

Agency Intake and Registration Orientation Process Checklist

Upon initial intake and registration, the client has received the “**Catalyst Life Services Client Handbook**”, which includes the following:

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|-----------------------------|-------------------------------------------|
| Notice of Privacy Practices | Confidentiality of Alcohol and Drug Abuse |
| Code of Ethics | Client Records |
| Civil Rights Policy | Advanced Directives |
| Confidentiality | Alcohol and Drug Client’s Rights |
| Financial Policy | Alcohol and Drug Client Grievance |
| Accessing Your Records | Procedure |
| Client’s Rights | |
| Client Grievance Procedure | Agency Services Description |

CONFIDENTIAL CHANNEL COMMUNICATION REQUEST

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA), you have a right to request that communication concerning your personal health information be made through confidential channels. This agency will try to accommodate all reasonable requests.

I hereby request the use of the following confidential channels for communication of information related to my personal health, treatment, or payment for treatment. **This request supersedes any prior request for confidential channel communications I may have made.**

Please select all that apply:

- PHONE I want to be contacted at my home phone number.
 DO DO NOT leave messages on my answering machine.
 DO DO NOT leave messages with any other person.

EMAIL I want to be contacted via email at _____.

I acknowledge that the Client Handbook, MH&RS Notice of Privacy Practices, & choice of confidential channel of communication has been provided today or via Catalyst Life Services website and explained to me as needed.

Client Name

Client ID Number

Client/Parent/Guardian Signature

Date

Witness

Date