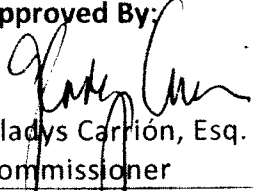


Credentialed Alcohol and Substance Abuse Counselors (CASACs)

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| <p>Related Forms: Office of Court Administration HIPAA form; Authorization For Release of Sharing and Confidential Chemical Dependency OASAS Patient/ACS Client Information</p> | | | |
| <p>SUMMARY: The New York City Administration for Children's Services (Children's Services or ACS) has partnered with the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to place a Credentialed Alcohol and Substance Abuse Counselor (CASAC) at each Children's Services borough office. Each borough office-based CASAC will provide assessments and referrals. CASACs will also be available at "Additional Locations" (see Attachment A) where they will provide treatment services for parents, children, or other family members living with or affected by the identified client's substance use disorder. In agreement with OASAS, Children's Services authorizes the proposed services outlined in this document and the use of ACS resources by different provider agencies free of charge. This document provides guidance to all Division of Child Protection staff, Clinical Consultation Program staff, and participating provider agencies on the use of CASACs co-located in the borough offices, as well as those who work from "Additional Locations."</p> | | | |
| <p>SCOPE: This policy applies to Division of Child Protection staff, Clinical Consultation Program staff, and the treatment provider agencies involved in the co-located CASAC program.</p> | | | |

Credentialed Alcohol and Substance Abuse Counselors (CASACs) Policy Highlights

- A CASAC is placed at each Children's Services borough office to provide assessments and referrals in cases involving substance abuse concerns. CASACs are also available at additional locations where they can provide treatment for parents, children, and/or other family members living with or affected by the identified client's substance use.
- Depending on the circumstances, CASACs may provide services on site at the borough office, refer the client to the treatment program with which he or she is affiliated, or refer the client to a provider in the client's own community.
- CASACs assigned to Children's Services borough offices are able to make assessments and begin providing services quickly (usually within 24 to 48 hours of the CPS referral).
- The CPS must discuss relevant aspects of the case with the CASAC to help the CASAC understand the family's circumstances and be prepared to engage the client. If the CPS has identified other concerns, such as mental health issues or the presence of domestic violence, the CPS must inform the CASAC.
- If a parent or family member is receiving substance abuse treatment or has received it in the past, the CPS and the CASAC must obtain the explicit written consent of the client in order to share treatment records and information about the client's participation in treatment with one another.
- CASACs shall conduct a comprehensive psychosocial assessment of past and present substance use along with the client's treatment history. This includes an exploration of the client's, as well as the family's, history of childhood trauma, domestic violence, mental health issues, medical issues, legal issues, public assistance, child welfare involvement, and receipt of services for the child(ren).

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I. POLICY

A. Introduction

1. The New York City Administration for Children's Services (Children's Services or ACS) has partnered with the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to place a Credentialed Alcohol and Substance Abuse Counselor (CASAC) at each Children's Services borough office. Each borough office-based CASAC will provide assessments and referrals. CASACs will also be available at "Additional Locations" (see Attachment A) where they will provide treatment services for parents, children, or other family members living with or affected by the identified client's substance use disorder.
2. When a Child Protective Specialist (CPS) determines that a parent or family member is using illicit drugs and/or abusing substances (e.g., alcohol, prescription medication, over-the-counter medication, etc.) or has a history of substance abuse, the CPS shall refer the client to the co-located CASAC for an assessment to determine whether treatment is necessary (see Attachment A). The CPS shall make this referral at the outset of the investigation, or as soon as the need arises, prior to making any referrals for preventive services. Depending on the circumstances, the CASAC may provide services on-site, refer the client to the treatment program with which he or she is affiliated, or utilize the Substance Abuse Treatment Provider Directory for Child Welfare Staff¹ to refer the client to a provider in his or her own community. The CASAC will also assess children aged three (3) years and older who are affected by a parent's or family member's substance use disorder and make referrals to school or community-based prevention programs for support, as appropriate.

B. General Guidelines for CASAC Referrals

1. The CPS must document the request for a CASAC assessment in CONNECTIONS (CNNX). If the CPS is providing a copy of the Statewide Central Register of Child Abuse and Maltreatment (SCR) report to the CASAC, the CPS must first redact the source information.
2. Prior to referring a client to a CASAC, the CPS must inform the client of the benefits of a CASAC assessment, including the qualifications of CASAC staff, the convenient community locations, and the rapid response time. CASACs assigned to Children's Services borough offices are generally able to schedule an assessment and begin providing services within 24 to 48 hours of the CPS referral.

¹ This document is provided to CASACs by the Substance Abuse Unit in the Office of Child and Family Health.

3. If a parent/client refuses the CASAC assessment and/or recommended treatment, the CPS must assess if the refusal of treatment increases the risk to the child(ren) and discuss this with the client.
 - a. The CPS must discuss relevant aspects of the case with the CASAC to help the CASAC understand the family's circumstances and be prepared to engage the client. If the CPS has identified additional concerns, such as mental health issues or the presence of domestic violence, the CPS must inform the CASAC in order to facilitate further assessment.
4. If the CPS assesses that a youth requires a CASAC assessment, the CPS must discuss this with the youth's parent or legal guardian and obtain his or her approval before making a referral.
 - a. If the parent or legal guardian refuses a CASAC assessment for his or her child, the CPS must discuss the case with his or her supervisor and the CASAC – specifically outlining what indicators or concerns led to the decision to seek a CASAC referral for the youth – and determine the appropriate next steps to address these concerns.
 - b. If the parent or legal guardian allows the referral but does not agree to substance abuse treatment for the youth when the CASAC recommends it, the CPS must assess if the refusal increases the risk to the youth and whether to seek a physician's assessment to determine whether the youth, who is voluntarily seeking treatment, may receive treatment without his or her parent's or legal guardian's consent.²
 - c. If the parent desires the substance abuse treatment recommended by the CASAC but the youth is resistant, the CPS shall work with the parent and CASAC to engage the youth and discuss other options.
 - d. If both the parent or legal guardian and youth are unwilling to engage in any substance abuse treatment recommended by the CASAC, the CPS and CASAC shall work to re-engage the parent and youth – separately and jointly – and the CPS shall discuss appropriate next steps in supervision.

² See New York Mental Hygiene Law § 22.11. A minor can receive non-medical alcohol substance abuse services (such as counseling) without parental consent or notification. Further, a minor may receive inpatient or outpatient medical treatment for alcohol or substance abuse without parental involvement if the provider cannot reasonably locate the minor's parents or the parents refuse or fail to communicate with the provider, and the program director authorizes treatment; or a physician determines that the involvement of the parent or guardian would have a detrimental effect on the course of treatment; or a parent or guardian refuses to consent and a physician believes that the treatment is necessary to the child's best interests.

5. If there is any Family Court involvement, the CPS must alert the CASAC. In addition, the CPS must immediately notify the assigned Division of Family Court Legal Services (FCLS) attorney of any planned CASAC involvement or assessments. The CPS must consult with the FCLS attorney as to whether any notifications (e.g., to the Court or attorneys) or consents are needed.
6. While efforts shall be made to avoid having a CASAC testify in a Family Court case, there may be occasions when a CASAC's testimony is needed. When possible and appropriate, the FCLS attorney shall seek to arrange for testimony by telephone. Likewise, written reports may be ordered or requested from a CASAC for submission to the Court.

C. Confidentiality

If a parent or family member is receiving substance abuse treatment or has received it in the past, the CPS and the CASAC must obtain the explicit written consent of the client in order to share the client's treatment records and information about the client's participation in treatment with one another. The CPS and the CASAC may obtain written authorization to disclose substance abuse treatment information about the client to each other through a signed set of release forms that is consistent with New York State Law, the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA authorization form) and OASAS regulations. Copies of HIPAA authorization forms are available on the Children's Services' Intranet.³ Other release forms necessary for sharing substance abuse treatment information are available through the CASAC and treatment providers (see Attachment C for an example of an OASAS compliant release of information form).

D. Improving Child Welfare Outcomes

Through a collaborative effort that is family-focused and respectful of the strengths, culture, and ethnicity of individual family members, the CASAC and Children's Services staff will improve child welfare outcomes through the following:

1. Early identification of substance use issues;
2. The prompt referral of a client to an appropriate treatment provider specified on the intake or referral form;

³ The Office of Court Administration's Authorization For Release of Health Information Pursuant to HIPAA can be found here: http://10.239.3.195:8080/docushare/dsweb/Get/Document-6324/hipaa_fillable.pdf or on the OCA website at www.nycourts.gov/forms/hipaa_fillable.pdf.

3. Assessment of family members, including children, who may or may not be living with the identified client;
4. Communication among the treatment provider, the CPS, and/or the preventive or foster care provider agency case planner, as appropriate, throughout the life of the case;
5. Cross-systems communication, specifically the exchange of information between the systems of child welfare and substance abuse treatment providers that informs child welfare decision-making and facilitates seamless service coordination between providers with respect to discharge planning and referrals to ongoing recovery supports for parents and children; and
6. Follow-up on clients' progress in treatment to document the efficacy of the model and support potential expansion.

II. PROCEDURE

A. Circumstances Under Which a Child Protective Specialist Must Make a CASAC Assessment Referral

1. During a child protective investigation or court ordered supervision, the CPS has determined or suspects that a family member has a substance use disorder based on one or more of the following:
 - a. The CPS believes that substance use is most likely creating safety or risk concerns even if the client denies substance use or is ambivalent about treatment;
 - b. The client informs the CPS that he or she is having problems with substance abuse or use and is willing to accept services;
 - c. An SCR report alleges or includes chemical dependency;
 - d. A history of a substance use disorder/issue or chemical dependency treatment;
 - e. A suspicion of parental/child substance use based on the CPS' observation or collateral source information;
 - f. Possible substance use as a contributing factor to domestic violence and/or mental health concerns;
 - g. The client's disclosure of substance use or abuse as an outcome of the CPS investigation, Clinical Consultation, Child Safety Conference or Family Meeting;

- h. The CPS has determined that the client's current substance abuse treatment has been inappropriate or ineffective;
- i. A consultant from the Clinical Consultation Program has identified the need for CASAC services (in these situations, the consultant will inform the CPS, supervisor, and CASAC of such need); and/or
- j. The CPS assesses that family members of the client require a CASAC assessment of their own substance abuse concerns or referrals to prevention, Al-Anon, co-dependence groups, or other community-based services that address the impact that the substance use has on family members.

B. The CASAC Assessment Process

1. Once a CASAC receives a written request from the CPS or a completed CASAC Assessment Referral form for a client, the CASAC must:
 - a. Assess the client prior to intake or referral to his or her own or another ACS/OASAS-approved treatment program.
 - b. Conduct a face-to-face interview with the client, assess his or her level of substance use, and determine the needed level of care, as well as the client's readiness for treatment, regardless of whether the client was referred by the Mental Health Consultant, Domestic Violence Consultant, or the CPS.
 - c. Conduct a comprehensive psychosocial assessment of past and present substance use along with the client's treatment history. This includes an exploration of the client's, as well as the family's, history of childhood trauma, domestic violence, mental health issues, medical issues, legal issues, public assistance, child welfare involvement, and receipt of services for the child(ren).
 - i. Confer with the appropriate Clinical Consultation Program (CCP) consultant if there are indicators of co-occurring mental health and/or domestic violence concerns [See Section II(C) for further information].
 - d. Discuss treatment expectations with the client, help him or her acknowledge the seriousness of the problem, motivate the client to accept the referral, and engage him or her in the service selection and treatment process.
 - e. Discuss the benefits that preventive services can provide for the client's child(ren), if appropriate, and refer the child(ren) to a school- or community-based chemical dependency prevention program best suited to meet their needs.

- f. Send the CPS a copy of the following:
- i. Completed assessment form or LOCADTR (Level of Care for Alcohol and Drug Treatment Referral);
 - ii. Consent forms authorizing the release of confidential alcohol and other drug treatment information to Children’s Services and the receiving provider;
 - iii. Referrals to domestic violence or mental health services;
 - iv. Medicaid applications;⁴
 - v. Identification documentation;
 - vi. Confirmation form stating that the client attended his or her initial intake; and
 - vii. Any oral or urine toxicology test results attached to the case.
- g. Work with the existing treatment provider (if applicable) or identify an appropriate provider if different from the Additional Location that employs the CASAC. During the assessment, the treatment provider may determine that its program is not appropriate for the client. In this case, the treatment provider shall confer with the CASAC and the client to determine the most appropriate level of care as well as program type. The treatment provider will generate a referral to another treatment provider that is better able to meet the client’s needs using the steps outlined above. The CASAC will notify the CPS or other case planner who will confirm that client has been re-referred to services, monitor the client’s attendance and follow up with appropriate notifications to all parties about the new referral and will document the changes in CNNX.
- h. Collaborate with the CPS if the child is removed and placed in foster care, to confirm that the foster care agency has the contact information for the receiving treatment facility (under certain circumstances this may be different from the program to which the Co- or Additional Location is attached).
- i. Make attempts to facilitate the client’s admission to the appropriate treatment program within 48 hours following the client’s agreement to attend. The CASAC shall contact the designated intake department to discuss the client’s eligibility and request an intake appointment on that day or the next. In certain cases, it may be clinically appropriate for the treatment program’s staff to escort the client to the treatment program. When making the referral to a treatment program, the CASAC will also, if possible, allow the client to speak with a counselor or someone who can describe the program to him or her and begin the engagement process prior to the intake appointment.

⁴ See 14 NYCRR 822.

- j. Have the client sign the appropriate releases prior to the client leaving the ACS Borough Office. The CASAC shall have the client sign the appropriate releases which permit the CASAC to disclose and share information about the client's substance abuse treatment. If present, a representative from the treatment program will also sign the provider's necessary release forms so that the CASAC and the CPS may receive information about the client from the treatment program.
 - k. Fax or copy a complete set of signed releases and email the forms **as a PDF file** to the treatment provider. This will allow the CASAC to disclose and receive information about the client's substance abuse treatment with the treatment provider, enabling the cross-systems communication to begin immediately.⁵
 - l. Provide copies of all release forms to the parent or legal guardian, child(ren), when age appropriate (where consent is required by treatment providers in cases of substance abuse treatment for older teenaged children). The CASAC shall **not** withhold a referral for treatment if a client refuses to sign release forms to share information. In such circumstances, the CASAC will work with the client to explain the benefits of sharing information with Children's Services and work to motivate him or her to sign the release forms. This dialogue will continue with an exploration of the client's reluctance to sign release forms.
 - m. Refer older children to a school- or community-based preventive program, or if a youth is assessed to require substance abuse treatment, to an OASAS-licensed chemical dependency program.
 - n. Notify the CPS and the CPS Supervisor II if a client does not keep his or her intake or subsequent appointments.
 - o. Keep client records in a locked filing cabinet.
- C. When There Is Suspicion of Co-Occurring Mental Health or Domestic Violence Issues
- 1. If the CASAC strongly suspects or confirms a co-occurring mental health or domestic violence issue during the course of a substance use assessment:
 - a. The CASAC must speak with the appropriate CCP consultant(s) and complete the co-occurring issues section of the Assessment Specialist's Referral Form (Attachment B), documenting the outcome of the conversation with the consultant(s) along with the clinical basis for the referral. The CASAC will then email the referral as an attachment to the CPS, Unit CPS Supervisor II, and the

⁵ All material sent via email must be password protected in accordance with Children's Services' Policy #2010/07 *Security of Confidential, Case Specific and/or Personally Identifiable Information* (currently in revision).

CCP Team Coordinator involved in the case. There must be a planned course of action at the time of the referral.

- b. The CPS must meet with the consultant(s) to discuss the CASAC's findings and the client's case on the same day or at least prior to the client's intake appointment at the treatment program (within 24-48 hours of the assessment) to promote the safety of the client and her or his child(ren), as well as seamless service coordination.

D. Service Referrals by the Child Protective Specialist

1. Upon completion of the CASAC assessment, the CPS must:
 - a. Include copies of all release forms in the client's case record and forward them to the preventive or foster care agency and/or other community-based provider;
 - b. Coordinate the family's service plan, incorporating the assessment of the child(ren)'s safety and risk factors, developmental and permanency needs, and the CASAC's evaluation of the family's treatment needs;
 - c. Complete a concurrent Purchased Preventive Services (PPRS) referral to a family treatment and rehabilitation (FTR) program if the CPS has determined that the child(ren) can remain safely at home;
 - d. Facilitate communication among the receiving preventive agency, the CASAC and the treatment provider, and forward contact information to all parties;
 - e. Share all relevant information including the outcome of the CASAC assessment and status of ongoing treatment with the PPRS caseworker and, if there is a Family Court case, with the assigned FCLS attorney; and
 - f. Document in CNNX the result of the CASAC's assessment of the client.

E. Special Tracking Code

For tracking and data collection purposes, each treatment provider identified to participate in the project will receive a special tracking code from OASAS to be used when a client is admitted into his or her treatment program. This tracking code allows clients to be tracked for retention, discharge, and demographic information. The special code will be noted in the referral documents sent to the provider. Providers will be required to provide a 30-day and 90-day update report to the referring CASAC to monitor the status and progress of the client.

F. CASACs Working in Both Co- and Additional Locations are Responsible for Maintaining Records of the Following Information:

1. Client name;
2. Case number;
3. Assessment date;
4. Referral date;
5. Treatment program selected;
6. Intake completion date;
7. 30-Day and 90-Day updates;
8. Whether or not the child(ren) was placed in foster care or the family was referred to a preventive program and/or other community-based services;
9. Release forms; and
10. Other pertinent information.

G. The Agencies Awarded the Co- and Additional Location Contract Are Responsible for the Following:

1. Hiring the CASAC;
2. Providing clinical supervision;
3. Providing coverage at the co-located site when the CASAC is on sick leave or planned vacation leave.

H. Vendor Qualifications

Selected CASACs must have a bachelor's degree in a social science, such as psychology, social work or sociology, or a master's degree in a related field and two (2) to three (3) years of child welfare experience. The CASAC applicants must have current CASAC certification. The CASACs must have excellent engagement skills and be able to work as part of a team and appreciate the benefits of collaboration for clients and children. Children's Services reviews prospective staff résumés and is present for the employment interviews.

I. Physical Space Requirements

The physical space and workspace allotted to the provider to deliver CASAC services at Children's Services borough offices must comply with OASAS regulations. Each borough office's accommodations are based on OASAS physical plant standards. These standards promote compliance with all federal confidentiality regulations. The space allotment options are as follows:

1. Option 1 - Optimal (3 spaces)
 - a. Waiting Area (for confidentiality reasons) min. 100 sq. ft.
 - b. Counselor office - dedicated space with a locked file cabinet. 80 - 100 sq. ft.

- c. Group room - can be shared with appropriate scheduling. 160-180 sq. ft.
 - d. Locked accommodations for the storage and maintenance of patient records
2. Option 2
- a. For services that exist with other State Certified services
 - b. Same space requirements as option 1; however, group space is shared with appropriate scheduling (due to confidentiality issues the provider develops a plan to address confidentiality issues -- which OASAS may or may not accept).
3. The provider has exclusive use and control of the shared allotted space during the time services are to be provided.

Attachment A

Overview of Differences between Co-Locations and Additional Locations
Prepared and updated by: Monette R. Sachs, Director of Substance Abuse Policy & Planning,
Office of Clinical Practice, Policy & Support
August 8, 2013

Overview:

Children's Services has two CASAC initiatives that have different types of funding and are subject to different regulations.

I. Co-Location CASACs

The Office of Alcoholism and Substance Abuse Services (OASAS) funds the Co-Location site at 2501 Grand Concourse. The other three sites are funded by contracts from the Clinical Consultation Program within the ACS Office of Child and Family Health.

- 2501 Grand Concourse, Bronx – Operational from July 1, 2008 to the present
- 1274 Bedford Avenue, Brooklyn – Operational from March, 2009 to the present
- 1200 Waters Place, Bronx – Operational from March, 2010 to the present
- 165-15 Archer Avenue, Queens – Operational on a part-time basis from September, 2009 – February, 2012 -- (The Child Center of New York stopped funding for a while but recently reinstated a part-time CASAC.)

What Co-Located CASACs provide:

- Timely assessment and determination of the client's required level of care
- Referral to a provider vetted by ACS and OASAS and trained by the Bridges Leadership Development Institute
- Release of Information forms signed in the Borough Office to allow for cross-systems communication. This is critical for monitoring "no shows" and allowing the provider to communicate with the CASAC. If the client is a "no show," the CASAC apprises the Borough Commissioner/Borough Director who, in turn, works with the managers to send out the CPS to re-engage the client.
- 30- and 90-day follow-up data (made possible by the design of a special code given to the providers involved with the Co-Location Project by OASAS).

What Co-Located CASACs cannot do:

- Provide drug testing on-site;
- Provide treatment on-site; or
- Run groups for clients or family members on-site

II. Additional Location CASACs:

- The funding structure is through Medicaid under a Part 822 License Agreement. Additional Locations are like little embassies of provider organizations in the Borough Offices. Their space under the 822 license agreements allows them to operate as they would if they were in their own clinic. There is no extra funding for these positions from ACS or from OASAS. Since they are “embassies,” the CASACs are employed by the private substance abuse providers. As such, the providers have to have enough clients to make it financially feasible for them to maintain the positions. ACS does not fund these positions; if the provider agency feels that it is not financially feasible, the agency can withdraw.
- Additional Locations can provide screening for children and significant others affected by the identified person with the substance use disorder. They can provide preventive services for children and youth through assessments and referrals to school- and community- based programs. To date the following ACS Borough Offices have Additional Location sites that are operational and are working collaboratively with the provider agencies listed next to them.

- | | |
|---|-----------------------------------|
| • 19 Grant Square, Brooklyn | New Directions |
| • 345 Adams Street, Brooklyn | Bridge Back to Life |
| • 185 Marcy Avenue, Brooklyn | Cumberland Hosp. (soon to launch) |
| • 2554 Linden Blvd., Brooklyn | New Directions |
| • 404 Pine Street, Brooklyn | Woodhull Hosp. (soon to launch) |
| • 974 Morris Park, Bronx | Odyssey House |
| • 1200 Waters Place, Bronx | Basics |
| • 55 West 125 th Street, Manhattan | Phoenix House |
| • 150 William Street, Manhattan | Educational Alliance |
| • 92-31 Union Hall Street, Queens | Outreach Project |
| • 350 St. Mark’s Place, SI | Project Hospitality |

What Additional Location CASACs do:

- Timely assessment and determination of the client’s required level of care
- Send referrals to their own facility unless their facility cannot meet the client’s needs. Then, and only then, will they refer out to a provider vetted by ACS and OASAS and trained by the Bridges Leadership Development Institute.
- Obtain Release of Information forms signed in the Borough Office to allow for cross-systems communication. This is critical for monitoring “no shows” and allowing the provider to communicate with the CASAC. If the client is a “no show,” the CASAC apprises the Borough Commissioner or Director who, in turn, works with the managers to send out CPS to re-engage the client.
- 30- and 90-day follow-up data was also made possible by the design of a special code given to the providers involved with the Additional-Location Project.
- Provide treatment and run groups on-site in order to pay for their CASACs’ salary, fringe and OTPS.
- Provide drug testing on-site, using an oral swab to establish a baseline.

Attachment B
ASSESSMENT SPECIALIST'S REFERRAL FORM

Please fax this referral form to _____ at _____
Within 24 hours of intake appointment to confirm that the client attended the intake appointment at your program.

Date: _____

Name of Treatment Provider: _____

| | |
|----------------------|--------------------------|
| Name of Participant: | Date of birth: Case # |
| Date Referred: | Intake Appointment Date: |

To be completed by treatment provider

| |
|---|
| Name of Program: _____ |
| Intake Appointment Date: |
| Attended _____ No Show _____ Rescheduled Appointment _____ |
| If No Show, Date of follow-up attempts to Client: _____ |
| Next Scheduled Intake Appointment: _____ |
| Date of Admission: _____ |
| Toxicology test administered on: _____ |
| Name of Counselor: _____ Tel: _____ |
| Supervisor: _____ Tel: _____ |
| Participant schedule: _____ |
| Services that will be provided (please be specific): _____ _____ |
| Comments: _____ _____ |
| Signature of Intake Person: _____ |

Attachment C

**AUTHORIZATION FOR RELEASE AND SHARING
OF CONFIDENTIAL CHEMICAL DEPENDENCY
OASAS PATIENT/ACS CLIENT INFORMATION**

I (print OASAS patient's/ACS client's name) _____, understand that information pertaining to my attendance and progress in treatment is confidential and protected by Federal Law and Regulation, [see 42 U.S.C. § 290dd-3, §290ee-3 and 42 C.F.R. Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records"] and cannot be shared (see Attached OASAS Patient's/ACS Client's Right to Confidentiality Notice) without my written consent unless otherwise provided for in the regulations. Accordingly, I, the undersigned, give permission for:

(Treatment Program)

(Name and Address of Program/Facility/Organization)

(City, State, Zip Code, Telephone#)

to consult and collaborate with the case planner, case manager, and their supervisor of the Administration for Children's Services (called "ACS") and the foster care worker and their supervisor or preventive agency worker and their supervisor who are providing services to me or to my children and share the following type of information:

- the type of chemical dependence, frequency of use, and duration of use;
- information concerning the intake disposition/enrollment;
- my plans for treatment (e.g. short and long term goals and planned services);
- my progress and degree of participation in any treatment program or component thereof, including related services/activities, dates and results of urinalysis and other AOD/toxicology related tests;
- termination or completion of my treatment.

I also give permission for ACS and/or the foster care and/or preventive agency providing services to me or my children to share the above cited information ONLY to family court, my attorney, the ACS attorney assigned to me or my child's case, my child(ren)'s law guardian(s) and a Court Appointed Special Advocate (CASA) representative.

Sharing of the above-cited information is required for assessment, referral, treatment planning, and discharge planning so that ACS and Family Court can make informed legal decisions in the best interests of my children. My consent for the release of such information is limited to this purpose.

I understand that sharing of this information may affect the status and permanency plan of my children and may result in modifying my service plan, the terms of Court orders and/or mandates, and/or the terms of my participation in a treatment program.

I understand that at any time I can change my mind and cancel my consent in writing to share information about my attendance and progress in treatment except to the extent that the program(s), named above, has taken action in reliance on it. I further understand that if I cancel my consent, the listed parties may no

longer be able to monitor my participation in treatment and that this may affect the return of my child(ren) from foster care or removal of my child(ren).

If not previously cancelled, this consent will remain in effect until:

- the supervision of my case with ACS, foster care agency and/or preventive care agency is complete, or
- 60 days after discharge from chemical dependency treatment including aftercare services, but in no event longer than 18 months after signing.

I understand that whomever I have authorized to see this information must treat it as confidential and may share it with another party ONLY in accordance with this release.

INFORMATION ABOUT MY TREATMENT AND PROGRESS IS CONFIDENTIAL AND IS PROTECTED BY FEDERAL LAW. THEREFORE, IT IS ONLY AVAILABLE TO THOSE (PROGRAMS AND PERSONS) I HAVE AUTHORIZED IN THIS DOCUMENT OR AS OTHERWISE AUTHORIZED BY LAW.

(Signature of OASAS Patient/ACS Client)

(Date)

(Print OASAS Patient's/ACS Client's Name)

**IMPORTANT NOTICE
OASAS PATIENT'S/ACS CLIENT'S RIGHT TO CONFIDENTIALITY**

The confidentiality of chemical dependency patient records maintained by programs is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a OASAS patient/ACS client attends the program, or share any information identifying a OASAS patient/ACS client as an alcohol or drug abuser unless:

1. The OASAS patient/ACS client consents in writing;
2. The sharing of information is allowed by a court order; or
3. The sharing of information is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; or
4. The OASAS patient/ACS client commits or threatens to commit a crime either at the program or against any person who works at the program.

At any time, the OASAS patient/ACS client has the right to cancel his/her consent except to the extent that the program(s), named in the consent, have taken action in reliance on it. However, if the OASAS patient/ACS client cancels his/her consent, this action may affect the return of his/her child(ren) from foster care or removal of his/her child(ren).

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

I have been informed of my right to confidentiality.

Signature of OASAS Patient/ACS Client

Date

Print OASAS Patient's/ACS Client's Name

THIS NOTICE DESCRIBES HOW MEDICAL AND CHEMICAL DEPENDENCE (CD) RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. ' 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. ' 290dd-2, 42 C.F.R. Part 2. Under these laws, (CD Provider Name) may not say to a person outside (CD Provider Name) that you attend the program, nor may (CD Provider Name) disclose any information identifying you as an chemical abuser, or disclose any other protected information except as permitted by federal law.

(CD Provider Name) must obtain your written consent before it can disclose information about you for payment purposes. For example, (CD Provider Name) must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before (CD Provider Name) can share information for treatment purposes or for health care operations. However, federal law permits (CD Provider Name) to disclose information *without* your written permission:

1. Pursuant to an agreement with a business associate;
2. For research, audit or evaluations;
3. To report a crime committed on (CD Provider Name) premises or against (CD Provider Name) personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect
6. As allowed by a court order

For example, (CD Provider Name) can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a business associate agreement in place.

Before (CD Provider Name) can use or disclose any information about your health in a manner in which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be cancelled by you in writing.

Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. (CD Provider Name) is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency. You have the right to request that we communicate with you by alternative means or at an alternative location. (CD Provider Name) will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA, you also have the right to inspect and copy your own health information maintained by (CD Provider Name), except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in other limited circumstances. Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in (CD Provider Name) records, and to request and receive an accounting of disclosures of your health related information made by (CD Provider Name) during the six years prior to your request. You also have the right to receive a paper copy of this notice.

(CD Provider Name) Duties

(CD Provider Name) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. (CD Provider Name) is required by law to abide by the terms of this notice. (CD Provider Name) reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. *[Insert description of how the covered entity will provide individuals with a revised notice.]*

Complaints and Reporting Violations

You may complain to (CD Provider Name) and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. *[Insert description of how a complaint is filed with the covered entity.]* You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

Contact

For further information, contact *[insert name or title and telephone number of person or office to contact for further information.]*

Effective Date

[Insert date on which notice became effective; cannot be earlier than date on which notice was printed or published.]

Acknowledgement

I hereby acknowledge that I received a copy of this notice.

Dated _____
(Signature of OASAS patient/ACS client)