



INSTITUTE FOR CHILDREN'S AID

A Voice of HOPE for Children Worldwide

ICA INTAKE FORM

Date: _____

Child to Receive Treatment-General Information

Name:	Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
School Attending:	Grade	
Cell Phone:	Email Address:	
How much contact per month does the child have with his/her biological mother/father: <input type="checkbox"/> N/A		
Extracurricular activities/interests:		

Legal Guardian Information

Parent/Guardian Name:		
Relationship to Child: <input type="checkbox"/> Biological Parent(s) <input type="checkbox"/> Adoptive Parent(s) <input type="checkbox"/> Other:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	Email Address:	
May we call you and leave a message at home? Yes No		
May we call you and leave a message at work? Yes No		
May we send mail to you at this address? Yes No		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Name of Spouse/Partner:		

Current Caregiver (who the child resides with)

<input type="checkbox"/> Same as Legal Guardian (fill in only information that is different from that listed above)		
Name:		
Relationship to Child: <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Biological Relative-Specify: <input type="checkbox"/> Group Home <input type="checkbox"/> Other:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	Email Address:	
May we call you & leave a message at home? Yes No		
May we call you & leave a message at work? Yes No		
May we send mail to you at this address? Yes No		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Name of Spouse/Partner:		

A DIVISION OF INTERNATIONAL CHRISTIAN ADOPTIONS

HEADQUARTERS: 41745 Rider Way, #2, Temecula, CA 92590 | T: 951.695.3336 | F: 951.308.1753 | www.4achild.org | info@4achild.org

BRANCH: 1800 Martin Luther King Parkway, Suite 201, Durham, NC 27707 | T: 919-797-9920

BRANCH: 6248 Birdcage St., Citrus Heights, CA 95610 | T: 916.248.8490 | 333 University Ave., Ste. 200, Sacramento, CA 95825

Household Information

Children in the Home			
Name	Date of Birth	Gender	Relationship to Client
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	
Caregiver Occupations:			
Caregiver Highest Level of Education:			
<input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> College Degree <input type="checkbox"/> Some Graduate Work <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree			

Emergency Contact Information

Name:		Relationship to Child:
Home Phone:		Work Phone:
Cell Phone:		Email Address:
Address:		
City:	State:	Zip:

Requested Services

Please check the corresponding box for the service(s) that you are requesting or for which you have been referred. (Upon the initial intake assessment, the counselor will evaluate and determine the best course of treatment based on the clinical need for each client, including but not limited to services being held in-office and/or in-home, etc.)

<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Family Therapy
<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Respite Care
<input type="checkbox"/> Coaching	<input type="checkbox"/> Behavioral Management Therapy
<input type="checkbox"/> Therapeutic Assessments/Evaluations	<input type="checkbox"/> IEP/504 Advocating
<input type="checkbox"/> Parenting Skills Training	<input type="checkbox"/> Social Skills Training
<input type="checkbox"/> Other (please describe):	

Reason for Seeking Help

What concerns about the child have brought you to counseling:
Where are these concerns causing the most problems for YOU? (check all that apply)
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Marriage/Relationship <input type="checkbox"/> Other:

Please list any psychiatric medications your child is currently taking:	
Psychiatric Medication(s)	Dosage

Medical History

How would you rate your child's current physical health?			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Is the child currently complaining of any physical problems (e.g. headaches, stomach aches)?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, which type?	
Primary Care Physician			
Name:		Associated Hospital:	
Address:		City:	State: Zip:
Phone:		Notes:	
Previous Hospitalization for Medical Reasons:			
Date:		Reason:	
Date:		Reason:	
Please list any medical conditions/disabilities:			
Please list any learning disabilities:			
Please list any medications your child is currently taking:			
Medication(s)-Over the counter & Prescription		Dosage	

Your signature below indicates that at the Initial Intake appointment you have been advised of and agree to: Limits of Confidentiality, Risk and Benefits of Treatment, Attendance Policy, Fee Policies, After-hours emergency contact, Informed Consents (2), Receipt of Privacy Practices, Release of Confidentiality and received a copy of the HIPAA Privacy notice.

Signature _____ Date _____



INSTITUTE FOR CHILDREN'S AID

A Voice of HOPE for Children Worldwide

ICA Child and Family Counseling Center (ICA)

Informed Consent

Services Provided

ICA Child and Family Counseling Services (ICA) is a non-profit counseling program dedicated to serving children and their families. Services provided are based on Judeo-Christian principles. Families with children from all ethnicities and socioeconomic or religious backgrounds are welcome. Our services are unique, interactive and include evidence-based TF-CBT, CBT and other very effective modalities. Assessments, psychological evaluations, group and individual sessions, adoption and foster care supervision monitoring and reporting, psychoeducational sessions, parent education training, youth coaching and other services will be offered.

Initial

What to Expect

Counseling and psychotherapy can have both risks and benefits. The counseling process may include discussions of your personal challenges and difficulties, which can elicit uncomfortable feelings such as sadness, guilt, anger, and frustration. However, counseling has also been shown to have numerous benefits, including better interpersonal relationships, improved work/academic performance, solutions to specific problems and reductions in your feelings of distress. However, there is no assurance of these benefits. Therapy is a collaborative process and you have the right to ask questions and are encouraged to discuss any concerns you may have about the process. At any time, you are free to leave therapy and/or can request a referral to another therapist.

Initial

Counseling Policies

Many issues typically encountered by clients can be addressed in a short period of time (8-10 weeks). Your initial session is an intake session, devoted to defining your concerns, developing a treatment plan, and determining whether an ICA counselor can help meet your needs. If at any point, it is determined

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that other services are more suitable we will, whenever possible, help you obtain assistance. Should you require more in-depth counseling for a longer period, this may be arranged with your counselor, providing there is space on his/her schedule.

Initial

Scheduling, Attendance and Cancellation

Unless other arrangements have been made, therapy sessions are 50 minutes in duration. Please make every attempt to keep scheduled appointments and arrive on time. Missed appointments reduce your therapeutic benefits and our capacity to provide services to other clients.

If you are unable to keep your appointment, please contact your counselor by phone at the number they provide within the amount of time they designate. If there has not been a reasonable attempt to cancel or reschedule an existing appointment, there is a high likelihood that you will lose your time slot on the counselor's schedule and be unable to reschedule with another therapist at the time you wish. Any appointments missed for any reason that is not rescheduled that same week, or the week immediately after, is considered an absence. Any absence defined above will be considered a no-show. You will be charged \$40. If you must cancel the appointment, due to an illness or an emergency, please contact your therapist as soon as possible to reschedule a session. Rescheduled sessions are not considered a no-show. Two missed sessions within an 8-week period, or 2 consecutive weeks missed of therapy without notification will give therapist reason to release your appointment slot and close your case.

Initial

Fees

Initial Intake	\$70 for a 90-minute clinical session*
Group Sessions	\$40 per 50-60-minute clinical session
Individual Session	\$40 per 50-minute clinical session
Psychoeducational Session	\$40 per 50-minute clinical session
Assessments and Psychological Evaluations	Discussed in detail before work begins
Multiple Siblings and Family Therapy	Discussed in detail
"No show" Appointments	\$40
Timely Rescheduled Appointments	Normal Rate

Initial

*Please note that a clinical session includes 10-minute note taking, making the session not a full hour.

Confidentiality

In keeping with ethical standards of the American Psychological Association and state and federal law, all services provided by the staff of ICA are kept confidential except as noted below. As required by psychological practice guidelines, we keep records of your counseling, kept in a locked filing cabinet, with access limited to ICA staff, or other onsite clinical staff.

All information shared with your therapist is confidential and is not to be revealed to anyone without your written permission, except where disclosure is required or permitted by law. The following are the primary exceptions to confidentiality:

- By law, any reasonable suspicion of child, elder, or dependent adult abuse must be reported to the appropriate protective agencies or law enforcement.
- If there is a concern that you are a harm to yourself, the appropriate measures must be taken to protect your well-being.
- If there is a serious threat of harm to another person, there is a legal requirement to inform the intended victim and law enforcement.
- Some legal proceedings - for instance, if mental status is at issue in a lawsuit or if legal action is taken against the therapist or counseling agency.
- During the legally required process of supervision between supervisors and trainees/associates.

Initial

Coaches

ICA offers Coaches to youth who would benefit from such services. Coaching and therapy differ significantly. Coaching is NOT an alternative to therapy yet is fundamental in helping youth with decision -making, life skills, behavioral issues, anger management, communication and other issues. Please see our Coaching Packet for further details.

Initial

Associates and Trainees

In addition, if you see an associate or trainee, please be advised that they will be under supervision of a licensed therapist. Their supervisor will have access to your files and will assist the trainee or associate in providing you with the best care possible. If you have additional questions or concerns that have not been addressed by your therapist, please feel free to contact their supervisor directly.

Initial

Consent to Treat a Minor

The law defines a minor as anyone under the age of 18. For therapy to be effective, confidentiality must be maintained. This means that during therapy with anyone, including his or her parents or guardians, confidentiality must be maintained, unless there is an issue of safety. Safety includes but is not limited to, suspected abuse to a child, elder, or dependent adult and potential harm to self or others. If in Therapist/Associate/Trainee's opinion, a safety issue arises, Therapist/Associate/Trainee will attempt, but does not guarantee, to notify the minor that information will be shared with their parent or guardian prior to sharing the information with them. Therapist/Associate/Trainee will also disclose billing and scheduling information so that the parent/guardian knows what they are paying for.

By signing this consent, the minor agrees and understands that the Therapist/Associate/Trainee will contact your parent or guardian, and/or authorities, to prevent harm to self or others, or to report suspected abuse to a child, elder, or dependent adult.

Initial

Electronic Media

Your therapist/counselor will take reasonable precautions to insure your confidentiality when using electronic media such as Faxes, E-mail, texting and voice mail communications. However, you should be aware that such communications might not be completely confidential. In addition, most forms of electronic communication do not lend themselves to immediate response.

Therefore, it is important to never use these forms of communication in the case of an emergency or when there is an urgent concern. Electronic communication should not be used to discuss therapeutic issues or concerns unless a telemedicine consent has been signed. (Please see the attached ADDENDUM for further clarification).

I authorize phone calls and messages to my cell phone and home phone.

Initial

Emergency Procedures

If a situation should arise between sessions, please leave a message for your counselor at our office line at (951) 695-3336 and your call will be returned as quickly as possible. When calling, please clearly state the issue and provide a phone number where you can be reached. If you are experiencing an emergency and need to talk to someone right away, please refer to the numbers provided below:

- Emergency Services 911
- Suicide Prevention Center (877) 727-4747
- National Certified Crisis Hotline 1-800- 784-2433
- California Youth Crisis Line 1-800- 843-5200

Initial

I have read and understand the above information and agree to the terms of treatment.

Client Name (print)

Parent/Guardian Name (print)

Client Signature

Parent Signature

Date

Date



Informed Consent for Telephone, Electronic, and Mail Contact

Ordinary privacy precautions such as voice scramblers, pin codes, voice mail boxes, and locked fax, mail, and computer rooms are by no means foolproof, so that your confidentiality is always compromised when communicating by electronic devices or mail. Nor is deletion or shredding of private material a totally safe means of disposal, so that you are always at risk of breaches in confidentiality when electronic or mail communication of any type is used for private information. Your use of such means of communication with your therapist constitutes implied consent for reciprocal use of electronic and mail communication as well.

It is the consensus of mental health professionals that reliable and valid psychotherapy and supervision are always conducted in a face-to-face setting, so that nonverbal communications can be taken into consideration. Body language, voice tone, pacing, emotional overtones, eye contact, and other variables are an important part of counseling or psychotherapeutically oriented professional services. However, there may be times or circumstances under which telephone, text, electronic, video-conferencing, e-mail, postal or other kinds of communication may have a limited value, such as:

1. Brief, between-session contact calls, e-mail, or mail messages.
2. In some cases, using video-conferencing with specific HIPAA compliant software (Ex: ZOOM, etc.) may be an option when deemed appropriate by the clinical team. The best option for therapy is in-person contact in order to avoid misunderstandings in body language, voice tone, pacing, emotional overtones, and other variables that can be missed in video-conferencing. Confidentiality will be maintained to the best of the ability of the clinical staff. It is expected the client(s) is to have a quiet, private, and confidential meeting space, free from distractions during session time. It is **vital** to maintain the integrity of therapy that no one else be able to overhear the session, in order to maintain the confidentiality of this type of session. It is expected that no recordings will be taken of any kind by client(s) or others for the safety of the client(s). If ICA staff is to record session for training and supervision purposes, it will be discussed and consented to prior to recording session.
3. Long distances communication when either party is out of town or otherwise unavailable.
4. Long distance communication for a limited period when therapy seems near its natural termination and either party relocates, making regular standard sessions impossible. Electronic communication is always incomplete without agreed-upon and periodic face-to-face contact.
5. Limited long-distance consultation, supervision, tutoring, or assessment may be appropriate when specialty or expertise is an issue. However, considerations of reliability and validity without regular face-to-face contact necessarily limit the kinds of interventions the consultant or tutor can make to (1) general questions about the client's concerns, (2) general theoretical considerations or advice, and (3) recommendations as to what kinds of professional consultation to seek locally.

I am aware of the limited validity and reliability of telephone, text, electronic, video-conferencing, e-mail, postal or other kinds of communication as suggested above. I am further aware that I am not guaranteed confidentiality when I contact or receive such contacts from my therapist (E-mail or text messages for appointments, etc.). I understand that the purposes for engaging in telephone, electronic, or mail communication must be limited in scope and time and that the validity and reliability of information given and received is thus limited.

Client

Date

Professional

Date

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International Christian Adoptions/Institute for Children's Aid HIPAA Privacy Notice

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

International Christian Adoptions (“ICA”) has always highly valued and respected the privacy of the consumers that receive our services. ICA complies with the Health Insurance Portability And Accountability Act of 1996 (“HIPAA”) and its rules, as well as the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”) and the HITECH Act Final Rule of 2013 which amended HIPAA.

Due to changes in Federal Regulations and our desire to continue our commitment to your privacy, we are providing you with this Notice of Privacy Practices (“Notice”) regarding your privacy of health information. ICA is required by law to maintain the privacy of your protected health information (“PHI”) and to provide you with a notice of its legal duties and privacy practices. State and federal laws require ICA to: maintain the privacy of your health information; provide you with this Notice about our legal duties and privacy practices and your legal rights pertaining to health information we collect and maintain about you; to notify you following a breach of unsecured protected health information; follow the privacy practices described in this Notice while it is in effect; notify you if we are unable to agree to a requested restriction pertaining to your health information; and accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

WHO WILL FOLLOW THIS NOTICE

This notice describes ICA practices and that of:

- All ICA board, employees, staff, interns, and other professionals
- All departments and programs of ICA
- Any member of volunteer services who works with you while you are a client of ICA
- Business Associates and Consultants

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

We understand that PHI about you is personal. We are committed to protecting information about you. We create a record of the services that you receive at ICA. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice will tell you about the ways in which we may use and disclose information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of information.

ICA will, to the best of its ability, work to mitigate the negative effects of any disclosure it makes. ICA will abide by the terms of the Notice currently in effect. ICA reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all PHI we maintain. If we change this Notice, the revised Notice will be posted in our facilities, offices, and on our website (www.4achild.org), or a copy of the revised Notice will be sent to you.

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HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose information. For each category of use or disclosure we will explain what we mean and try to give some examples. We use and disclose health information about you for treatment, to obtain payment, for healthcare operations, and for other purposes. For example:

For Treatment:

We may use PHI about you to provide you with mental health treatment or services. Additionally, we may use information about you to develop an effective treatment plan, for purposes of assessment and to enhance all services rendered. We may disclose this information to the persons involved in providing service at ICA, which may include consultants, respite workers, clinicians, childcare workers, interns, supervisors, administrators, foster parents, volunteers, nurses or other ICA personnel who are involved in providing services to you during your involvement with ICA.

We may ask you for authorization to disclose information about you to people outside of ICA who are involved in your treatment, such as, clergy, medical professionals, family members, educators or others. However, information would be disclosed only with your authorization and only for the purposes that you authorize. For example, a clinician treating a client for depression may need to know if the client is in need of or currently taking medication. Therefore, the clinician will need to share information with the client's doctor (psychiatrist) in order to coordinate treatment.

Other Financial Areas:

ICA receives regular financial audits, COA audits and intercountry audits. Your PHI may be shared with auditors and inspectors.

For Payment:

We may use and disclose PHI about you so that the treatment and services that you receive at ICA may be billed and collected from you, an insurance company, or a third party. For example, we may need to disclose your PHI about treatment that you received at ICA to your health plan so they can pay us or reimburse you for the treatment.

For Quality Assurance and Utilization Review:

We may use and disclose PHI about you for our health care operations. These uses and disclosures are necessary to run ICA and ensure that all our clients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in treating you. We may also combine PHI about many ICA clients to determine what additional services ICA should offer, what services are not needed, and whether certain new services are effective. Information used in this way is de-identified in order to protect your privacy. We may also disclose information to clinicians, interns, and other ICA personnel for review and learning purposes.

For Adopting a Child:

ICA assists your family in the adoption process. When adopting internationally, your PHI is shared with multiple sources including the countries Central Authority, Foreign Authority adoption agency, attorney, or delegate, orphanage, courts, other adoption agencies that may handle a portion of your adoption and other sources. In domestic adoptions your PHI is often shared with social services supervisors and workers, interstate compact, sometimes birthparents, attorneys, mental health counselors, courts and other sources.

For Foster Care:

Your PHI may be shared with numerous county social services staff including child and birth parent social workers and supervisors. Your PHI may also be shared with licensing authorities and auditors.

Treatment Options:

We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Fundraising Activities:

We may use your demographic information to contact you to raise funds for the organization. You have a right to opt out of receiving fundraising communications. If you choose not to receive these fundraising communications, we must provide you with a clear and conspicuous opportunity to elect not to receive any further fundraising communications and we may not condition treatment or payment on your choice with respect to the receipt of fundraising communications. We may not make fundraising communications to you if you have elected to opt out of receiving these communications, but we may provide you with a method to opt back in to receive these communications. We would release information about you and services you received at ICA only with your permission. We may use and disclose your PHI to the media only with your authorization.

Research:

Under certain circumstances (e.g., only with your express authorization or in a format that preserves your anonymity), we may use and disclose PHI about you for research purposes. Some research projects are subject to a special approval process. This process evaluates a proposed research project and its use of information, trying to balance the research needs with patients' need for privacy of their PHI. Before we use or disclose PHI for research, we may have the research project approved through an Institutional Review Board.

As Required by Law:

We will disclose PHI about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety:

We may use and disclose PHI about you when necessary to prevent a serious threat to you or another person. Any disclosure would only be to someone able to help prevent the threat.

Workers' Compensation:

In situations when worker's compensation pays for services or treatment, we may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks:

We may disclose PHI about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability
- To report child abuse or neglect
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required by law.

Health Oversight Activities:

We may disclose PHI to a health oversight organization for activities required to maintain ICA licensure and certification. These activities include, but are not limited to audits, site visits, and inspections. These activities are necessary to monitor ICA performance and compliance with civil rights laws and child welfare requirements.

Lawsuits and Disputes:

If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a valid subpoena, or a court or administrative order. We may also disclose PHI about you in response to an order by a court, but only if good faith efforts have been made to notify you of the request and you do not object.

Law Enforcement:

We may release PHI if required to do so by law:

- In response to a court order
- In response to laws that may require that we disclose information, for example, in a case where child abuse is indicated
- In response to a governmental agency request, for example, if you make a complaint against us.

Medical Examiners and Funeral Directors:

We may release PHI to a medical examiner or funeral director. This may be necessary to allow a medical examiner or funeral director to identify a deceased person or determine the cause of death, as necessary, to expedite necessary arrangements.

National Security and Intelligence Activities:

We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities that are required by law.

To Individuals Involved in Your Care or Payment for Your Care:

During times of treatment, we disclose your PHI only to you, a family member, personal representative, or another person responsible for your care. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.

To Provide You Notice of Breaches of Unsecured PHI:

We may contact you to provide you with any notice of any breach of your unsecured PHI.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to ICA will be made only with your written permission. For example, a specific authorization will be required for use or disclosure of your PHI 1) if it involves certain psychotherapy notes, 2) for marketing (except if the communication is face-to-face or is for a promotional gift of nominal value) or for any marketing that involves financial remuneration; or 3) for any sale of your PHI. In these situations, you may withdraw your authorization at any time and must do so in writing to ICA. Your withdrawal may not be effective in certain situations where we have already taken action in reliance on your authorization.

If you provide ICA with permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, ICA will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that ICA is unable to take back any disclosures that have already been made with your permission, and that ICA is required to retain records of the treatment that has been provided to you.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Inspect and Copy:

You have the right to inspect and copy PHI that may be used to make decisions about your treatment. This includes billing and case records but does not include clinicians' personal notes. To inspect and copy PHI, you must submit your request in writing to your primary clinician. If you request a copy of the information, we may charge a fee for costs incurred for copying, mailing, or other work associated with your request. You also have a right to receive an electronic copy of your records, if available.

We may deny your request to inspect and copy PHI in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another professional chosen by ICA will review your request and the denial. The person conducting the review will not be the person who denied your request and we will comply with the outcome of the review.

Right to Amend:

If you feel that PHI we have about you is incorrect or incomplete, you may ask for the information to be amended. You have the right to request an amendment for as long as the information is kept by or for ICA. To request an amendment, your request must be made in writing and submitted to your primary clinician or the program supervisor. In addition, you must provide a reason that supports your request.

ICA may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, ICA may deny your request if you ask for information to be amended that:

- Was not created by ICA
- Is not part of the case record information kept by ICA
- Is not part of the information that you would be permitted to inspect or copy
- Is already accurate and complete

Right to an Accounting of Disclosures:

You have the right to request an "accounting of disclosures." This is a list of the disclosures ICA made of PHI about you. To request this list or accounting of disclosures, you must submit your request in writing to your primary clinician or the program supervisor. The time period of your request may not be longer than six years. Your request should indicate in what form you want the list (electronically or paper copy). The first list requested within a 12-month period will be free. For additional lists, ICA may charge you for the costs of providing the list. ICA will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions:

You have the right to request a restriction or limitation on the PHI ICA uses or discloses about you for treatment, payment, or healthcare operations. ICA is not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency services.

If you request, we must agree to restrict disclosures to health plans if you pay out of pocket in full for any service we provide.

To request restrictions, you must make your request in writing to your primary clinician or the program supervisor. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit ICA's use, disclosure or both; (3) to whom you want the limits to apply.

Right to Request Confidential Communications:

You have the right to request that ICA communicates with you about treatment matters in a certain way or at a certain location. For example, you can ask that we can contact you at work or by mail. To request confidential communications, you must make your request in writing to your primary clinician. ICA will not ask you the reason for your request. ICA will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice:

You have the right to a paper copy of this notice. You may ask ICA to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, you may contact the Privacy Officer listed below, your primary clinician, or the program supervisor. You may also obtain a copy of this notice at our website, www.4achild.org.

CHANGES TO THIS NOTICE

ICA reserves the right to change this Notice. ICA reserves the right to make the revised or changed Notice effective for PHI that ICA already has about you, as well as any information ICA receives in the future. ICA will post a copy of the current notice in all ICA sites with the effective date noted in the top right-hand corner. In addition, at your first intake appointment, ICA will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with ICA or with the Secretary of the U.S. Department of Health and Human Services ("DHHS"). All complaints must be submitted in writing. To file a complaint with ICA, contact the Executive Director at:

Charlotte Paulsen 41745 Rider Way #2
Temecula, CA 92590

You also may file a complaint with DHHS, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/index.html.

We support your right to protect the privacy of your medical information. You will not face any retaliation if you file a complaint.

If you request additional information regarding our Notice please contact our Executive Director at 951-695-3336.

-- Implemented 2016

I have read this Notice and understand ways in which ICA discloses PHI about myself. I am also comfortable with the release of our PHI as explained.

Parent/Adoptive/Foster Parent/Guardian Signature

Date

Printed Name

Parent/Adoptive/Foster Parent/Guardian Signature

Date

Printed Name

Client Signature (If applicable - client is 12 yrs. or older)

Date

Client Printed Name



NOTICE OF PRIVACY PRACTICES

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS
AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED,
AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

I. Confidentiality

As a rule, ICA will disclose no information about you, or the fact that you are our client, without your written consent. **ICA does not routinely disclose information in such circumstances, so will require your permission in advance, either through your consent at the onset of our relationship** (by signing the attached general consent form), **or through your written authorization at the time the need for disclosure arises.** You may revoke your permission, in writing, at any time, by contacting ICA.

II. "Limits of Confidentiality"

Possible Uses and Disclosures of Records without Consent or Authorization

There are some important exceptions to this rule of confidentiality - some exceptions created voluntarily by ICA's own choice, some because of policies in this office/agency, and some required by law. If you wish to receive services from ICA, you must sign the attached form indicating that you understand and accept ICA's policies about confidentiality and its limits. We will discuss these issues now, but you may reopen the conversation at any time during our work together.

ICA may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

- **Emergency** If you are involved in a life-threatening emergency and ICA cannot ask your permission, ICA will share information if believed that you would have wanted ICA to do so, or if believed that it will be helpful to you.
- **Child Abuse Reporting:** If ICA staff have reason to suspect that a child is abused or neglected, they are required by California law to report the matter immediately to the California Department of Social Services.
- **Adult Abuse Reporting:** If ICA staff have reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, they are required by California law to immediately make a report and provide relevant information to the California Department of Welfare or Social Services.
- **Health Oversight:** California law requires that licensed social workers report misconduct by a provider of their own profession. By policy, ICA staff also reserve the right to report misconduct by health care providers of other professions. By law, if you describe unprofessional conduct by a mental health provider of any profession, ICA is required to explain to you how to make such a report. If you are yourself a health care provider, California Licensing Boards have the power, when necessary, to subpoena relevant records in investigating a complaint of provider incompetence or misconduct.
- **Court Proceedings:** If you are involved in a court proceeding and a request is made for your

A DIVISION OF INTERNATIONAL CHRISTIAN ADOPTIONS

HEADQUARTERS: 41745 Rider Way, #2, Temecula, CA 92590 | T: 951.695.3336 | F: 951.308.1753 | www.4achild.org | info@4achild.org

BRANCH: 1800 Martin Luther King Parkway, Suite 201, Durham, NC 27707 | T: 919-797-9920

BRANCH: 6248 Birdcage St., Citrus Heights, CA 95610 | T: 916.248.8490 | 333 University Ave., Ste. 200, Sacramento, CA 95825

records, such information is privileged under state law, and ICA will not release information unless you provide written authorization or a judge issues a court order. If ICA receives a subpoena for records or testimony, ICA staff will notify you so that you (or your attorney or ICA) can file a motion to quash (block) the subpoena and can give reasons why I think your records should be protected from disclosure. However, while awaiting the judge's decision, ICA is required to place said records in a sealed envelope and provide them to the Clerk of Court. In California, parents' records may not be used as evidence (i.e., are privileged) in child custody cases, but a child's records do not have that same protection.

- **Serious Threat to Health or Safety:** Under California law, if ICA staff are engaged in their professional duties and you communicate to them a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and ICA staff believe you have the intent and ability to carry out that threat immediately or imminently, they are legally required to take steps to protect third parties. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization. By ICA's own policy, ICA may also use and disclose information about you when necessary to prevent an immediate, serious threat to your own health and safety.

- **Workers Compensation:** If you file a worker's compensation claim, ICA is required by law, upon request, to submit your relevant information to you, your employer, the insurer, or a certified rehabilitation provider.

- **Records of Minors:** California has a number of laws that limit the confidentiality of the records of minors. For example, parents, regardless of custody, may not be denied access to their child's records; and CSB evaluators in civil commitment cases have legal access to records without notification or consent of parents or child.

Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission.

III. Client's Rights and Agency's Duties:

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected information about you. You also have the right to request a limit on the information ICA discloses about you to someone who is involved in your services or the payment for services you use. If you ask ICA to disclose information to another party, you may request that ICA limit the information disclosed. However, ICA is not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and tell ICA: 1) what information you want to limit; 2) whether you want to limit use, disclosure or both; and 3) to whom you want the limits to apply.

- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications by alternative means and at alternative locations. (For example, you may not want a family member to know that you are using our services. Upon your request, ICA will send your bills to another address. You may also request that ICA contact you only at work, or that ICA staff not leave voice mail messages.) To request alternative communication, you must make your request in writing, specifying how or where you wish to be contacted.

- **Right to an Accounting of Disclosures:** You generally have the right to receive an accounting of disclosures of information for which you have neither provided consent nor authorization (as described in section III of this Notice). On your written request, ICA staff will discuss with you the details of the accounting process.
- **Right to Inspect and Copy:** In most cases, you have the right to inspect and copy your billing records. To do this, you must submit your request in writing. If you request a copy of the information, ICA may charge a fee for costs of copying and mailing. ICA may deny your request to inspect and copy in some circumstances. ICA may refuse to provide you access to certain information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.
- **Right to Amend:** If you feel that protected information ICA has about you is incorrect or incomplete, you may ask ICA to amend the information. To request an amendment, your request must be made in writing, and submitted to ICA. In addition, you must provide a reason that supports your request. ICA may deny your request if you ask ICA to amend information that: 1) was not created by ICA; ICA will add your request to the information record; 2) is not part of the information kept by ICA; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.
- **Right To A Copy of This Notice:** You have the right to a paper copy of this notice. You may ask ICA to give you a copy of this notice at any time. Changes to this notice: ICA reserves the right to change policies and/or to change this notice, and to make the changed notice effective for information about you already in the possession of ICA as well as any information ICA may receive in the future. The notice will contain the effective date. A new copy will be given to you or posted in the office of ICA. ICA will have copies of the current notice available on request.
- **Complaints:** If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to the office of ICA. You may also send a written complaint to the U.S. Department of Health and Human Services.

EFFECTIVE DATE: _____



INSTITUTE FOR CHILDREN'S AID

A Voice of HOPE for Children Worldwide

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By my signature below I, _____, acknowledge that I received a copy of the Notice of Privacy Practices.

Signature of Client (or Parent/Guardian)

Date

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Parent/Guardians Name: _____

Relationship to Client: _____

For Office Use Only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

Individual refused to sign

Communication barriers prohibited obtaining the acknowledgement

An emergency situation prevented us from obtaining acknowledgment

Other (please be specific)

A DIVISION OF INTERNATIONAL CHRISTIAN ADOPTIONS

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Rev. 11/13/19



**INSTITUTE FOR
CHILDREN'S AID**

A Voice of HOPE for Children Worldwide

NOTICE TO CLIENTS

Regarding complaints of Licensed or Registered counselor.

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

I _____, acknowledge the above information was provided to me.
(Client Name)

Client Signature

Date

Client Name (Print Name)

Parent / Guardian Signature

Date

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Release of Confidential Information

Completion of this form authorizes release of information described in the section below called "Specific Description of Record Authorized for Release." The person whose records are to be released may have a right to inspect and, upon paying any applicable fees, obtain a copy of the disclosed records. Except for medication/somatic treatment records, a director/designee of a treatment facility for mental illness, developmental disability, alcohol or drug abuse may deny that right during treatment in some circumstances.

Name of person whose records will be released: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Please complete the chart below with all Agencies or Parties who you wish to authorize to share information to or with ICA

Agency Information: Name, Contact Person, Address, Phone	ICA may Release Information TO this Agency	This Agency may Release Information TO ICA
Name: Institute for Children's Aid Contact Person: _____ Address: 41745 Rider Way Temecula, CA 92590 Phone: 951.695.3336	N/A	N/A
Name: _____ Contact Person: _____ Address: _____ Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____ Contact Person: _____ Address: _____ Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>
Name: _____ Contact Person: _____ Address: _____ Phone: _____	<input type="checkbox"/>	<input type="checkbox"/>

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Specific Description of Records Authorized to be Released (include dates of records if applicable):	
Purpose or Need for Release of Information (Be Specific):	
<p>Understandings:</p> <p>◆ This authorization is voluntary. Refusal to sign will not affect treatment, payment, enrollment or benefit eligibility except for: _____ No Exceptions _____ Exceptions:</p> <p>◆ The information that I authorize to be released may be redisclosed by the recipient of the records only if allowed by law. If information is redisclosed, the recipient of the disclosed information may be controlled by different laws.</p> <p>◆ I may revoke this information, in writing, at any time for information already released as a result of this authorization. The written revocation must be given the agency/organization I authorized to release the information.</p> <p>◆ Unless revoked, this authorization will remain in effect until the authorization time listed below.</p> <p>Choose One:</p> <p>_____ Authorization expires as of: _____ (Date)</p> <p>_____ Authorization expires _____ month(s) from the date I signed this authorization.</p> <p>_____ Authorization expires after the following action takes place: _____</p>	
As evidenced by my signature, I hereby authorize disclosure of records to the person(s) or agency(s) specified above.	
Signature of Person whose records will be released:	Date:
Printed Name of LEGAL Guardian:	Title or Relationship:
Signature:	Date: