CENTERSTONE

Consent to Treatment

I have read, or have had read to me, the issues and points reflected in the Centerstone Client Resource Guide. I have discussed those points I did not understand, and have had my questions (if any) fully answered. I agree to act according to the points covered in the Client Resource Guide. I do hereby seek and consent to take part in the treatment provided by Centerstone. I understand that developing a treatment plan with my therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that after my treatment with Centerstone begins, I have the right to refuse or express choice regarding the services I receive, for any reason. However, I will make every effort to discuss my concerns about my progress with my treating professional before ending therapy. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I know that I must call to cancel an appointment at least 24-hours before the time of the appointment. If I do not cancel or do not show up, I may be charged for that appointment.

If I am a TennCare recipient, I understand that I am eligible for transportation services. I can consult my Benefits guide for more information or contact the TennCare Hotline at 1-800-663-1851. The transportation provider for this area may be reached at: _____.

I am aware that an agent of my insurance company, or other third-party payer, may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. This information may be shared until all claims are processed for this treatment episode. I also request payment be made to Centerstone. This authorization will be valid until all claims for this episode of care are paid or resolved, unless I terminate this agreement by written notification to the Accounts Receivable Department at P.O. Box 40406, Nashville, TN 37204-0406. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.

I understand that at this time my treatment will be provided at this Centerstone location: _____. However, I understand and agree that if appropriate, my treatment may be transferred to another Centerstone location that is listed in the Client Resource Guide.

My initials below indicate that I have received a copy of the Centerstone TenderCare Brochure.

My signature below shows that I have been provided a copy of my rights and responsibilities as explained in the Centerstone Client Resource Guide. It also shows that I have been provided information regarding transportation services and that I understand and agree with the above statements.

Printed Client Name	Client ID Number	Date of Birth	Age

Signature of Client	Date

Guardian Signature	Date

If signed by guardian, please indicate relationship to client: ☐ Parent ☐ Guardian ☐ Other person authorized to act on behalf of the client.

For purposes of consent, unless declared incompetent, individuals ages 16 and over have the legal right to consent to mental health treatment.

CENTERSTONE

CONTINUUM FAMILY CENTERED SERVICES

PERMISSION TO TRANSPORT

Centerstone Continuum Services Staff has permission to transport _____ and family members (listed Below) in conjunction with treatment and rehabilitation.

Other family members:

_____

_____

_____

_____

SIGNATURES:

_____ _____

Child/Client Date

_____ _____

Parent or Guardian Date

_____ _____

DCS Worker Date

_____ _____

Centerstone Continuum Case Manager Date

CENTERSTONE AFFILIATED COVERED ENTITY
NOTICE OF PRIVACY PRACTICES

This Notice describes how health, mental health and substance abuse information about you may be used and disclosed and how you may get access to this information. Please review it carefully.

AFFILIATED ENTITIES COVERED BY THIS NOTICE

This Notice of Privacy Practices ("Notice") covers an Affiliated Covered Entity ("ACE"). When this Notice refers to "Centerstone ACE" and/or "Centerstone", it is referring to the following entities:

- Centerstone of America
- Centerstone of Indiana
- Centerstone of Tennessee
- Centerstone Research Institute
- Advantage Behavioral Health
- Not Alone

Centerstone ACE is committed to protecting the privacy and security of your medical, mental health and substance abuse information. We are required by law to maintain the privacy and security of your health information, to provide you this notice and to comply with its terms. The privacy practices in this Notice apply to all staff, students, volunteers, contract staff and business associates and/or qualified service organizations.

If at any time you have questions or concerns about the information in this Notice or about our privacy policies, procedures or practices, you may contact Centerstone using the information provided on the last page of this Notice.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic copy or paper copy of your medical records	➢ You can ask to see or get an electronic or paper copy of your health information we maintain about you. You may send your written request to our Privacy Officer as described below. ➢ We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable cost-based fee.
Ask us to correct your medical record	➢ You may ask us to correct health information about you that you think is incomplete or incorrect. You may do this by contacting our Privacy Officer in writing, as described below, to make your request, which must include a reason for the request. ➢ We may say "no" to your request, but we will tell you why in writing within 60 days, for example:

	• The information was not created by us; • The information is not part of the information kept by or for Centerstone; • The information is not part of the information which you would be permitted to review and copy; or • The information in the record is accurate and complete.
Request confidential communications	➢ You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. ➢ To request confidential communications, you must make your request in writing to the Centerstone Privacy Officer, as described below. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. ➢ We will generally approve reasonable requests.
Ask us to limit what we use or share	➢ You may ask us not to use or share certain health information for treatment, payment or our operations. ➢ We are not required to agree with your request, and we may say "no" if it would affect your care. ➢ If you pay for a service or health care item out-of-pocket in full and ***before*** the item or service is provided, you may ask us not to share that information with your insurer for the purpose of payment or our operations. We will say "yes" unless a law requires us to share that information.
Get a list of those with whom we have shared your health information	➢ You may ask for a list (accounting) of the times we've shared your information for 6 years prior to the date you ask and why we share it. ➢ We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one (1) accounting a year free of charge but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of the privacy notice	➢ You may ask for a copy of this paper notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	➢ If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. ➢ We will make sure the person has this authority and can

	act for you before we take action.
File a complaint if you feel your rights are violated	➢ You may file a complaint if you feel we have violated your rights by contacting us using the information on the last page of this Notice. ➢ You can file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. ➢ We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you may tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	➢ Share information with your family, close friend, or others involved in your care. ➢ Share information in a disaster relief situation. ➢ If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share information when needed to lessen a serious or imminent threat to health or safety. ➢ Centerstone does not create or maintain a facility directory.
In these cases, we never share your information unless you give us written permission:	➢ Marketing purposes. ➢ Sale of your health information. ➢ Most sharing of psychotherapy notes, to the extent such exist.
In the case of fundraising:	➢ We may contact you for fundraising efforts, but you may tell us not to contact you again.

Exercising Your Rights/Making Your Choices

Any requests and/or exercise of your rights, as described in this Notice, may be made by providing written Notice to the Privacy Officer, as described below.

Our Uses and Disclosures

How do we typically use or disclose your health information? We typically use or share your health information, without your authorization, in the following ways:

To Treat You	We may use your health information and share it with professionals who are treating you.	***Example:*** A doctor treating you asks another doctor about your overall health condition.
To Bill for Services	We can use and share your health information to bill and get payment from health plans or other entities.	***Example:*** We give information about you to your health insurance plan so it will pay for your services.
To Run Our Organization	We may use and share your health information to run Centerstone and improve the quality of your care; to respond to audits and investigation; for licensing purposes.	***Example:*** We use health information about you to manage your treatment and services; to evaluate our performance in providing services.

Other Uses and Disclosures

How else may we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet any conditions in applicable law before we may share your information for these purposes. Such conditions may be imposed by federal* and/or state** laws and regulations. Tennessee members of the Centerstone ACE are not permitted to disclose the information identified below with triple asterisks (***) without your specific authorization.

For more information see:www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	➢ We may share health information about you for certain situations such as: • Preventing disease.*** • Helping with product recalls.*** • Reporting adverse reactions to medications.*** • Reporting suspected abuse, neglect, or domestic violence. • Preventing or reducing a serious threat to someone's health or safety as long as: o The disclosure is made to someone able to help prevent the threat, and o Only under the conditions described by applicable state law.
Research	➢ We may use or share your information for health research, provided certain conditions are met.
Comply with the law	➢ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're

	complying with federal privacy law.
Respond to organ and tissue donation requests***	➢ We may share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director***	➢ We may share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests***	➢ We may use or share health information about you: • For workers' compensation claims; • For law enforcement purposes with a law enforcement official; • With health oversight agencies for activities authorized by law; • For special government functions, such as military and veterans authority, national security, and presidential protective services .***
Respond to lawsuits and legal actions	➢ We may share health information about you in response to court or administrative order, or, under certain conditions, in response to a subpoena.
Communication regarding inmates in correctional facilities	➢ If you are an inmate in a correctional facility or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official if the release of the information is necessary: • For the correctional facility or institution to provide you with health care; • To protect your health or safety or the health or safety of others; or • For the safety and security of the correctional facility or institution.

***Federal Laws/Regulations**

Certain federal laws/regulations further limit how we may use or share your health information. If your written consent is required under the more restrictive laws, the consent must meet the particular rules of the applicable federal or state law.

Alcohol and Substance Abuse Treatment Programs

Centerstone offers alcohol and substance abuse treatment programs and is required to comply with federal regulations (42 CFR Part 2) that place strict limitations on how Part 2 health information may be used or disclosed for individuals who are receiving any type of treatment

related to alcohol, drug or substance abuse. For these programs, Centerstone will only use or disclose Part 2 health information without your authorization if:

- An agreement with a Qualified Service Organization exists that authorizes the Part 2 health information to be shared;
- Communication is between a program or an entity having administrative control over the program; or
- A situation exists that requires a mandatory report be made to the proper authorities.

A disclosure of Part 2 health information is only authorized if you have provided written authorization to do so, unless:

- It is to medical personnel to meet a bona fide medical emergency; or
- A qualified personnel requires Part 2 health information to perform research, audits, or program evaluations, ***and*** any reports may not directly or indirectly identify you in any manner; or
- As authorized by an appropriate court of competent jurisdiction after application showing good cause.

Genetic Information: Federal Law prohibits disclosure of genetic information for underwriting purposes.

**** State Laws or Regulations**

Certain state laws/regulations further limit how we use or share your health information.

***Mental Health Information	Tennessee members of the Centerstone ACE are not permitted to disclose the information identified above with triple asterisks (***) without your specific authorization.
HIV/AIDS	Indiana members of the Centerstone ACE may disclose HIV-AIDS related information only as permitted by Indiana law.
Sexually Transmitted Diseases and Reproductive Health	Indiana members of the Centerstone ACE may disclose your health information related to sexually transmitted diseases and/or reproductive health only as permitted by Indiana law.
Genetic Information	Tennessee members of the Centerstone ACE are not allowed to disclose your genetic information without your specific authorization.
Communicable Diseases	Indiana members of the Centerstone ACE may disclose your health information related to communicable diseases only as permitted by Indiana law.

Our Responsibilities

- **Privacy and Security.** We are required by law to maintain the privacy and security of your protected health information.
- **Breach Notification.** We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information. In no event will notification be more than 60 days from the date of the breach.
- **Compliance.** We must follow the duties and privacy practices described in this Notice and give you a copy of it.

- **Required Authorization.** We will not use or share your health information other than as described here unless you tell us, in writing, that we may do so. If you tell us that we may, you have the right to change your mind at any time by telling us in writing that you have changed your mind. This will not apply to disclosures that have already occurred with your authorization.

For more information regarding your rights and our responsibilities please contact our Privacy Officer or go to: www.hhh.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

We may change the terms of this Notice, and the changes will apply to all information we have about you as well as any information we receive in the future. The new Notice will be available upon request, in our facilities, and on our web site: www.centerstone.org. Additionally, we will prominently display a copy of the current notice in common areas within Centerstone's facilities. Each time you register at or are admitted to Centerstone for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated, you may file a complaint with Centerstone or with the Secretary of the Department of Health and Human Services. To file a complaint with Centerstone please call or write to the Privacy Officer identified below. To file a complaint with the Secretary of the Department of Health and Human Services, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201 by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT!!

Persons to Contact About this Notice

Centerstone's contact for all issues regarding client privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by Centerstone you may submit a complaint to our Privacy Officer by sending it to the address indicated or by calling the telephone numbers below:

If you receive services in ***Indiana***, please contact:	Privacy Officer Centerstone 645 South Rogers Street Bloomington, IN 47403 Telephone: 812-337-2285 Fax: 812-339-8109
If you receive services in ***Tennessee***, please contact:	Privacy Officer Centerstone 1101 Sixth Ave North Nashville, TN 37208 Telephone: 1-888-460-4001 Fax: 615-279-8804

Effective Date of this Notice: September 20, 2013

CLIENT'S ACKNOWLEDGMENT

By indicating below, Client hereby acknowledges that he/she has received a copy of our Notice of Privacy Practices.

_____

Client Signature

_____

Print Name of Client

If you are signing on behalf of a Client, please indicate your relationship to the Client or capacity to serve as Client's Representative.

Representative:_____

Signature

_____

Relationship

Date:_____

Effective Date of this Notice: September 20, 2013

Client Name:_____ Date:_____

Case Manger or Staff presenting information:_____

What You Should Know About Toxic Shock Syndrome (TSS)

The warning signs of TSS include: a sudden high fever (usually 102*F, 38.8*C or higher), vomiting, diarrhea, a rash that looks like a sunburn, dizziness, muscle aches, or fainting or near fainting when standing up. TSS can rapidly progress from flu-like symptoms to a serious illness that can be fatal. If you have any of these signs and are using a tampon, remove it and contact your doctor for immediate treatment. Tell your doctor that you have been using tampons and think that you may have TSS. You should seek medical treatment before resuming the use of tampons if you have had TSS warning signs in the past. To answer any questions you may have regarding TSS or tampon use, consult your doctor. The decision to use a tampon is, as it always has been, a personal decision. In order to make informed decisions about the use of tampons, you should be aware of the following:

1. TSS is a disease believed to be caused by toxin-producing strains of the bacterium Staphylococcus aureus. Approximately 70% of the causes reported to the Federal Centers for Disease Control in the U.S. with the onset in 1983-85 occurred in menstruating women who were using tampons, while the remaining 30% occurred in children, men and women who were not menstruating.

2. The incidence of TSS in the U.S. is estimated to be 1 to 17 cases per 100,000 menstruating girls and women per year. The risk of developing TSS is higher for teenage girls and women under 30 years of age than for older women.

3. You can reduce the risk of TSS by alternating your tampon use with feminine pads. You can also avoid the risk of tampon-associated TSS by not using tampons.

4. Use a tampon with the minimum absorbency needed to control your menstrual flow in order to reduce the risk of getting TSS. Leading epidemiological studies have found that the risk of TSS is related to tampon absorbency: the higher the absorbency, the greater the risk of TSS; the lower the absorbency, the lesser the risk.

Because the risk of TSS increases with higher tampon absorbency, choose the lowest absorbency to meet your needs. There is usually less need for high absorbency at the end of your period. According to Tampax®, you can only use a tampon overnight if you sleep less than 8 hours. They advise women to use a pad if they sleep longer than 8 hours.

Tampon manufacturers are required by the Food and Drug Administration to use standardized terms to describe tampon absorbency:

Absorbency listed on package	**Absorbency range**
Junior Absorbency	6 grams and under
Regular Absorbency	6 to 9 grams
Super Absorbency	9 to 12 grams
Super Plus Absorbency	12 to 15 grams

TOXIC SHOCK SYNDROME TRAINING

ALL FEMALES ARE REQUIRED TO GO THROUGH THIS TRAINING AND THESE PAGES PLACED IN THEIR CHARTS

CLIENT NAME: _____

DATE: _____

STAFF PRESENTING INFORMATION: _____

DATE: _____

STUDENT SEX ABUSE TRAINING

Client Name: _____

1. WHAT IS SEXUAL ABUSE: When a person uses tricks, power, threats, money or violence to have sexual contact with another. Any touch or sexual behavior that must be kept a secret.

2. SEXUAL ASSAULT: Is not a sexually motivated behavior. It is usually an offense, aggression or control toward others that is expressed sexually; abuse of power, which is often unrelated to sexual stimulation or satisfaction.

3. SEXUAL OFFENSES: Are planned rather than the result of impulsive acts. Are committed to overpower someone, be in control, achieve revenge against someone or the world, release anger, to scare someone and make him or her feel bad about himself or herself, immediate gratification, to feel wanted, to impress someone and feel like someone looks up to you and sexual experimentation.

4. CHILD PERPETRATOR: Is a child under the age 13, who engages in sexual behavior which is unlawful or harmful due to intimidation, coercion, or force; inequality abuse of authority, or lack of content.

5. ADOLESCENT SEX OFFENDER: Is a youth (male or female) between the ages of 13-18 years who engages in sexual behavior deemed by society to be inappropriate. Sexual offenses include both coercive and nonconsensual sexual acts.

6. DEFENSIVE MECHANISMS OF SEX OFFENDERS: Denial, rationalization, projection to cope with their commission of aggressive or deviant acts, hold stereotyped perceptions of male or female roles and personalities, fantasize about sexual offenses and maintain low opinions of themselves.

7. SEX OFFENSE CYCLE: A framework for juvenile sex offenders to conceptualize and understand the cognitive, behavior, psychological and situational factors that have led to their deviant behavior in the past. The cycle is a means of demonstrating to offenders how their behavior is similar to other sex offenders. Trigger/event, poor me expect the worst, isolation/avoidance, power and control, fantasy/planning, act out, feel bad about it, and tell self it is ok.

8. CONFLICT RESOLUTION: An early intervention when there is a difference in goals, needs and values between two or more people. The steps in conflict resolution could be used with individuals or in a problem solving group.

9. CONFRONT: To call attention to a behavior with the purpose to make one aware.

10. CONSENT: When a partner agrees with an action.

11. ASSAULT: A brief or prolonged physical attack on or at another person which may or may not result in injury requiring medical attention.

12. SUPPORT PEOPLE: Counselors, teachers, use of law enforcement personnel, caseworkers.

13. EXHIBITIONISM: When a person shows their private parts to another person while in public.

14. FONDLING: To touch in a sexual manner.

15. INCENST: When a person has sexual contact with someone that is closely related to them. This includes all family members.

16. RAPE: When a person has sexual contact with another person against their will and without their consent (permission). The victim does not have to fight back; they just say "no".

SUMMARY: Trust your feelings, be aware of your environment and assert boundaries.

FAMILY CENTERED SERVICES
CENTERSTONE CONTINUUM

I, _____, completed a group/workshop/session on

relationships, sexual harassment, sex abuse, and date rape on _____.

_____
Child

_____
Foster Parent/Parent

_____
Centerstone Case Manager

CENTERSTONE

Family Centered Services

Behavior Modification Program

Drawing from our philosophies from the Circle of Courage and Re-Ed, we feel children should be nurtured and guided toward positive behaviors. Behavior Modification is a process through which a child develops self-regulation, self-reliance, and self-concept. Behavior modification is necessary to assume responsibilities, make daily living decisions, and live according to accepted levels of social behavior. The goals of behavior modification are:

1. To help children learn to express appropriate ways of getting needs met (needs for attention, expressing feelings, etc.)
2. To help children feel good about relationships with other adults and children
3. To help children have a positive self-concept.
4. To help children learn to make better choices, through personal successes and natural consequences.

Natural consequences must be reasonable and responsibly related to the child's understanding, need, and level of behavior. All discipline shall be limited to the LEAST RESTRICTIVE appropriate method and administered by appropriately trained foster parents / staff.

A child's acceptance of structure and consequences and his/her ability to learn, depends largely upon his/her feeling that he/she is accepted, respected and feels a sense of belonging. The following are Modification Models/Strategies used by Centerstone:

- Cognitive Behavioral Therapy (CBT)
- TF-CBT
- ARC-Attachment Self-Regulation, Competency
- Play Therapy
- Equine Therapy
- Medication Therapy
- ART-Aggression Replacement Therapy
- Modeling
- Time-Out
- Use of Positive/Negative Reinforcement
- Reward/Token economy system
- Problem Solving Techniques
- Negotiation and Compromise Skills
- Deep Breathing
- Verbal Praise
- Natural and Logical consequences

Any consequence must be determined on an individual basis and be related to the undesirable behavior. Requiring children to accept the natural consequences of their actions may be a desirable experience provided the consequences are not unreasonable and directly relate to the behavior.

The following types of punishment are <u>prohibited</u> under DCS Licensing Standards and by the Centerstone Continuum Program:

- *Cruel and unusual punishment*
- *Corporal punishment (spanking / hitting / etc) is not permitted under ANY circumstances*
- *Assignment of excessive or inappropriate work*
- *Denial of meals and daily needs*
- *Verbal abuse*
- *Ridicule or humiliation*
- *Denial of planned visits or communication with family*

- *Permitting a child to punish another child*
- *Chemical or mechanical restraints*
- *Seclusion as a punishment*
- *Threat of removal from the resource home*
- *Any punishment that occurs more than 24 hours after the incident*

I have read, and understand the Behavior Modification Policy.

_____

Youth DATE

_____

Parent/Guardian DATE

_____

Centerstone Staff DATE

CENTERSTONE

Foster Care Handbook

An Orientation Resource For Youth In Centerstone's Foster Care Program

TABLE OF CONTENTS

CENTERSTONE

Welcome to Centerstone!

We know that this may be a difficult time in your life and in the life of your family. We want you to know that you are in good hands.

Centerstone is the nation's largest not-for-profit provider of community-based behavioral healthcare, offering a full range of mental health services, substance abuse treatment and educational services in Indiana and Tennessee.

Our Residential and Foster Care Programs are here to provide support for you and your family. The length of time you will be with us is really up to you. Your Centerstone Team is made up of many people who will help you on your journey toward self-improvement and to move forward. Your case manager will coordinate your care and help you get the services you need. You and your family are vital team members. Other team members that will help you along your way include therapists, our residential staff, program managers, coordinators, even our director at times. We offer a specialized treatment program that will focus on you and your family's strengths and needs.

Please take a few moments to read through this booklet to learn more about what we can do…. *together.*

What is a "Continuum Program?"

You may hear the word "continuum" used when you come into our program. Just what does that mean?

Centerstone provides different types of treatment programs and services for children and adolescents. A complete range of programs and services is called the "continuum of care". Centerstone provides many of the services on the continuum.

In cases where services are needed that Centerstone does not provide, we contract with other agencies to provide that service. A Continuum is "COMPLETE CARE" – Once you are in our program, we will address more than just your counseling needs.

A person in the continuum program will experience many different forms of treatment during their time with us. You will more than likely not need ALL of the services described in this booklet as different people need different types of help. The next 2 pages list the different types of services that are available.

Office or Outpatient Clinic	Centerstone has facilities all over Middle Tennessee to serve your needs. Office visits usually last from 30-60 minutes. The number of visits per month depends on the person's needs. This could be a visit to a psychiatrist for medication or to a counselor for Alcohol and Drug treatment or sexual abuse counseling.
Case Management	Each person in the continuum has a case manager. These are specially trained individuals who coordinate or provide psychiatric, financial, legal, and medical services to help you live successfully at home and in the community.
Home-Based Treatment Services	This is simply a term used when you are back at home with your family. Your therapist and or case manager will work with you and your family in your own home. They will further develop your treatment program to help you and your family be successful.
Family Support Services	These are services to help your family care for you - such as parent training, parent support groups, etc.
Hospital treatment	Patients receive comprehensive psychiatric treatment in a hospital. Treatment programs should be specifically designed for either children or adolescents. Length of treatment depends on different factors.

Emergency Crisis Services	This service is used, for example, if a person is feeling suicidal or has acted out in a way that is dangerous to themselves or the community. It is 24-hour services for emergencies (for example, hospital emergency room, mobile crisis team).
Respite Care	A patient stays briefly away from home with specially trained individuals. This is used in many different situations.
Therapeutic Group Home or Community Residence	This therapeutic program usually includes 6 to 10 children or adolescents per home, and may be linked with a day treatment program or specialized educational program.
Therapeutic Foster Care	The foster care portion of our program is designed for youth who are in need of a transition from a residential facility before they go home or for youth who are not needing the level of service that residential care provides but not ready to be at home with their families. Foster care is also useful for those who are waiting to go to adoptive homes or to go and live with relatives. Families are highly trained caregivers who help children adjust to a healthy home setting and prepare the child and family for reunification. The length of stay in a foster home varies depending on the needs of the client. Youth in foster care receive treatment from case management and therapeutic staff while working on the goals they and their families much reach before reunification can occur.
Residential Treatment Facility	Often, a judge will require that you spend time in a residential facility because of charges against you or because of a specific issue that you need to work through. Residential care is considered intensive treatment. You will receive around the clock care and comprehensive psychiatric treatment in a campus-like setting on a longer-term basis.

Guiding Principles Of Treatment

What is "Re-Ed"?

Centerstone uses the guiding principles of Re-Education as well as the Circle Of Courage to help youth to achieve their goals. When we help you set your goals, we look to these things to guide us as a way to structure your treatment plan in a way that will help you to be successful.

Re-Ed consists of twelve principles that follow:

Life is to be lived now, not in the past, and lived in the future only as a present challenge.

Trust between child and adult is essential, the foundation on which all other principles rest, the glue that holds teaching and learning together, the beginning point for re-education.

Competence makes a difference; children and adolescents should be helped to be good at something, especially schoolwork.

Time is an ally, working on the side of growth in a period of development when life has a tremendous forward thrust.

Self-control can be taught and children and adolescents can be helped to manage their behavior without the development of psychodynamic insight, and symptoms can and should be controlled by direct address, not necessarily by an uncovering therapy.

The cognitive competence of children and adolescents can be considerably enhanced, they can be taught generic skills in the management of their lives as well as strategies for coping with the complex array of demands placed on them by family, school, community, or job, in other words, intelligence can be taught.

Feelings should be nurtured, shared spontaneously, controlled when necessary, expressed when too long repressed, and explored with trusted others.

The group is very important to young people, it can be a major source of instruction in growing up.

Ceremony and ritual give order, stability, and confidence to troubled children and adolescents, whose lives are often in considerable disarray.

The body is the armature of the self, the physical self around which the psychological self is constructed.

Communities are important for children and youth, but the uses and benefits of community must be experienced to be learned.

In growing up, a child should know some joy in each day and look forward to some joyous event for tomorrow.

Dr. Nicholas Hobbs

What is the Circle Of Courage?

The Circle of Courage® is a model of youth empowerment supported by contemporary research, the heritage of early youth work pioneers and Native philosophies of child care. The model is encompassed in four core values: belonging, mastery, independence, and generosity.

Belonging is an integral part of the Therapeutic Foster Care and Group Care environment. Children need to attach to caring adults in order to begin the process of learning and incorporate basic social values.

Mastery, the second value in the Circle of Courage Model, promotes the belief that children need to develop social, intellectual, and academic competence if they are to become capable and responsible citizens.

Independence is the third value promoted within the Circle of Courage Model. To develop positive autonomy and interdependence, children must be secure in the guidance of caring adults and believe they have some power over their world

Generosity is incorporated into Therapeutic Foster Care's program by encouraging children display empathy and concern for others. A positive environment must be characterized by a climate of caring so that all involved support one another and co-operate in making their social experiences meaningful.

Why Am I Here?

You may be here because your parents have consulted with their insurance plan and have sought treatment for you. In that case, you remain in the custody of your family. Most clients, however, are in the custody of the state of Tennessee.“State Custody” is when you are removed from your family’s home because it is not safe for you to live there anymore. A Judge can place you in the custody of the Department of Children’s Services. The reason you are placed into care is to keep you safe while you and your family have an opportunity to make positive changes. When you come into care you will be placed in a foster home, relative’s home, group home, residential placement or shelter. Being removed from your home and placed somewhere new can bring up a lot of feelings. You may feel angry, confused, sad, afraid, relieved and/or glad. It is important to talk to a person you trust about your feelings. All your feelings are O.K.! You may have many questions about the rules and routines of your new placement. Ask your care provider to go over them with you. Knowing about your placement may help you be more comfortable.

Youth come into custody for many different reasons.

- Parents or guardians are not able to keep children safe.
- Children have experienced physical, sexual, and /or emotional abuse in their home.
- The parent or guardian has died.
- There has been a family crisis like big conflicts between family members.
- Parent or guardian is unable to control youth's behavior.
- Parents have voluntarily placed child into custody.
- Youth places himself/herself into custody.
- Youth have been placed into custody by a judge because of poor choices that the youth have made and / or charges that the youth has against them.

What are the rules?

Actually... we're not too fond of the word "rules" so we'll just give you a list of what to expect:

Expectations About You

If you want respect, give respect. Call kids and adults by their first or last names. Racial slurs, name calling, and put downs hurt. Think before you open your mouth!

All obstacles and problems can be overcome. However, going it alone is often hard.

Staff, foster parents and parents are good listeners. They can't hear you if you don't talk to them.

You have the power to change. Not the staff. Make your life better. Start here. (You can lead a horse to water, but you cannot make them drink!)
Everyone needs someone at sometime in his or her life. Ask for help if you need it!

Your body is your own. No body has a right to it except you. Don't give it to anyone either. It is OK to say no!

While gangs are groups to make you feel connected, their influence can be harmful. The unit, the foster home or your home is a gang free zone. We are not crazy about certain types of gangs.

We are not interested in the seeing anyone's underwear. Waists were made to hold up your pants. Showing your boxers is not sight for anyone to see.

Take pride in who you are, what you look like. Always look your best.
Protecting your body sometimes requires you to wear appropriate clothes. Look your best.

Expectations About School

If you are late for school, you must write an excuse as to why you are late. A note from the day staff, foster parent or parent/relative is also needed. ("The alarm clock did not work" is not an excuse. Staying out late is not an excuse either.)

Knowledge is power. Muscle is not. Stay in school.

Expectations About Your Behavior

You are responsible for what comes out of your mouth. Verbally express yourself safely. (Swear words and what you can do to your mom are not appropriate expressions.)

You are responsible for your own actions. Use your arms, legs and head to express yourself safely as well. Hurting others as a very negative affect on your course of treatment.

All physical property is important and costs money to repair. Don't contribute to the repair cost. (Your allowance is one way to pay for these repairs working on it is another).

In some cases, you cannot blame other for what you have done. Be open, be honest, and be sincere. Lying, cheating, stealing may cause you to lose the respect of others.

Clean up after yourself. In a foster home, you will n=be made aware of the cleaning routine and expectations. IN a residential home, there are vacuums and brooms that are available to use. Use them!

Expectations About Expectations

Life is like a roller coaster. It will have its ups or highs as well as the downs or low parts. Be prepared and learn to handle both. We can help.

If you want money, *earn* it. (There are laws around stealing.)
If you want something, ask. We will try to work together to get it.

Expectations About Us

Centerstone has no wish to keep you in the program any longer than you need to be. You have the power to move forward.
There are no bad kids, only kids who make bad decisions. Learn from your mistakes and apply what you have learned to the next situation.

Who will help me?

At times, you may feel that you are all alone. Being in custody can be a scary and sometimes uncertain thing. But one positive thing about it is that you have several people working with you to make things better. You have A DCS worker who monitors your care. You have Centerstone workers (case managers, therapists) who will work with you and your family to make sure that you have what you need in order to achieve your goals. They will help keep you on the right track and help you follow your plan to meet the goals set out in order for you to return home and be safe. You will have other Centerstone staff or Foster Parents who will take care of your daily needs. You will have food, clothing and shelter and people in your life who want to listen to you and help you figure out how to make things better. We will work with your parents also and help you all to work things out. Most importantly, the person who can help you is YOU. By being serious about your plan and working with all the people available to you to achieve your goals YOU will be able to complete the program and make things better FOR YOURSELF.

What's the difference between my DCS worker and my Centerstone Worker?

There are differences in what your Centerstone Worker will help you with and what your DCS worker will help you with. You are in the custody of the state of Tennessee. That means you are in DCS custody – DCS stands for the "Department of Children's Services." They are responsible for you and at this time in your life, they are your legal guardian. They work with Centerstone to make sure all your needs are met. Because there are so many children in custody, DCS asks agencies like Centerstone to help them make sure you get the things that you need so they write a contract with us asking that we provide things for you.

DCS has the final say in things like when you can go back home to your family, when you can get passes, who you will live with and other important things. They are in contact with your Centerstone worker on a regular basis to check on your progress and that helps them make their decisions about your care.

Your Centerstone worker(s) are people you will most likely see more often than your DCS worker. They will visit you in your foster home or other placement and help you work on your goals. They also work with DCS to make sure you get medical and dental care and other things that you need. Along with your case manager through Centerstone, you might also have a therapist. This person will work closely with you to discuss the things that are making you angry or sad and will possibly work with you and your family members to help you all work out the problems that may have caused your placement into custody.

CONFIDENTIALITY

Confidentiality means that information about you and your situation is private. Information in your case record at the Department of Children's Services cannot be shared with others unless it is to meet your needs. Some confidential information, like medical, educational, and/or reasons for your removal from your biological home, will be shared with Centerstone and other professionals you are meeting with. You can ask your caseworker what information is shared. All professionals, including Centerstone, must keep the information that is given to them confidential. Friends or other people may ask why you are no longer living with your family. Remember, it is your right to tell **or** not tell them about your situation. These questions may be difficult to answer. It may help to talk with your caseworker, care provider or other adult you trust, so you can answer them in a way that lets you feel comfortable.

Know Your Rights

As a youth in custody, you have the right:

- To **be told why you came into foster care** and why you are still in foster care.
- To live in a **safe place** where treated with respect, with your own place to store your things and where you receive healthy food, adequate clothing, and appropriate personal hygiene products.
- To **have personal belongings** secure and transported with you.
- To **have caring foster parents or caretakers** who are properly trained, have received background checks and screenings, and who receive adequate support form the Agency to help ensure stability in the placement.
- To be **placed with your brothers and sisters when possible**, and to maintain regular and unrestricted contact with siblings when separated (including help with transportation), unless ordered by the court.
- To **attend school** and **participate in extracurricular**, cultural, and personal enrichment activities.
- To have your **privacy protected**. You can expect confidentiality from the adults involved in your case.
- To be **protected from physical, sexual, emotional or other abuse**, including corporal punishment (hitting or spanking as a punishment) and being locked in a room (unless you are in a treatment facility).
- To **receive medical, dental, vision and mental health services**.
- To **refuse to take medications**, vitamins or herbs, unless prescribed by a doctor.
- To have **regular visits** ongoing with biological parents and other relatives unless prohibited by court or unless you don't want to.
- To make and receive **telephone calls** and send and receive mail, unless prohibited by court order.
- To have regular contact from and unrestricted **access to social workers, attorneys, and advocates** and to be allowed to have confidential conversations with such individuals.
- To be told by your social worker and your attorney about any **changes in your case plan or placement** and receive honest information about the decisions the Agency is making that affect your life.
- To attend **religious services and activities** of your choice and to preserve your cultural heritage. If possible your placement should be with a family member or someone from your community with similar religion, culture and/or heritage.
- To be **represented by an attorney** at law in administrative or judicial proceedings with access to fair hearing and court review of decisions, so that your best interest are safeguarded.
- To be involved, where appropriate, in the **development of your case plan** and to object to any of the provisions of the case plan during case reviews, court hearings and case planning conferences.
- To **attend court** and speak to a judge about what you want to have happen in your case.
- To have a **plan for your future**, including an emancipation plan if appropriate (for leaving foster care when you become an adult), and to be provided services to help you prepare to become a successful adult.

FOSTER CARE

How long will I be in foster care?

The length of time depends on how quickly you, and your parent(s) and family work with your caseworker to follow your foster care plan. Depending on your situation, some changes may be required of you and or your parents such as:

Getting suitable housing
Taking anger management classes
Taking parenting classes
Getting a job
Going to drug or alcohol rehab

If it won't be possible to return to your parent, then plans will be made to find you a safe loving permanent home. Your Plan Of Care will have very concrete goals that you need to strive for in order to return home. When you and the people involved in your case determine that you have made sufficient progress toward those goals, steps will be taken to begin the process of reunification – or “returning home.”

Who are these people I am living with?

Foster Families are very special. They go through a very lengthy process to become Foster Parents and they open up their homes for children and youth who need homes to live in while things get worked out in their own biological homes. To become a Foster Parent, they have to have background checks, be fingerprinted, and go to lots and lots of classes and training. In other words, they have to work hard to do what they do and we check them out to make sure their homes are safe places for you to be in.

Foster Parents provide you with food, clothing, a place to stay, money for allowance, transportation to work and school and activities. They know that their job is to help you achieve your goals. Often they will work with your biological parents, too, to help make your transition home as smooth as possible. Please talk with your caseworker if you are not comfortable with visitation at any time. You have the right to choose whether or not to participate in a visit.

Can I See My Family?

The short answer to this question is, “If at all possible, YES!” The whole goal of our program is to reunite youth with their families. We will do all we can to make sure you have visits and regular contact with your parents and siblings and other important people in your life. The long, complicated answer to this is, sometimes there are reasons that a judge or DCS or members of your treatment team will decide that it’s not a good idea for you to have contact with your family – in the case of severe abuse or if your family’s lifestyle puts you in danger. We work hard to try and help you (and your family) make your home environment safe and if at all possible, visits with your family WILL happen.

When the goal of foster care is to return you to, or maintain a healthy relationship with, your biological parents, the we are committed to arranging a visitation plan that is based on the safety of you and your parents. Visits may be extended as the parent-child relationship improves. Any help needed should be provided to you and your parents in order to make visits successful. Visitation can also be scheduled with relatives, siblings and/or other individuals with whom you have a positive and meaningful relationship. It is the caseworker’s role to schedule all visitations. The separation and loss you may feel from being removed from your family can be hard. You should work with your caseworker on setting up a visitation plan. The amount of visitation is different for every case and is based on reasons such as why you came into care, the physical distance between you and the individual(s) you are visiting and everyone’s schedules. Visits should be in a relaxed and natural setting, such as the parent’s home, community parks or visitation center. If a conflict arises and you or your visitor cannot attend, a call should be placed to the caseworker to cancel the visit.

Managing Your Behavior

One of the main goals of The Centerstone Continuum is to help give you the tools that you need to learn to control your behavior.

Learning to manage anger and being able to understand how your thoughts influence your actions is one of the biggest steps that you can take in order to move forward on a positive path.

Our hope is that it will also be one of YOUR main goals to learn to control and manage your own behavior .

Sometimes, however, it will be necessary for you to have your team help you along in using behavior management strategies.

The use of behavior management interventions (e.g. time out, behavioral contracts, point systems, logical and natural consequences, incentive programs, level systems, positive behavioral reports, etc.) with clients be guided by policies and procedures developed by DCS Facilities and contract provider agencies.

Out intent is to maintain a safe, nurturing, and therapeutic environment that protects the rights of all children; that respects the ethnic, religious, and identified treatment parameters for each individual child in care; and are in compliance with DCS licensing rules and applicable State and Federal statutes, as well as with generally accepted best practice standards promulgated by national accreditation organizations.

RESIDENTIAL CARE

One of the types of services that Centerstone offers in the continuum model of care is residential treatment. This service is what is called " a highly structured treatment service". The reason why it is highly structured is that there are staff who have to be with you 24 hours a day for as long as you are there. Centerstone has one residential facility located in Clarksville which is a group home for adolescent females. Residential treatment is for teenagers who have a lot of problems at the same time. Issues include running away, problems controlling their anger and frustration, trouble getting along with others as well as other types of "mental health issues" including depression, alcohol and drug usage and others. Activities in the group home include school, therapy, community outings, groups to work on communication, getting along and daily living skills. How long you stay in residential treatment is entirely up to you. Some youth have stayed a month or two and some have stayed 6-9 months because they don't want to work on their problems. It is up to you how long you want to stay. Centerstone also uses other residential treatment programs especially for boys as well as uses them if you need a higher level of care.

Glossary Of Terms:

Adjudication: A hearing to figure out if there has been a crime.

Aging Out: When a youth leaves foster care because they have reached age 18 or have finished high school (whichever comes last) without returning home or being adopted.

Appeals: Someone asks for a hearing to change the court's decision. Any court decision is subject to an appeal. Appeals can take several months to resolve.

Arraignment: The court gives an individual a chance to admit or deny the crime or to let the judge decide.

Biological Parents: The person(s) who gave birth, or fathered the child.

CASA: see Court Appointed Special Advocate

Caseworker: Works with youth and their families to provide services and support, with the goal of permanent placement for the youth. Usually in reference to DCS but youth will also have an Agency (Centerstone) worker.

Child and Family Team Meeting: Any meeting to discuss your progress, treatment or any decision about your care. Everyone involved in your case (you, your parents, your Centerstone worker, your DCS worker, teachers, etc, are all invited to attend these meetings.

Permanency Plan: A plan that the Department of Human Services, along with the youth and family, makes and updates every six months. It includes the services provided to the youth and family, and makes clear the expectations and progress made toward reaching the goal of permanent placement of the youth.

Child Protective Services (CPS): Works with children and youth and families (sometimes the children and youth are still in their homes) to assess, investigate and provide ongoing social services to families where abuse and neglect of youth has been reported.

Court Appointed Special Advocate: (also known as **CASA**) An adult volunteer, assigned by the court to study and protect the best interests of a youth in a civil or criminal abuse or neglect case. The CASA and the youth should talk on an ongoing basis. The CASA is your voice in the courtroom.
DCS: Abbreviation for Department of Children's Services, often the over-seeing agency for foster care in a state.

Disposition: This is the decision about where the youth should live (such as in state custody), as well as what the parents, DCS and the youth must do to change the problems. Please understand that sometimes court hearings are continued and changed to another date for various reasons. For instance, someone may not show up, or everyone at court may feel it's a good idea.

Emancipation: A youth who is legally declared an adult (by a court) prior to age 18. A youth in foster care who emancipates is no longer a ward of the court (or in foster care).

Foster Care: Care provided to youth when they are removed from their biological family's custody and are placed in state custody. Foster care includes placement with relatives, foster families, group homes, shelters and other placements for children under the age of 21.

Foster Care Review Board (FCRB): A court review that looks at the progress of the parents and the youth in order to decide the safest place for the youth to live. There must be a Judicial Review within 18 months (soon to be 12 months) of the child entering custody and at least every 12 months after that.

Foster Home: A home where a youth may live while in the custody of the State's Child Welfare system.

Group Home: A home that cares for many foster youth, often using social workers for supervision instead of foster parents.

Guardian ad Litem (GAL): An adult volunteer, assigned by the court to study and protect the best interests of a youth in a civil or criminal abuse or neglect case. The GAL and the youth should talk on an ongoing basis. The GAL is your voice in the courtroom.

Guardianship: When an adult is granted parental rights for a youth.

Individual Education Plan (IEP): A plan intended to improve success for an individual student, which may include additional assistance, learning aids, tutoring, revised or classroom settings. Produced by a team of people, including teachers, school administrators, counselors, parents or foster parents, and sometimes the youth themselves.

Judge: The judge decides what is best for the youth. The judge issues court orders, reads reports, hears arguments and decides whether the youth should be placed in the custody of the state.

Juvenile Court: A district court or another court that only addresses matters affecting children younger than 18.

Kinship or Kinship Care: Those providing 24 hour care for children they are related to by blood. This may also be called relative care.

Life Book: Pages or a packet of information prepared with or for a child regarding his/her social back-ground. It includes pictures and stories about people, events and places which are important to the child's history and life.

Notice of Hearings: Everyone involved in the case must be served with a notice telling them when and where there's going to be a hearing. "Parties" includes people like parents, attorneys, GALs and your caseworker.

Permanency Planning: The case-worker coordinates services for the youth and family to fix the problems that led to the youth's placement in state custody. The goal is to assure a long-term placement for the youth. This may be going home, staying in long-term foster care until age 18 or 21, or being placed for adoption.

Respite Care: Temporary care for a youth in foster care, intended to give either the youth or foster parent (or provider) a break.

Reunification: Services that can bring a family back together by working on the problems that caused the separation of the youth from the family.

Service Plan: A written document describing long range goals and short range objectives for the provision of service for a foster youth

Sibling: Brother or sister

Surrogate Parent: A person (usually a foster parent or care provider) who is appointed by the Department of Education to make sure that a youth's special education needs are being met.

Termination of Parental Rights (TPR): If family reunification has been ruled out and adoption is a possibility for the child, the Department may petition (request) for termination of parents' rights to the child. If the court terminates parental rights it means the child is free for adoption. It also means that your biological parents have no legal rights pertaining to you anymore. (They don't have access to information about you, don't work with your caseworker anymore, etc.)

Therapist/Counselor: A licensed person who provides youth supportive services such as counseling, goal planning and advocacy for youth and families. This person can have any of these official titles: Social Worker, Psychologist or Psychiatrist. This will most often be someone from Centerstone.

CENTERSTONE

Continuum Services
Client Handbook Orientation

SIGNATURE PAGE

I, _____,

have read this handbook and have had any questions

answered by a member my Centerstone Team.

I have filled out my information sheet and

know who I can contact if other questions arise.

Signature of Client: _____ Date: _____
Signature of Parent: _____ Date: _____
Centerstone Staff: _____ Date: _____

MY INFORMATION SHEET

My Name: _____

Address Where I'm Living Now:

_____

_____

Phone Number: _____

Centerstone Worker's Name:_____

Phone Number :_____

E-mail: _____

Other Centerstone Team Member: _____

Phone Number :_____

DCS Worker's Name: _____

Phone Number :_____

Somebody I Trust: _____

Phone Number: _____

CENTERSTONE FCS WEB SITE: http://www.centerstonefcs.org

CENTERSTONE

Family Centered Services

Behavior Modification Program

Drawing from our philosophies from the Circle of Courage and Re-Ed, we feel children should be nurtured and guided toward positive behaviors. Behavior Modification is a process through which a child develops self-regulation, self-reliance, and self-concept. Behavior modification is necessary to assume responsibilities, make daily living decisions, and live according to accepted levels of social behavior. The goals of behavior modification are:

1. To help children learn to express appropriate ways of getting needs met (needs for attention, expressing feelings, etc.)
2. To help children feel good about relationships with other adults and children
3. To help children have a positive self-concept.
4. To help children learn to make better choices, through personal successes and natural consequences.

Natural consequences must be reasonable and responsibly related to the child's understanding, need, and level of behavior. All discipline shall be limited to the LEAST RESTRICTIVE appropriate method and administered by appropriately trained foster parents / staff.

A child's acceptance of structure and consequences and his/her ability to learn, depends largely upon his/her feeling that he/she is accepted, respected and feels a sense of belonging. The following are Modification Models/Strategies used by Centerstone:

- Cognitive Behavioral Therapy (CBT)
- TF-CBT
- ARC-Attachment Self-Regulation, Competency
- Play Therapy
- Equine Therapy
- Medication Therapy
- ART-Aggression Replacement Therapy
- Modeling
- Time-Out
- Use of Positive/Negative Reinforcement
- Reward/Token economy system
- Problem Solving Techniques
- Negotiation and Compromise Skills
- Deep Breathing
- Verbal Praise
- Natural and Logical consequences

Any consequence must be determined on an individual basis and be related to the undesirable behavior. Requiring children to accept the natural consequences of their actions may be a desirable experience provided the consequences are not unreasonable and directly relate to the behavior.

The following types of punishment are <u>prohibited</u> under DCS Licensing Standards and by the Centerstone Continuum Program:

- *Cruel and unusual punishment*
- *Corporal punishment (spanking / hitting / etc) is not permitted under ANY circumstances*
- *Assignment of excessive or inappropriate work*
- *Denial of meals and daily needs*
- *Verbal abuse*
- *Ridicule or humiliation*
- *Denial of planned visits or communication with family*

- *Permitting a child to punish another child*
- *Chemical or mechanical restraints*
- *Seclusion as a punishment*
- *Threat of removal from the resource home*
- *Any punishment that occurs more than 24 hours after the incident*

I have read, and understand the Behavior Modification Policy.

_____

Youth DATE

_____

Parent/Guardian DATE

_____

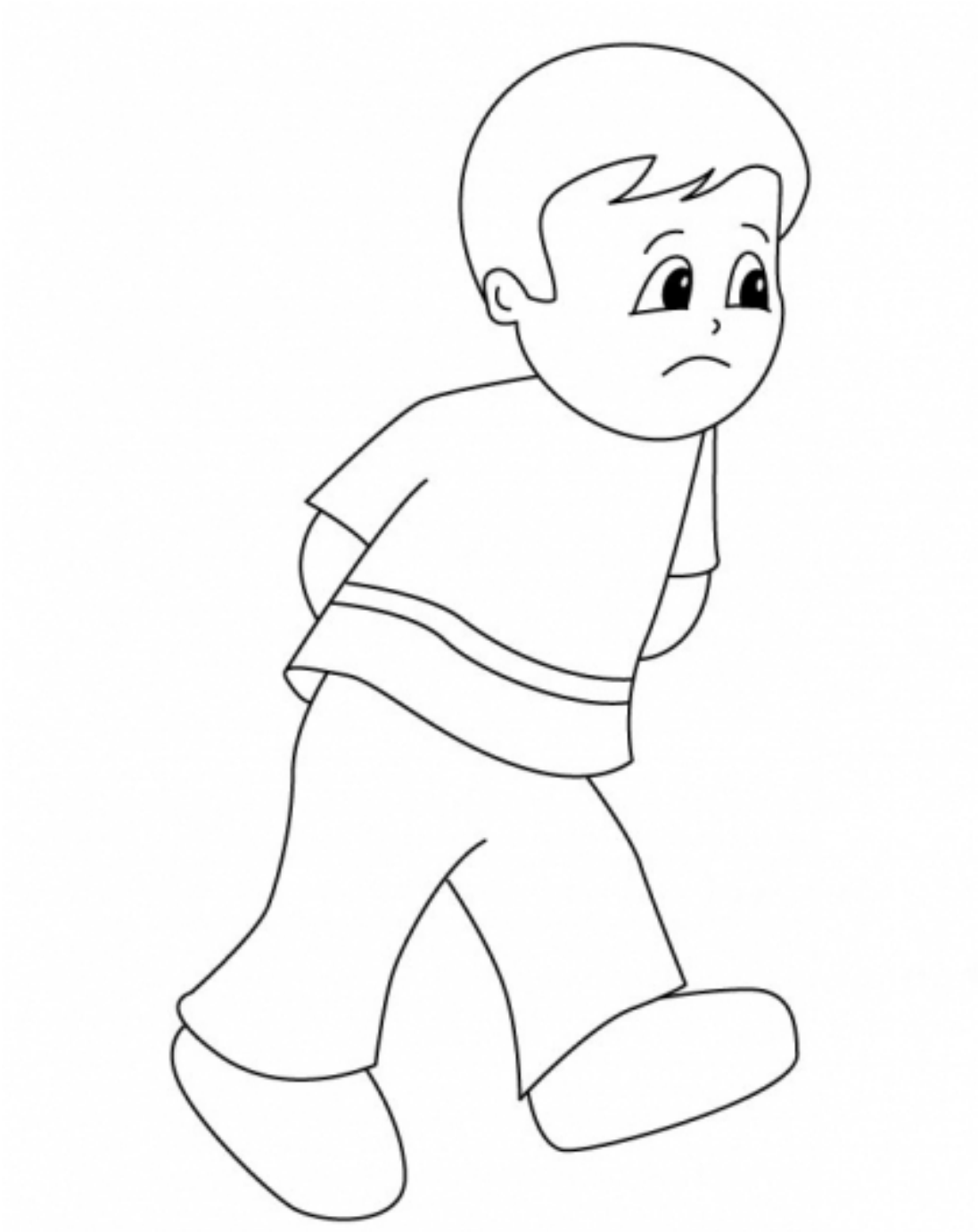
Centerstone Staff DATE

CENTERSTONE

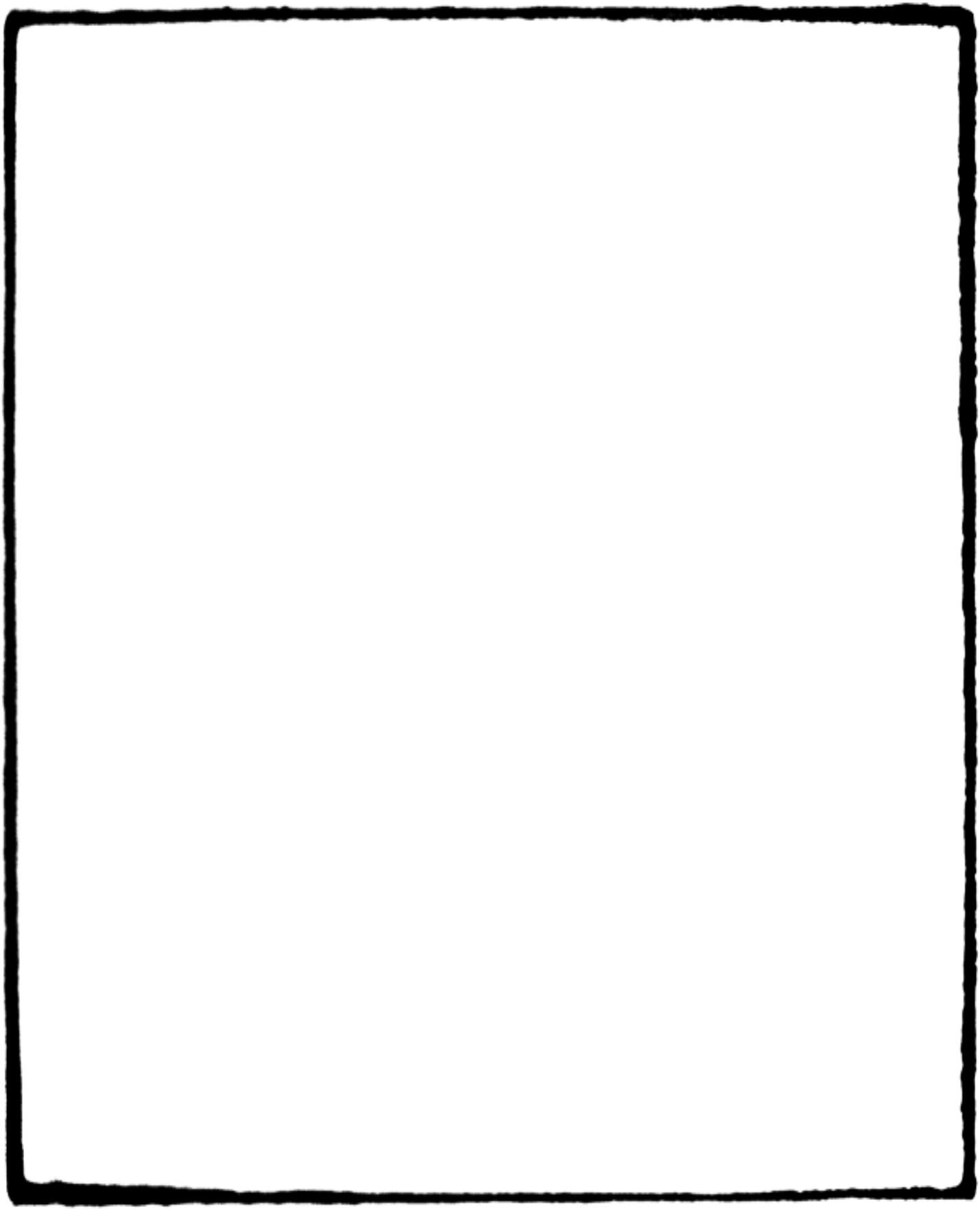
My Centerstone Coloring Book

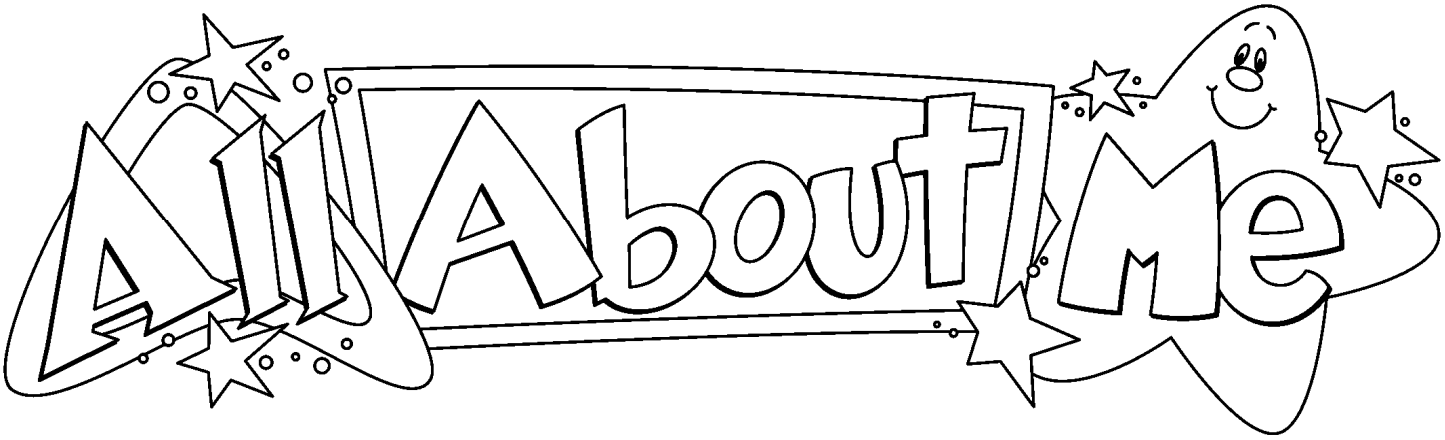
You may be feeling sad about being away from your family.

Centerstone is a good, safe place and we help lots of families.
We want you to know that our job is to help you and your family find happiness again.
If you can't go home with your family right now, Centerstone can help with that, too.
You will have many people who will help you and your family.



Can you draw a picture of something that makes you happy?





My Name Is: _____.

My Birthday is: _____ and I am ____ years old.

My favorite movie is: _____.

I really love to: _____.

I feel happy when I am with: _____.

The best thing about my life is: _____

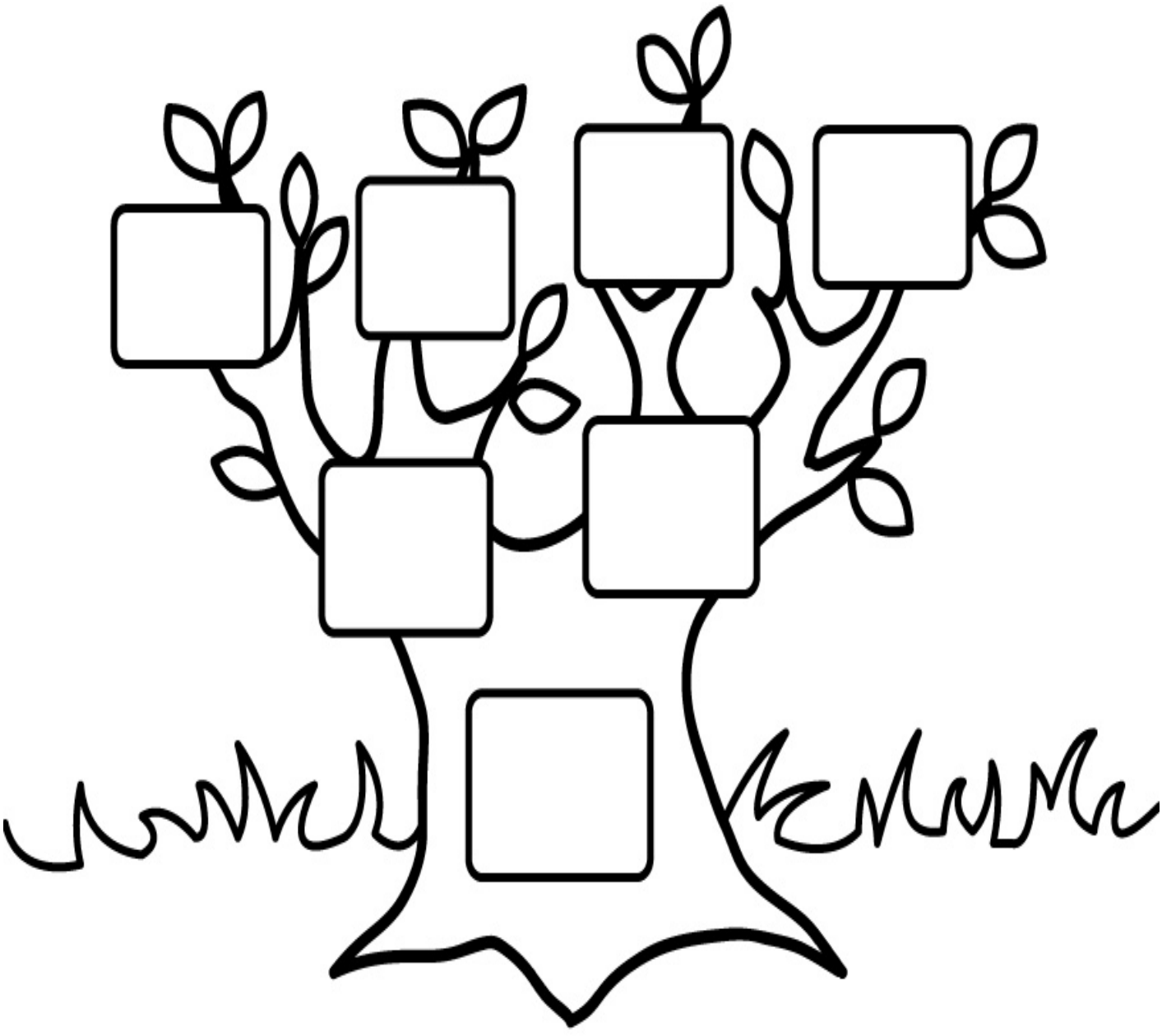
_____.

In one year from now I hope to be: _____

_____.

Can you fill in the names or draw pictures of yourself and your family and other important people on this tree?

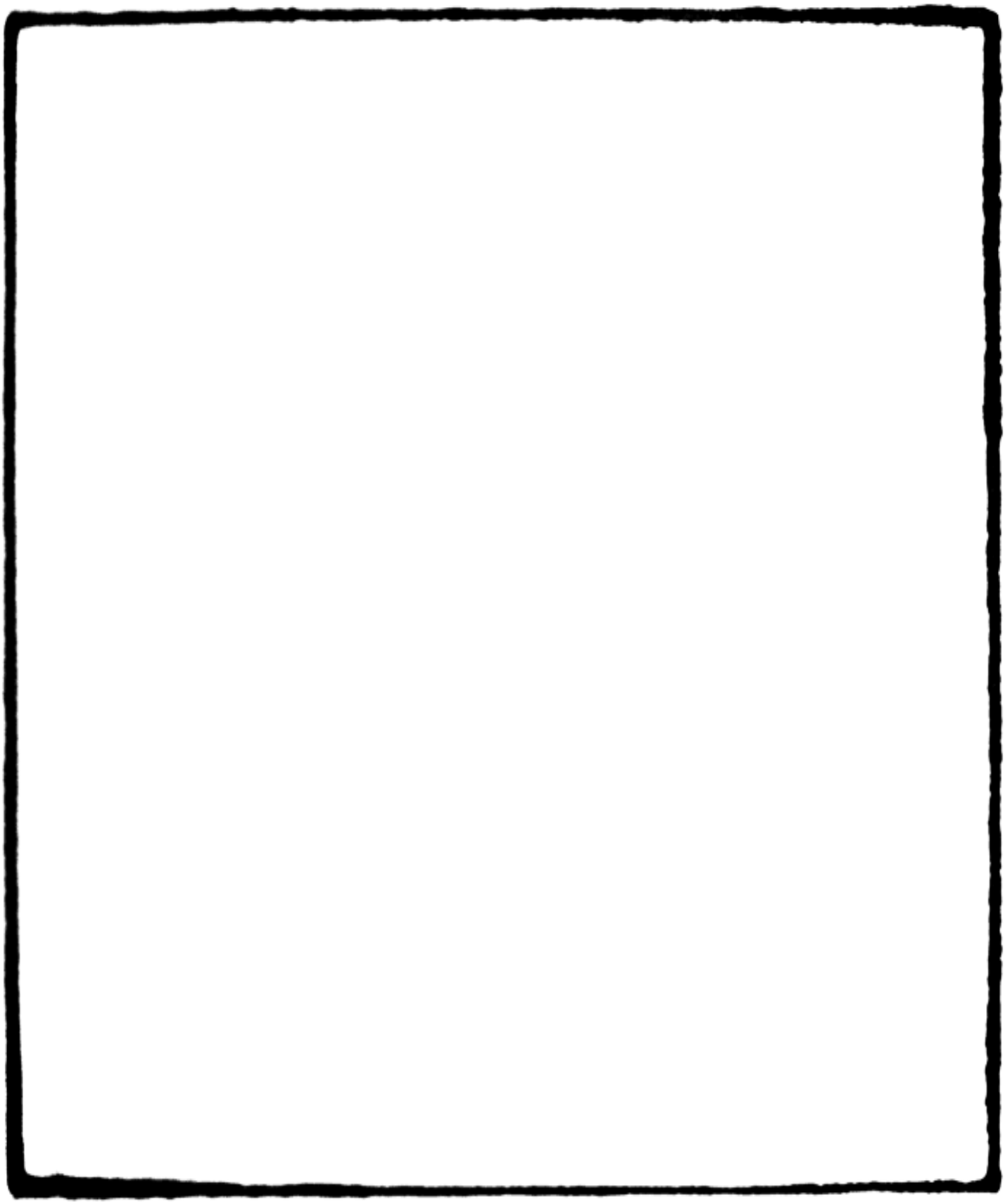
Talk to your Centerstone Team Members about the important people in your family and in your life.



What is a "Continuum Program?"

The word continuum can mean "something that continues" - In other words, something that goes on and on. The program that you are in is kind of like that. If you need help with medicine, we can continue to help you by getting you to a doctor. If you have to go to court about something, we help you with that. Anything you need... We are here to help! If you need help at home or in a foster home or in a group home, we continue to help you. As long as you're in our program, we will CONTINUE to be there for you. You will have a whole TEAM of people working to help you!

Can you draw a picture of you with your TEAM and how they will help you?



Centerstone uses something called the "Circle Of Courage" to help you and your family move closer your goals.

Belonging: It is important that you feel like you BELONG to a family. Centerstone will help YOUR family become closer and while you are in Foster Care, you will be treated as a member of the family.

Mastery: We know that you are GOOD at lots of things! We will help you find your strengths and see how you can become at these things.

Independence Though we will work as a team, we want you to know that as you learn to master skills, you will gain a sense of Independence and pride in doing things well.

Generosity Being generous means that you give freely of your love and time to others. Once you have seen how good it feels to have people helping you, it is our hope that you will become a helper yourself!

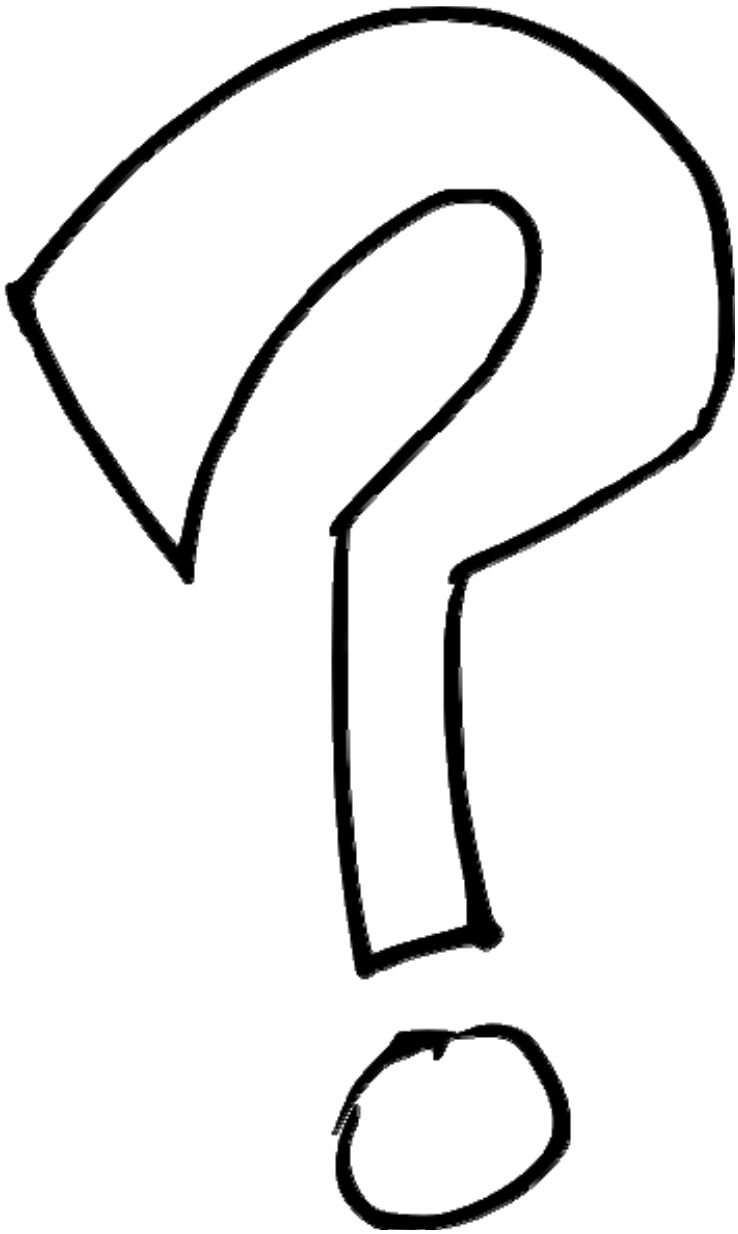
We're guessing you have lots of questions.

"Who will help me?"

The most important person you have on your team is… **YOU!**

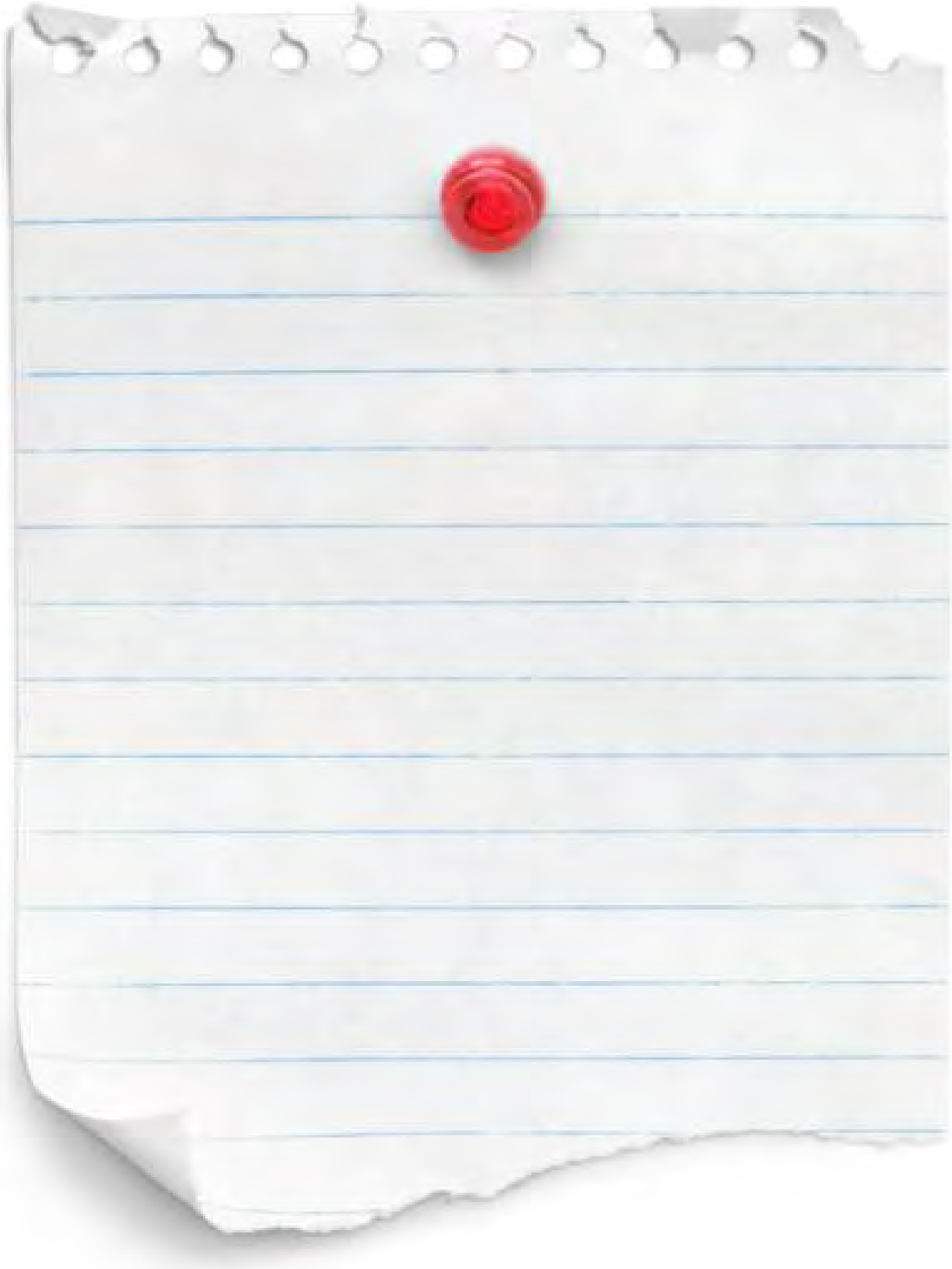
Others who will help you are:

- **Case Managers**
- **Therapists**
- **Doctors**
- **Teachers**
- **Foster Parents**
- **State Workers**



Ask the Centerstone worker who is going over this booklet with you to tell you a little bit about each of these people. As you can see, lots of help is available to you!

Do you have any questions that you'd like to talk about with your Centerstone Team? Write them down now or talk with your team about them while you're together.



What Centerstone does for you:

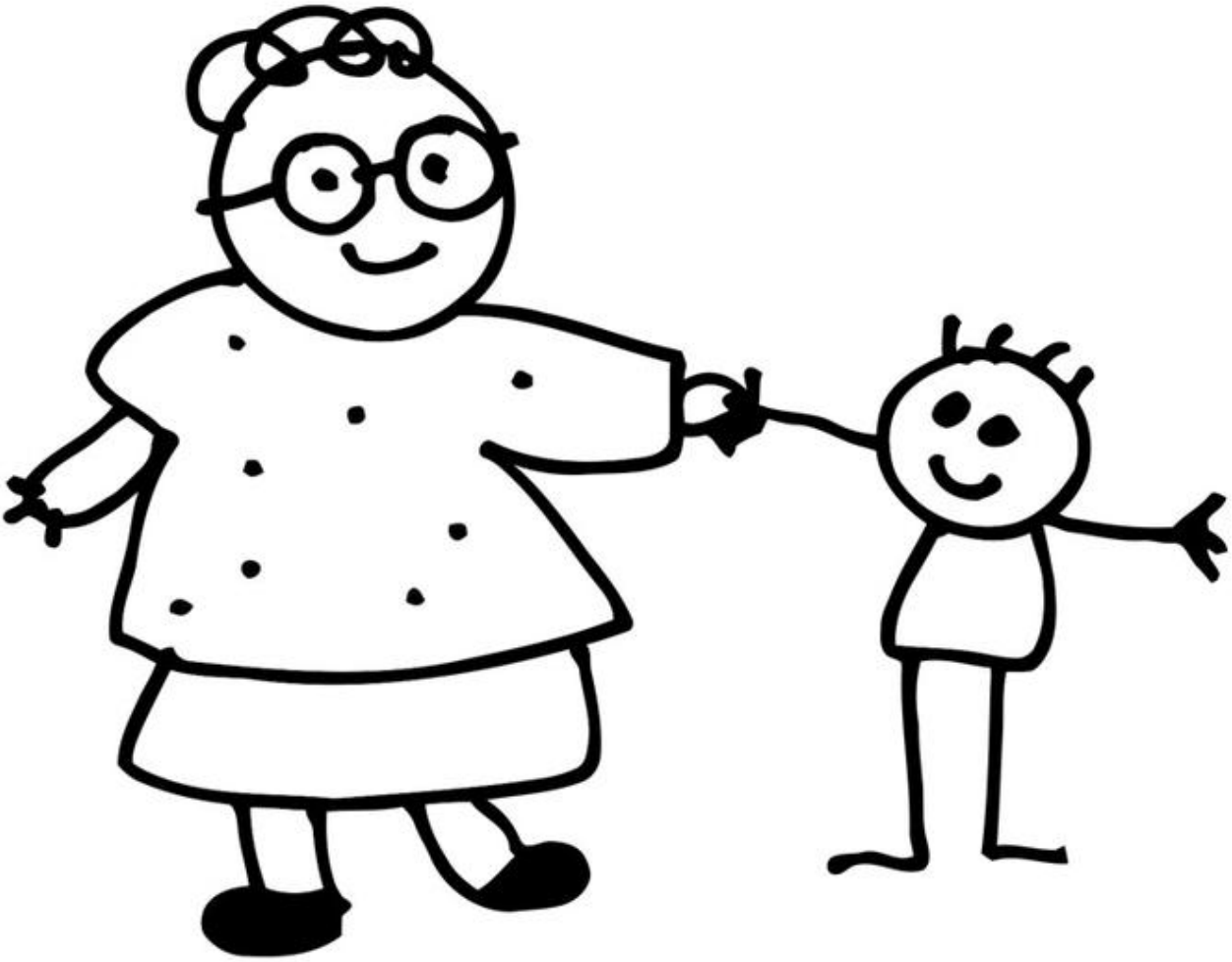
It’s our job to be helpful to you. We will do our best in every way.

We promise to be good listeners.

We promise to do everything we can to keep you safe.

We’ll make sure you have the things that you need.

Your wishes and dreams are important to us.
Share them and let’s work on them together!



What we hope you do for yourself and others:

Treat others like you want to be treated. Ask for help if you need it.

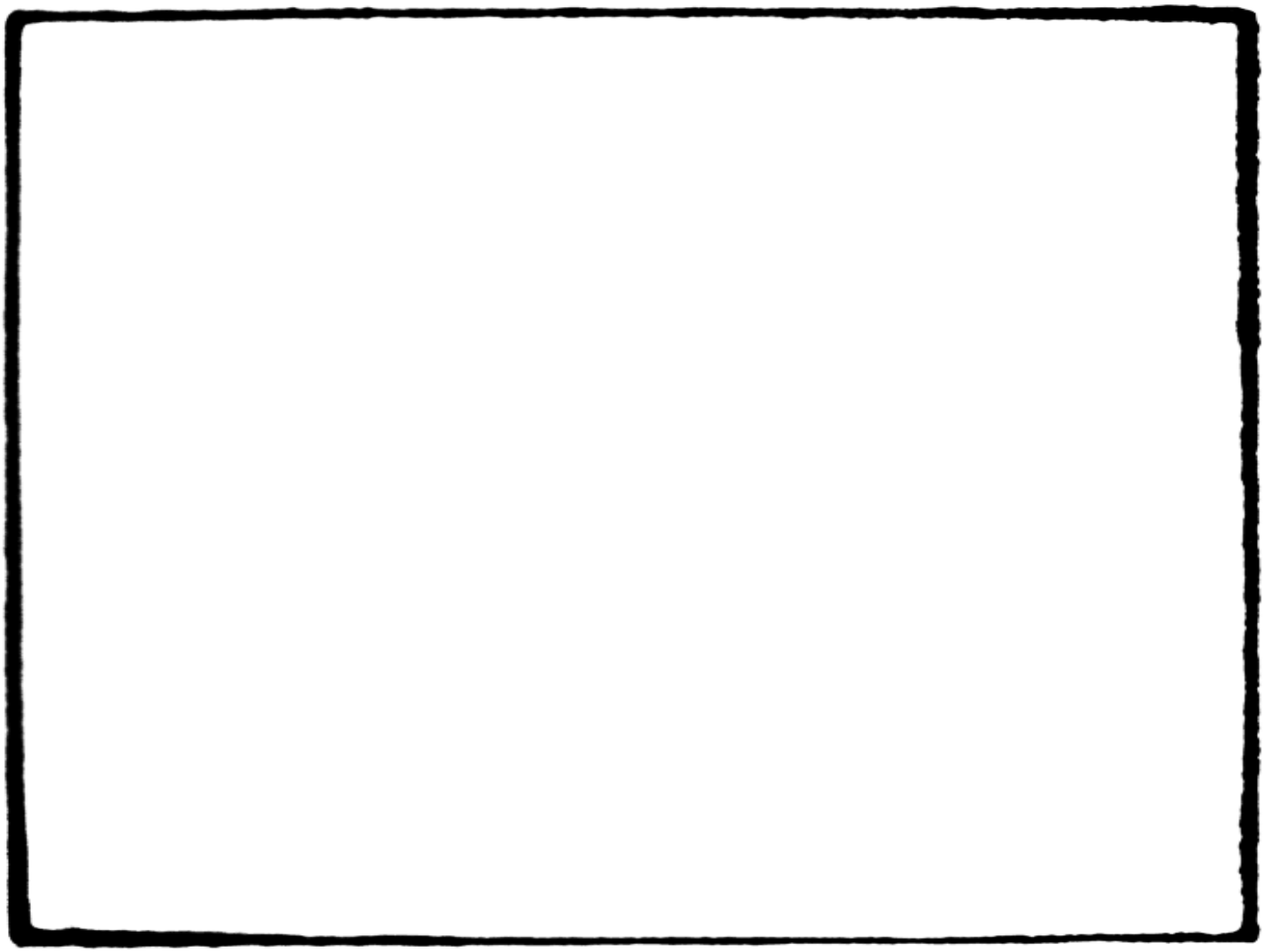
Do your best! *In everything.* Tell the truth! Choose your friends wisely.

Don’t hang around people who will cause you trouble.

Don’t break things or yell at people if you’re upset. Talk it out.

Don’t hide your feelings from those who are here to help you

Clean up after yourself. Use nice words. Be helpful to others.



Can you draw a picture of you doing one of the things listed above?

What are My Rights?

You have a right to know why you are in Foster Care.

You have a right to be SAFE.
You will be protected from harm and have things you need like a place to stay and food to eat.

You have the right to not be bullied.
This means that you have the right to not be called mean names or made fun of in any way.

You have a right to be with a Foster Family who treats you with kindness.

You have a right to have your personal belongings (toys, clothes, etc). kept safely.

You have a right to remain with your brothers and sisters if possible.

You have a right to attend school and participate in other fun activities.

You have a right to have your privacy protected.
This means that we will not talk to others outside your team without your permission.

You have a right to go to the doctor or dentist if you have any needs.

You have a right to visit and talk with your family on a regular basis.

You have a right to know about and participate in any court decisions.
To have a participate in making a **plan for your future.**

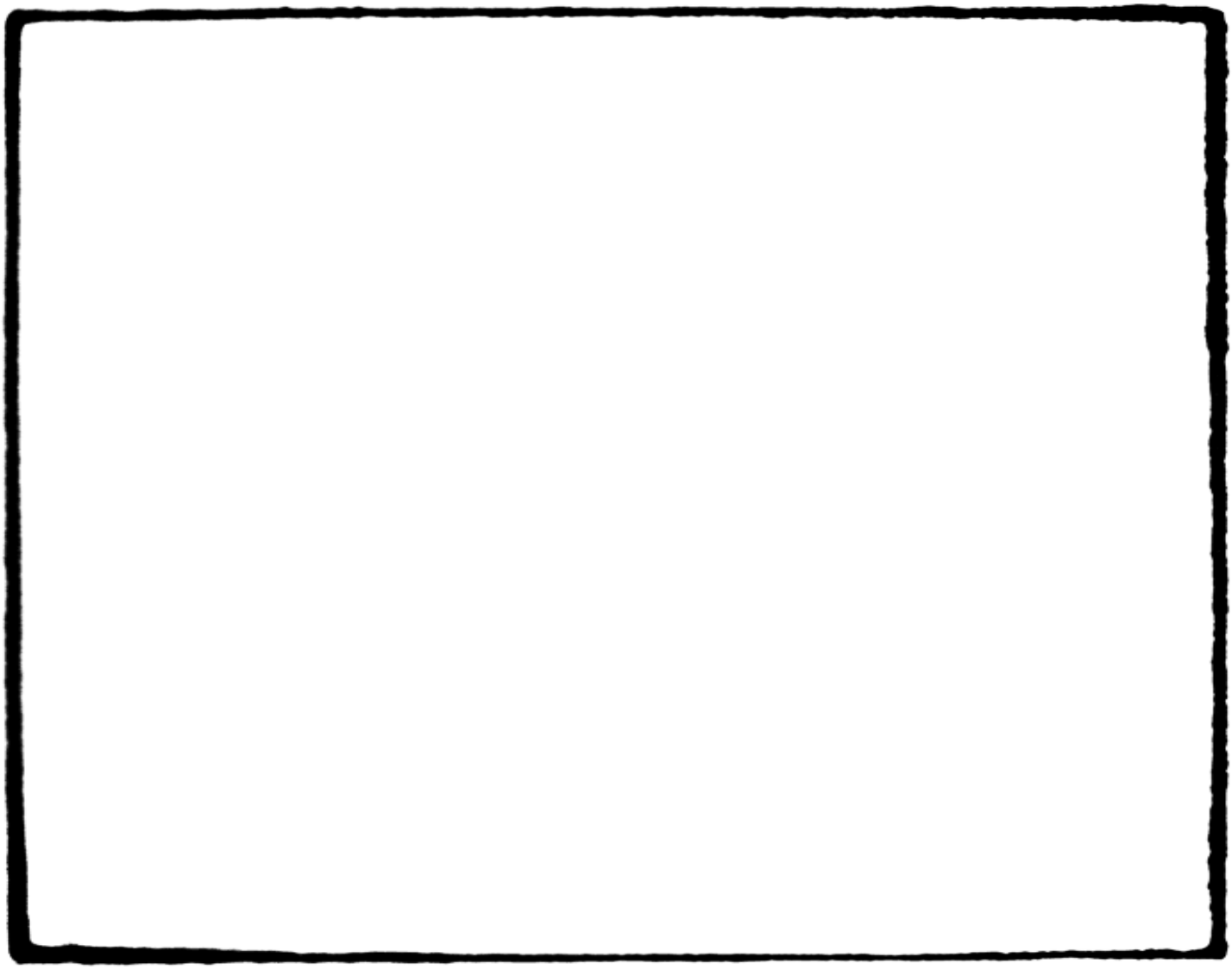
FOSTER FAMILIES

DO YOU HAVE QUESTIONS ABOUT FOSTER CARE?

Foster Families are very special. Centerstone places children in the homes of people who will keep you safe and help you work out the problems that are keeping you from being in your home.

Foster Parents are there to answer questions you have, keep you safe, make sure you have food to eat and clothes to wear. You will have a safe place to sleep and play. Their job is to help you achieve your goals. They will help you learn new things. They are part of your **TEAM!**

Can you draw a picture of you with your Foster Family?



Can I See My Family?

If at all possible, YES! The main hope of our program is to get you back home with your family.

We will do all we can to make sure you have visits with your parents and siblings and other important people in your life.

Sometimes there are reasons that a judge or DCS or members of your team will decide that it's not safe for you to see your family. In that case, you may be able to have supervised visits.

We believe seeing your family is IMPORTANT and we will do all we can to make it happen!

CENTERSTONE

Continuum Services
Client Handbook Orientation

SIGNATURE PAGE

I, _____,

have read this handbook and have had any questions

answered by a member my Centerstone Team.

I have filled out my information sheet and

know who I can contact if other questions arise.

Today's Date: _____

Witness: _____

MY INFORMATION SHEET

My Name: _____

Address Where I'm Living Now:

_____

_____

Phone Number: _____

Centerstone Worker's Name:_____

Phone Number :_____

E-mail: _____

Other Centerstone Team Member: _____

Phone Number :_____

DCS Worker's Name: _____

Phone Number :_____

Somebody I Trust: _____

Phone Number: _____

CENTERSTONE FCS WEB SITE: http://www.centerstonefcs.org

CENTERSTONE

CONTINUUM FAMILY CENTERED SERVICES

CLIENT GREIVANCE PROCEDURE

I, _____ (name) understand that I have the right to file a grievance in the event that I feel that I have been treated unjust. The grievance should be put in writing and given to the Family Centered Services Case Manager or Coordinator. I will receive a response in five days from the Family Centered Services Coordinator or Manager, and if I am unsatisfied with the action taken or response, I may appeal to Gino DeSalvatore, Director of Residential and Academy Services for resolution. If resolution cannot be reached in three days, a staffing will take place with my DCS worker for discussion. I may then make a placement appeal through the Department of Children's Services.

_____

Client Signature

_____

Date

_____

Case Manager

_____

Date

CENTERSTONE

CLIENT'S RIGHTS AND RESPONSIBILITIES

Youth have certain basic rights and responsibilities under the Family Centered Services policy. The program wants you to know and understand this policy.

PLEASE READ CAREFULLY

1. You have the right to treatment without regard to race, color, sex, age, religion, handicap or national origin.
2. You have the right to treatment in the setting which interferes the least with your personal freedom, while effectively and safely treating your diagnosed problems.
3. You have the right to know the credentials, qualifications, and professional experiences of those treating you. You also have the right to help plan your own service plan and be informed of your progress.
4. If medication is prescribed for you in your best therapeutic interest, you have the right to know the name(s) of the medication and any possible side effects.
5. You have a right to be treated with respect and dignity by all Centerstone personnel. All courtesies and considerations will be given to you.
6. You have the right to confidentiality. You should know that records are maintained about your treatment, both clinical and computer records. You have the right to have access to these records to correct inadequate information in them, or to note disagreement, while viewing them in the presence of your therapist and in accordance with Centerstone policy. The information in these records is treated with confidentiality and security. Your written permission will be secured to release information to third party payors, other agencies or individuals. We ask that others abide by our confidentiality requirements and request that information not be re-disclosed without your permission. However, the services are funded by federal, state and local agencies and these authorities reserve the right to review the agency's performance. In doing so, they may come in contact with your records, but they are bound by confidentiality requirements. Your privilege of confidentiality is also limited by law. In medical emergencies, suspected child abuse, threat to the lives of others, or by court order, disclosures may be made without your consent.
7. As part of your right to confidentiality, without written consent of you or your Guardian, you will not be asked to make public statements which acknowledge gratitude to the Center, be required to perform in public gatherings or have photographs of you used in publications.
8. You have the right to refuse to participate in or be interviewed for research purposes. If you choose to participate, you have the right to a full explanation of the purposes and uses of the information to be supplied, in writing.
9. You have the right to expect quality care, that treatment procedures are necessary and appropriate, and that they conform to the professional standards of the state and national mental health community.

CENTERSTONE

CLIENT'S RIGHTS AND RESPONSIBILITIES

10. Please know that along with your rights, you also have the responsibilities:
    1. To follow through on treatment plan recommendations to which you have agreed.
    2. To follow specific program procedures which will be fully explained to you.
    3. To respect the privacy and safety of others you may come in contact with.
    4. To provide honest and truthful information.
11. Any person who applies for or receives any benefit of services provided by Family Centered Services may file a complaint if they feel that they have had unfair or different treatment because of their race, color, sex, age, religion, handicap or national origin. Complaints may be filed with the Program Director, Gino DeSalvatore or your DCS Case Manager. If you are dissatisfied with your case manager's actions, you may request a meeting with his/her supervisor. If the written statement resulting from the meeting is not satisfactory, the client may request a meeting with Mr. DeSalvatore. If the client is still dissatisfied, he/she should appeal to their custody department for a final decision.
12. Any discipline must be determined on an individual basis and be related to the undesirable behavior. Such forms as the following types of punishment are prohibited under DCS Licensing standards: cruel and unusual punishment; assignment of excessive or inappropriate work; denial of meals, daily needs and program provided by the individual service plan; verbal abuse, ridicule or humiliation; denial of planned visits, telephone calls or mail contacts with family; permitting a child to punish another child; and chemical or mechanical restraints.

I have read or been read to the Client's Rights and Responsibilities Information:
(Please circle one)

Client Signature: _____

Case Manager Signature: _____

Date: _____

CENTERSTONE

CLOTHING INVENTORY

CLIENT:_____ DOA:_____

ADMISSION: ☐ TRANSFER OF PLACEMENT: ☐ DATE OF Transfer_____

ITEM	HAS? YES/NO	#	CONDITION	NEED? YES/NO	# NEEDED	SIZE
COAT						
JACKET						
DRESS SHOES						
ATHLETIC SHOES						
JEANS						
DRESS PANTS						
DRESS SHIRTS						
SWEATERS						
SWEAT SHIRT						
T-SHIRT						
SHORTS						
SCHOOL PANTS						
SCHOOL SHIRTS						
SOCKS						
UNDEARWARE						
LONG JOHNS						
PJ'S						
BATHROBE						
BELTS						
WINTER HAT						
GLOVES						
TIES						
ACCESSORIES						
OTHER						

Client Signature:_____Date:_____

Staff Signature:_____Date:_____

TN Department of Children's Services

Initial Intake, Placement and Well-Being Information and History

Child Name: _____ **Date of Birth:** _____ **Person ID:** _____

Initiated By: _____ **Title:** _____ **Date:** _____

Revised By: _____ **Title:** _____ **Date:** _____

Person Providing Information to DCS: _____ **Relationship to Child/Youth:** _____

Current Insurance Coverage: ☐ Yes ☐ No ☐ Unknown

If yes, provide details: _____

Child/Youth Information

Name of Child/Youth: _____ **Email Address:** _____ **SSN:** _____

Date of Birth: _____ **Hispanic:** ☐ Yes ☐ No **U.S. Citizen:** ☐ Yes ☐ No

Sex: _____ **Race:** _____ *Provide Birth Certificate Verification*

Is Child/Youth of Native American Descent? ☐ Yes ☐ No ☐ Unable to Determine **If yes, Tribal Affiliation:** _____

Child/Youth's Marital Status ☐ Never Married ☐ Divorced ☐ Widowed ☐ Married ☐ Separated

Has Youth been placed in out of home care prior to this custody episode? ☐ Yes ☐ No

If yes, please list dates and placements: _____

Current Description of the Child/Youth

Physical Description Date: _____ **Primary Language Spoken:** _____

Height: _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____

Identifying Marks or Tattoos: _____ **Religion:** _____

Special Needs/Disabilities: _____

Special Medical Equipment: _____

Scheduled Appointments:
(Date, Providers, Location, Type of Appt.)

Allergies: ☐ Yes ☐ No

Allergic to: **Medication:** _____ **Describe Reaction:** _____

Food: _____ **Describe reaction:** _____

Child Name: _____ **Date of Birth:** _____ **Person ID:** _____

Insect Sting: _____ **Describe Reaction:** _____

Other: _____ **Describe Reaction:** _____

Medical modified/Religious diet? ☐ Yes ☐ No

If yes, describe: _____

Medications: Prescribed and Over the Counter

Current medications

(Name, Route, Frequency, Dosage & Days of Meds Left)

Are medications given in school? ☐ Yes ☐ No

Which meds? _____

Consent signed for psychotropic meds: ☐ Yes ☐ No ☐ N/A **Next med appointment:** _____

Has Foster Parent received medication: ☐ Yes ☐ No

Explain: _____

Health History of Child *(Explain any items checked Now/Past in "Comments" Section.)*

No	Now	Past		No	Now	Past		No	Now	Past	
☐	☐	☐	Birth defects	☐	☐	☐	Gastrointestinal problems	☐	☐	☐	Asthma/Respiratory Disease
☐	☐	☐	Vision problems	☐	☐	☐	Kidney/urinary problems	☐	☐	☐	Heart murmur
☐	☐	☐	Hearing problems	☐	☐	☐	Cancer	☐	☐	☐	Heart problems
☐	☐	☐	Skin problems	☐	☐	☐	Tuberculosis *(TB)*	☐	☐	☐	High blood pressure
☐	☐	☐	Head injuries	☐	☐	☐	_____	☐	☐	☐	Physical disabilities
☐	☐	☐	Sickle cell disease	☐	☐	☐	Developmental delays	☐	☐	☐	Accidents *(Describe Below)*
☐	☐	☐	Anemia/blood disorder	☐	☐	☐	Learning disability	☐	☐	☐	Hospitalizations *(Describe Below)*
☐	☐	☐	Epilepsy/seizures	☐	☐	☐	Sleep problems	☐	☐	☐	Surgeries *(Describe Below)*
☐	☐	☐	Bedwetting	☐	☐	☐	Incontinence: _____	☐	☐	☐	Problems with anesthesia
☐	☐	☐	Diabetes	☐	☐	☐	Other medical *(Describe Below)*	☐	☐	☐	Other developmental disabilities

Child Name: _____ **Date of Birth:** _____ **Person ID:** _____

Child/Youth is currently hospitalized: ☐ Yes ☐ No

If yes, where and why:

Comments/Additional health information/ongoing health related services:

Childhood Illnesses

No	Yes	Approx. Date		No	Yes	Approx. Date	
☐	☐	_____	Measles	☐	☐	_____	Chicken Pox
☐	☐	_____	German	☐	☐	_____	Scarlet Fever
☐	☐	_____	Measles Mumps	☐	☐	_____	Rheumatic Fever

Trauma Screening

Indicate *known* history of abuse/adverse experiences. Explain any yes answers in "Comments" section.

No	Yes		No	Yes	
☐	☐	Neglect	☐	☐	Domestic Violence
☐	☐	Physical Assault / Abuse	☐	☐	School Violence
☐	☐	Sexual Assault / Abuse	☐	☐	Community Violence
☐	☐	Emotional Abuse	☐	☐	Extreme Interpersonal Violence
☐	☐	Traumatic loss / Separation	☐	☐	Natural Disaster
☐	☐	Extended Illness/Medical Trauma	☐	☐	Impaired Caregiver *(Substance Abuse/Mental Illness)*
☐	☐	Serious Injury	☐	☐	Other trauma, describe:

Child Name: _____ Date of Birth: _____ Person ID: _____

Has abuse been reported? ◯ Yes ◯ No *If no, call CPS 877-237-0026*

Comments/Additional health information:

Behavioral/Mental Health History

No	Now	Past		If yes, Describe:
☐	☐	☐	Intense anger	
☐	☐	☐	Oppositional	
☐	☐	☐	Negative Peer Association	
☐	☐	☐	Extreme Attention Seeking	
☐	☐	☐	Makes False Statements	
☐	☐	☐	School Difficulties	
☐	☐	☐	Damage of Property	
☐	☐	☐	Habitual Lying	
☐	☐	☐	Stool Smearing	

Child Name: _____ Date of Birth: _____ Person ID: _____

Behavioral/Mental Health History

No	Now	Past		If yes, Describe:
☐	☐	☐	Stealing	
☐	☐	☐	Runaway	
☐	☐	☐	Hoarding	
☐	☐	☐	Problems with concentration and attention	
☐	☐	☐	Excessive Hyperactivity/ does not respond to safety instructions	
☐	☐	☐	Requires Constant Supervision	
☐	☐	☐	Anxiety	
☐	☐	☐	Depression	
☐	☐	☐	Seeing or hearing things that aren't there	
☐	☐	☐	Fire-setting	

Child Name: _____ Date of Birth: _____ Person ID: _____

Behavioral/Mental Health History

No	Now	Past		If yes, Describe:
☐	☐	☐	Animal cruelty	
☐	☐	☐	Animal fear	
☐	☐	☐	Self-injurious behavior/Other Self Harm	
☐	☐	☐	Aggressive, dangerous or destructive behaviors	
☐	☐	☐	Sexual aggression	
☐	☐	☐	Had homicidal thoughts	
☐	☐	☐	Had suicidal thoughts	
☐	☐	☐	Attempted suicide	
☐	☐	☐	Had other mental health or behavioral problems	
☐	☐	☐	Other mental health diagnosis	

Child Name: _____ **Date of Birth:** _____ **Person ID:** _____

Has the Child/Youth received counseling or therapy? _____

If yes, where?

Has the Child/Youth had a Psychological Evaluation: _____

If yes, diagnosis, when, where?

Has the Child/Youth been hospitalized for mental health problems / acute hospitalization? _____

If yes, diagnosis, when, where?

Has the Child/Youth/Family received in-home services? _____

If yes, when, where?

Has the Child/Youth previously been placed in a residential treatment facility? _____

If yes, when, where?

Alcohol/Drug Abuse History

No	Now	Past	Frequency *(X per day/week/month)*		No	Now	Past	Frequency *(X per day/week/month)*	
☐	☐	☐	_____	Alcohol	☐	☐	☐	_____	Methamphetamine
☐	☐	☐	_____	Tobacco	☐	☐	☐	_____	Hallucinogens
☐	☐	☐	_____	Vapor/E-Cigarettes	☐	☐	☐	_____	Steroids
☐	☐	☐	_____	Marijuana	☐	☐	☐	_____	Huffing
☐	☐	☐	_____	Narcotics	☐	☐	☐	_____	Ecstasy
☐	☐	☐	_____	Stimulants	☐	☐	☐	_____	Street drugs, unknown
☐	☐	☐	_____	Prescription drugs prescribed for another, specify: _____					
☐	☐	☐	_____	Over-the-counter medication, specify: _____					
☐	☐	☐	_____	Other, specify: _____					

Child Name: _____ **Date of Birth:** _____ **Person ID:** _____

Has child been identified as high risk? ☐ Yes ☐ No

Has a Safety Plan been completed on child identified as high risk? ☐ Yes ☐ No

Birth History *(For all children)*

Birth Weight: _____ **Birth Length:** _____

☐ **Full term** ☐ **Premature birth** *(<36 weeks)* _____ Weeks

Did mother receive prenatal care: ☐ Yes ☐ No

Month of pregnancy for 1st prenatal visit: _____

Pregnancy/Birth Complications: _____

Was there prenatal substance abuse: ☐ Yes ☐ No

Substance and frequency: _____

Birth hospital and location: _____

Minor Female

Age of 1st period: _____ **Date of Last Period:** _____

Pregnancies #: _____ **Live Births #:** _____ **Full Term:** _____

Miscarriages #: _____ **Abortions #:** _____ **Premature** *(# weeks)* _____

Currently Pregnant: ☐ Yes ☐ No **If yes, Due Date:** _____

Gender and Sexual Identity

Does the Child/Youth identify him/herself as gay, lesbian, transgender, or intersex? ☐ Yes ☐ No

If yes, describe answer:

Child Name: _____ **Date of Birth:** _____ **Person ID:** _____

Sexual Activity

Is child sexually active? ☐ Yes ☐ No **Use birth control?** ☐ Yes ☐ No **Method:** _____

Dating Violence

Has Child/Youth experienced controlling, abusive or aggressive behavior in a dating relationship? ☐ Yes ☐ No

If yes, explain:

Medical

Does the Child/Youth have a regular medical provider? *(Pediatrician, family doctor, etc.)* ☐ Yes ☐ No

If yes, name of medical provider: _____ **Date of last visit:** _____

Immunizations

Are immunizations up-to-date: ☐ Yes ☐ No **Is the immunization record available?** ☐ Yes ☐ No

Religious/medical exemption? ☐ Yes ☐ No *(Parent/guardian must provide a notarized statement.)*

Dental

Does the Child/Youth have a regular dental provider? ☐ Yes ☐ No **Does the Child/Youth wear braces?** ☐ Yes ☐ No

If yes, name of dental provider: _____ **Date of last exam:** _____

If braces, name of orthodontist: _____ **Date of last exam:** _____

Vision

Does the Child/Youth wear glasses? ☐ Yes ☐ No **Does the Child/Youth wear contacts?** ☐ Yes ☐ No

If yes, name of vision provider: _____ **Date of last visit:** _____

This concludes the Well-Being Section

Child Name: _____ **Date of Birth:** _____ **Person ID:** _____

This information does not go to Health Care Provider

Education and Independent Living

Student graduated High school: ☐ Yes ☐ No ☐ GED ☐ HiSet ☐ Student Home Schooled

School Name: _____ **School City:** _____ **School County:** _____

Student's Age: _____ **Current Grade:** _____

Student receives special education services: ☐ Yes ☐ No

If yes, name the disability: _____

No	Yes	
☐	☐	Is the student taking GED classes?
☐	☐	Does the student have a history of skipping school?
☐	☐	Is the student in an alternative school?
☐	☐	Is the student serving a zero tolerance expulsion (drugs, weapons and/or assault)?
☐	☐	Is the student serving a suspension for issues other than zero tolerance?

If yes, what is the reason and duration of suspension?

_____

Student strengths & Areas needing Improvement *(Check all that apply.)*

_____ Mathematics

_____ Reading

_____ Athletics

_____ Attendance in school

_____ Other, specify: _____

_____ Other, specify: _____

Other things you would like to share regarding your student's schooling.

Child Name: _____ **Date of Birth:** _____ **Person ID:** _____

Presenting and Previous Court Actions on Youth *(Unruly/Delinquent Youth Only)*

Current Dispositional Information: _____

Disposition Judge: _____ **Special Judge:** _____

Current Disposition Court: _____

Current Disposition Decision: _____

Have you been or are you currently on probation? ☐ Yes ☐ No **If yes, where:** _____

Defense Attorney: _____

Current Adjudication Type: _____ **Current Adjudication Date:** _____

Adjudicated Charge Current and Previous	Date Occurred	Disposition Date	Disposition

Pending Charges	Court Date Set	Date *(If yes)*
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

Violation of Probation (VoP) or Violation of Valid Court Order (VVCO) *(Explain if applicable)*

Narrative

Child Name: _____ **Date of Birth:** _____ **Person ID:** _____

Legal/Probation Services Previously Offered to Child/Youth

Date	Type	Outcome

Safety *(Unruly/Delinquent Youth only)*

Maltreatment Allegations or Unruly Behaviors/Delinquency

Other *(Explain)*

Narrative

Strengths *(Signs of Safety)*

Risks, Needs and Concerns (Sign of Risk*)

Domestic Violence

Narrative

Strengths *(Signs of Safety)*

Risks, Needs and Concerns *(Sign of Risk*)*

**Signs of Risk include aggressive behavior, arson, cruelty to animals, gang involvement, etc.*

TN Department of Children's Services

Initial Intake, Placement and Well-Being Information and History

Child Name: _____ **Date of Birth:** _____ **Person ID:** _____

FSW Name: _____ **Contact Number:** _____

Office Address: _____

City: _____ **State:** _____ **Zip:** _____

Supervisor: _____ **Contact Number:** _____

_____ _____

DCS / Provider Staff *Date*

I acknowledge receipt of the Intake, Placement, and Well-Being Information and History. I further acknowledge my legal duty to maintain confidentiality of this information and history and any additional information I may receive pursuant to Tennessee Code Annotated §37-2-415, The Foster Parent Rights Act.

_____ _____

Foster Parent *Date*

_____ _____

Foster Parent *Date*

CENTERSTONE

AUTHORIZATION FOR RELEASE OF INFORMATION

Name _____ **DOB** _____ **Social Security #** _____

Client ID# _____

I hereby authorize the release of the following specific information: (Check all items)

YES	**NO**		
___	___	1.	Medical History, examinations, laboratory tests and treatment reports.
___	___	2.	Psychological test/psychiatric evaluation/neurological workup.
___	___	3.	Social history, including family, education, employment, arrest and drug use information.
___	___	4.	Summary of previous mental health treatment.
___	___	5.	Periodic reports of current treatment progress including attendance, participation and urine surveillance results.
___	___	6.	Other (Specify) _____

Treatment Dates to Release: ☐Any and All Records ☐Date Range: From:_____To:_____

From/To:_____
(Name & Address of Centerstone site)
From/To:_____

I understand that this information will be used for the following specific purposes: (Check Yes or No)

YES	**NO**		
___	___	1.	To develop a diagnosis, treatment and rehabilitation plan.
___	___	2.	To coordinate medical, psychological and social rehabilitative process.
___	___	3.	To determine present and future eligibility for probation, parole, bail bond, pre-trial release or other diversion process within the criminal justice system.
___	___	4.	To process insurance claims for services provided (diagnosis, number of visits, modalities, and expected length of treatment.)
___	___	5.	Other (Specify if yes is checked)_____

I understand that this information will not be disclosed to any other agency or individual without my written authorization, except as allowed by law. I also understand that my protected health information, which is disclosed with this release, may be subject to re-disclosure by the recipient and no longer protected by law. Centerstone is not responsible for any alterations made on its medical record copies, which have been released to any party.

I understand that I have a right to a copy of this authorization after I sign it.

I understand that Centerstone will not condition any provision of treatment on my signing this authorization.

This authorization automatically expires 1 year after the date that I sign it. I understand that this authorization may be revoked at any time with my written statement.

This authorization for **Release of Information** is given freely, voluntarily and without coercion.

_____ _____

Signature of Client **Date** **Witness** **Date**

Signature of person authorized to sign in lieu of client: _____

Guardian/Conservator **Date**

Revised: August 13, 2009

CENTERSTONE

AUTHORIZATION FOR RELEASE OF INFORMATION

Name _____ **DOB** _____ **Social Security #** _____

Client ID# _____

I hereby authorize the release of the following specific information: (Check all items)

YES	**NO**		
___	___	1.	Medical History, examinations, laboratory tests and treatment reports.
___	___	2.	Psychological test/psychiatric evaluation/neurological workup.
___	___	3.	Social history, including family, education, employment, arrest and drug use information.
___	___	4.	Summary of previous mental health treatment.
___	___	5.	Periodic reports of current treatment progress including attendance, participation and urine surveillance results.
___	___	6.	Other (Specify) _____

Treatment Dates to Release: ☐Any and All Records ☐Date Range: From:_____To:_____

From/To:_____
(Name & Address of Centerstone site)
From/To:_____

I understand that this information will be used for the following specific purposes: (Check Yes or No)

YES	**NO**		
___	___	1.	To develop a diagnosis, treatment and rehabilitation plan.
___	___	2.	To coordinate medical, psychological and social rehabilitative process.
___	___	3.	To determine present and future eligibility for probation, parole, bail bond, pre-trial release or other diversion process within the criminal justice system.
___	___	4.	To process insurance claims for services provided (diagnosis, number of visits, modalities, and expected length of treatment.)
___	___	5.	Other (Specify if yes is checked)_____

I understand that this information will not be disclosed to any other agency or individual without my written authorization, except as allowed by law. I also understand that my protected health information, which is disclosed with this release, may be subject to re-disclosure by the recipient and no longer protected by law. Centerstone is not responsible for any alterations made on its medical record copies, which have been released to any party.

I understand that I have a right to a copy of this authorization after I sign it.

I understand that Centerstone will not condition any provision of treatment on my signing this authorization.

This authorization automatically expires 1 year after the date that I sign it. I understand that this authorization may be revoked at any time with my written statement.

This authorization for **Release of Information** is given freely, voluntarily and without coercion.

_____ _____

Signature of Client **Date** **Witness** **Date**

Signature of person authorized to sign in lieu of client: _____

Guardian/Conservator **Date**

Revised: August 13, 2009

CENTERSTONE

AUTHORIZATION FOR RELEASE OF INFORMATION

Name _____ **DOB** _____ **Social Security #** _____

Client ID# _____

I hereby authorize the release of the following specific information: (Check all items)

YES	**NO**		
___	___	1.	Medical History, examinations, laboratory tests and treatment reports.
___	___	2.	Psychological test/psychiatric evaluation/neurological workup.
___	___	3.	Social history, including family, education, employment, arrest and drug use information.
___	___	4.	Summary of previous mental health treatment.
___	___	5.	Periodic reports of current treatment progress including attendance, participation and urine surveillance results.
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