neglect, mistreatment or exploitation of a minor child to the Boulder County or Broomfield County Dept. of Human Services and/or local law enforcement agencies. FRIENDS employees and contractors are encouraged by State statute and required by FRIENDS regulation to report suspected abuse, neglect, mistreatment or exploitation of an at-risk-adult (all adults with developmental disabilities are determined to be at-risk adults) to the Adult Protection unit of the Boulder or Broomfield Dept. of Human Services, and/or to local law enforcement agencies. As part of this reporting process we may share health information with these agencies to the extent that this disclosure is: (a) required by law; (b) agreed to by you or your personal representative; (c) authorized by law and we believe that the disclosure is necessary to prevent serious harm to you or to other potential victims, and we are informed by a law enforcement or other public official that immediate intervention is dependent upon this disclosure of the health information.

Health Oversight Activities

We may disclose health information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure, or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs and entities subject to government regulation. Some of the most common oversight agencies to receive this information are Developmental Disabilities Services, Children's Health and Rehabilitation Services, Rehabilitation Accreditation Commission, Inc., Colorado Dept. of Health, county Department of Human Services for foster care licensing, local fire departments.

Judicial and Administrative Proceedings

We may disclose health information about you in the course of any judicial or administrative proceeding in response to an order from the Court or administrative tribunal. We may also disclose health information about you in response to a subpoena, discovery request or other legal process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed. The information disclosed will be only that specifically asked for in the subpoena, discovery request, Order of the Court or of the administrative tribunal.

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Disclosure for Law Enforcement Purposes

We may disclose health information about you to a law enforcement official for law enforcement purposes:

1. As required by law;
2. In response to a court, grand jury or administrative order of subpoena;
3. To identify as suspect or locate a suspect, fugitive, material witness or missing person;
4. About an actual or suspected victim or a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances the information may still be disclosed.
5. To alert law enforcement to a death if we suspect that the death may have been caused by a criminal act;
6. About crimes that occur in our programs;
7. To report a crime in emergency circumstances

Coroners or Medical Examiners

We may disclose health information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

Funeral Directors

We may disclose health information about you to funeral directors as necessary for them to carry out their duties.

Organ, Eye or Tissue Donation

We may disclose health information about you (your dependent) to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissues. This disclosure will be made only if you have left written instructions stating that you wish to be an organ donor, or if you are incapacitated, organ donation is agreed to by your personal representative.

Research

Under some circumstances we may disclose health information about you (your dependent) for research. Before we disclose health information for research, the research will have been approved through an approval process, which includes the Human Rights Committee, which evaluates the need for the research against your needs for the privacy of your health information. We may, however, disclose health information about you (your dependent) to a person who is preparing a research proposal. No health information will leave FRIENDS during this person's review of the information. Research individuals served by FRIENDS, or their personal representatives, must provide written informed consent prior to becoming a part of a research project. By Colorado regulation, informed consent may be provided only after consultation with the Interdisciplinary Team for the individual and with a developmental disabilities professional not associated with FRIENDS.

To Avert Serious Threat to Health or Safety

We may use or disclose health information about you (your dependent) if we believe that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health and safety of a person or the public. We may also release information about you (your dependent) if we believe the disclosure to be necessary for law enforcement authorities to identify or

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apprehend an individual who admitted participating in a violent crime or who is an escapee from a correctional institution or from lawful custody.

Inmates: Persons in Custody

We may disclose health information about you (or your dependent) to a correctional institution or law enforcement official having custody of you (your dependent). This disclosure will be made if the it is necessary to: (a) to provide health care to you; (b) for the health and safety of others, or, (c) the safety, security or good order of the correctional institution.

Fundraising

We may use information about you to raise funds for FRIENDS. We would use only first name. If you do not want FRIENDS to contact you for fundraising purposes, **please contact Gina Coufal, Executive Director, at 11851 Saulsbury St., Broomfield, CO 80020.**

How We Will Contact You

Unless you tell us otherwise in writing, we may contact you by telephone, fax or e-mail at home or at work. In either place we may leave messages. **If you want us to communicate with you only in a certain way or at a certain place, please contact Gina Coufal, Executive Director, at 11851 Saulsbury St., Broomfield, CO 80020.**

Your Rights With Respect to Health Information About You (HIPPA)

You have the following rights with respect to health information that we maintain about you.

Right to Request Restrictions

You have the right to request that we restrict the uses or disclosures of health information about you to carry out treatment, payment or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or (b) to public or private entities for disaster relief purposes. For example, you could ask us not to disclose health information to a brother, sister, or even a parent unless that parent is your legal guardian. You may request a restriction at any time. **To do so, put the request in writing and send to:]**

**Gina Coufal, Executive Director
11851 Saulsbury St.
Broomfield, CO 80020**

Your written request, must contain the following information: (a) what information you want to limit; (b) whether you want to limit use, disclosure or both; and, (c) to which persons or organizations you want the limits to apply. **We are not required to agree to any requested restrictions and will inform you of this decision.** However, if we do agree, we will follow the restriction(s) unless the information is needed to obtain or provide emergency treatment. If we agree to a restriction, either you or we may terminate the restriction at a later time.

Right to Receive Confidential Communication

You have the right to request that we communicate information about you to you in a certain way or at a certain location. For example, you can ask that we contact you only by mail or by phone, and only at home. We will not require you to tell us why you are making this request. **If you want to request confidential information, you must do so in writing to: Gina Coufal, Executive Director, at 11851 Saulsbury St., Broomfield, CO 80020.** You need to include information about how and where you are to be contacted. If it will be difficult to contact you at your preferred location, please include a secondary location or means for contact. For example, if your preferred location for contact is your work phone, but you are seldom at your desk, providing a cell phone or pager number would be helpful.

Right to Inspect and Copy

You have the right to inspect and obtain a copy of health information about you. You will be provided with one copy of this information at no charge. Any additional copies will be provided at a reasonable fee per copied page, plus mailing costs if it is requested that the information be mailed. **To inspect or copy health information about you, you must submit your request in writing to Gina Coufal, Executive Director, at 11851 Saulsbury St., Broomfield, CO 80020.** Your request should specifically state what health information you want to inspect or copy. We will act on your request within 30 calendar days of the receipt of your request. If we grant your request in whole or in part, we will inform you of our acceptance and of the request and provide access and copying. We will require that a staff person from FRIENDS be present while you inspect or copy health information. We may deny your request to inspect and copy health information if the health information is:

- Psychotherapy notes

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- Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding;
- Being requested to be reviewed or copied by someone other than yourself, if such information is protected by more stringent disclosure statutes such as alcohol or substance abuse information or HIV status.

If we deny your request, we will inform you of the basis for the denial, how you may have the denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by FRIENDS who was not directly involved in the denial. FRIENDS will comply with the outcome of that review.

Right to Amend

You have the right to ask to amend health information about you. You have this right so long as the health information is maintained by FRIENDS. **To request an amendment, you must submit a request in writing to Gina Coufal, Executive Director, at 11851 Saulsbury St., Broomfield, CO 80020.**

Your request must state what information you wish to amend and provide a reason(s) that supports the amendment. We will act on your request within no later than 60 calendar days from receipt of your request. If we grant your request, in whole or in part, we will inform you of our acceptance. If we grant the request, in whole or in part, we will seek your identification of, and agreement to share the amendment with relevant other persons. We will also make the appropriate amendment to the health information by appending the information. We may deny your request to amend health information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. We may also deny your request to amend the specified health information if we determine that the information:

- Was not created by FRIENDS staff unless the person or entity that created the information is no longer available to act on the requested amendment;
- Is not part of the health information maintained by us;
- Would not be available for you to inspect or copy; or
- Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will then have the right to submit a statement of disagreement with our denial. We may prepare a rebuttal to that statement. . Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any will then be appended to the health information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of the information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosures of the information.

You also have the right to complain about our denial of your request. You may do this by putting your complaint in writing to: Gina Coufal, Executive Director, at 11851 Saulsbury St., Broomfield, CO 80020.

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Right to an Accounting of Disclosures

You have the right to receive an accounting of disclosures of health information about you. The accounting may be for up to six (6) years prior to the date on which you requested the accounting, but **may not be for disclosures made prior to April 14, 2003.**

Certain types of disclosures are not included in such an accounting:

- Disclosures to carry out treatment, payment and health care operations;
- Disclosures made to you, your guardian or other personal representative;
- Disclosures that are incidental to another use or disclosure;
- Disclosures that you have authorized;
- Disclosures to persons involved with your care;
- Disclosures for disaster relief purposes;
- Disclosures to correctional institutions or to law enforcement officials;
- Disclosures that are part of a limited data set (all identifying information has been removed) for purposes of research, public health, or health care operations.

Under certain circumstances, and as requested by the law enforcement officials or health oversight agencies involved, your right to an accounting of disclosure of information to these entities may be suspended. Should you request an accounting during the time that your right is suspended the accounting would not include disclosures to a law enforcement official or to a health oversight agency. **To request an accounting of disclosures, you must submit your request in writing to: Gina Coufal, Executive Director, at 11851 Saulsbury St., Broomfield, CO 80020.** Your request must state the time period for which you want the disclosures. That period may be no longer than 6 years prior to the date of receipt of your request, and may not include dates before April 14, 2003.

We will act on your request within 60 calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or provide a written statement of when we will provide the accounting and why a delay is necessary. There will be no charge for the first accounting we provide to you in any 12 month period. For additional accountings we may charge you the cost of providing the list. If there is to be a charge we will inform you of what the cost will be so that you may withdraw or modify your request to avoid or reduce the fee.

Right to a Copy of This Notice

You have the right to obtain a paper copy of this notice and may request such a copy at any time.

- A paper copy of this notice will be provided to each new applicant during the intake and eligibility determination process at FRIENDS.
- A new paper copy of this notice will be provided yearly at Individual Plan (IP) meetings **only if** provisions of this notice have been changed.
- You may also obtain a copy of our Notice of Privacy Practices over the Internet at our web site at www.friendsofbroomfield.org.
- A copy of this notice will also be posted at each program site operated directly by FRIENDS.

To obtain a paper copy of this notice contact Gina Coufal, Executive Director, at 11851 Saulsbury St., Broomfield, CO 80020. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

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FRIENDS Right to change Notice of Privacy

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.

- A paper copy of this changed notice will be provided at the yearly IP or IFSP meetings for individuals enrolled in services through FRIENDS
- And by mail to individuals on waiting lists.
- A paper copy of the changed notice will also be provided to new applicants at the time of intake and eligibility determination.
- A copy of the changed Notice of Privacy will also be posted on the FRIENDS web site.
- The changed Privacy Notice will also be posted at all program sites operated directly by FRIENDS by the date the changes become effective.

Complaints

You may complain to FRIENDS and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with FRIENDS, contact Gina Coufal, Executive Director, at 11851 Saulsbury St., Broomfield, CO 80020. **All complaints must be submitted in writing.**

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to the Secretary in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington D.C. 20201. You will not be retaliated against for filing a complaint.

Questions and Information

If you have any questions, or want more information concerning this Notice of Privacy Practices, please contact Gina Coufal, Executive Director, at 11851 Saulsbury St., Broomfield, CO 80020.

Receipt/Acknowledgement Signature

Date _____

I have received a copy of the following documents:

_____ **DISPUTE RESOLUTION PROCESS**

_____ **GRIEVANCE RESOLUTION**

_____ **MISTREATMENT, ABUSE, NEGLECT, EXPLOITATION (MANE)**

_____ **YOUR RIGHTS**

_____ **PROTECTED HEALTH INFORMATION (HIPPA)**

The information in the documents was explained to me and I had an opportunity to get my questions answered.

_____ Date: _____
Signature of Individual

_____ Date: _____
Signature of Guardian

_____ Date: _____
Signature of Witness

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INDIVIDUAL RELEASE OF INFORMATION

FRIENDS of Broomfield is committed to protecting the privacy of our individual's Protected Health information. That's why we must obtain your written consent before we can photograph you or share Protected Health Information for use in news stories or promotional materials. Only you and your team of caregivers may provide details about your case and Protected Health Information to a FRIENDS of Broomfield Staff. Please review the following facts and assure your questions are fully answered by a FRIENDS of Broomfield Staff before signing this form. You are entitled to receive a signed copy.

FREQUENTLY ASKED QUESTIONS

Who will use my information? A FRIENDS of Broomfield staff may share your images or information [example: your name or program of participation] with journalists or the public for promotional purposes, such as advertising, brochures, web pages, publications or news stories. All images used for promotional purposes will be respectful and dignified.

What happens after my photos and information go public? Once stories, photos, audio and videotape enter the public domain, it's important to understand that other outlets are free to use them too. For example, photos and stories in the Broomfield Enterprise can be picked up by news wires, reprinted by other websites and broadcasted by radio and television stations.

Before you sign this form, make sure you are comfortable with the amount of public recognition you may receive. FRIENDS of Broomfield cannot control how – or how long – news outlets use or distribute your information, photos and videotape for future stories. We also cannot guarantee that other organizations will not display your publicized images or information on their own websites.

I'm not sure I want to make my information public. Do I have to sign this form?

Absolutely not! Signing this form is your choice alone and will have no effect on your care or support from FRIENDS of Broomfield.

May I withdraw my consent? You may cancel or revoke your authorization at any time by writing to FRIENDS of Broomfield IT Department, 11851 Saulsbury St, Broomfield CO 80020; however, if we have already used the information and disclosed it as provided by the authorization, we will not be able to revoke your authorization.

Do I approve each photo before use? By signing this form and selecting Option #1 you are giving FRIENDS permission to use our best judgment on the photo(s) we choose to use of you. Option #2 requires FRIENDS to get your signed permission each time a photo of you is used.

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OPTION #1:

I _____ [Individual's name] agree to participate in an interview, provided details about services and/or have photographs, audio or video recordings made of myself, for:

- FRIENDS of Broomfield brochures or publications
- FRIENDS of Broomfield website(s)
- FRIENDS of Broomfield Social Media [including but not limited to: Facebook and Twitter]
- FRIENDS of Broomfield- related stories in the news media, including but not limited to newspapers, television, radio, magazines and online publications.
- Marketing/advertising by FRIENDS of Broomfield, including possible storage in a photo or video archive for future promotional purposes.

PLEASE LIST SPECIFIC INFORMATION YOU DO NOT WANT DISCLOSED:

OPTION #2:

I _____ (Individual's name) would like FRIENDS to get my permission each time a photograph, video or interview of me is used by FRIENDS.

When does my consent expire? If no date is recorded, your consent expires 12 months after the date of your signature. Expiration Date (if less than 12 months)

_____.

SIGNATURE

I have read this form, and all of my questions have been answered. My signature confirms that I understand and accept all of the above conditions, and approve the use of my images by FRIENDS of Broomfield. **I also understand that if FRIENDS of Broomfield features me in a media/public relations and marketing purpose that is not listed above that FRIENDS will acquire a specific release of information for that purpose.**

Signature (Individual or Guardian)

Print (Individual or Guardian Name)

Date

Individual s Name (if Guardian Signature)