

CHILD INTAKE & FAMILY CARE TEAM INFORMATION



Intake Date: _____ Date of Admission: _____

Child's Name (First, Mid, Last): _____

Gender Identity: M F Other (specify): _____

DOB: _____ Religious Preference (fill-in even if none): _____

Ethnicity (please indicate the best fit for the child's background, or provide description):

- White (non-Hispanic)
- Hispanic (if yes, please indicate): Mexican Puerto Rican Cuban Other: _____
- Black (non-Hispanic)
- Asian (if yes, please indicate): Southeast Asian East Indian Other: _____
- Native Hawaiian/Other Pacific Islander
- Native American
- Alaskan Native
- Other : _____
- Medicaid #: _____ Social Security #: _____

Other Insurance Coverage: Yes No If yes, please provide the following:

Insurance Provider: _____

Policy Holder: _____ Policy Number: _____

Social Security Number of Policy Holder: _____

FAMILY INFORMATION

Parent(s)/Guardian(s):			
Address(s) and Phone Numbers of Parent(s)/Guardian(s):			
Email:			
Sibling(s):	M/F	Age	Contact? (Y/N)

If legal custody/guardianship is someone other than a parent/adoptive parent, please indicate below:	
Name: _____ Position/Title: _____	
Relationship to the child: _____	
Organization: _____	
Contact information	
Address: _____	
Phone Number: Main _____ Alternative _____	
Email: _____	
Other: _____	

Child's Hobbies/Special Interests: _____

FAMILY CARE TEAM RESOURCES

System Involvement: Please indicate all individuals involved in the clients care coordination and indicate if they need to be invited to clinical meetings and/or receive monthly reports or incident reports

Name/Title	Contact Information (phone/cell/fax/email)	Meetings/Report Distribution?
Child Welfare/Caseworker Supervisor Case Manager		
Mental Health		
Other Funding Source (primary/secondary insurance, etc.)		
Developmental Disabilities		
Tribal Representative		

Name/Title	Contact Information (phone/cell/fax/email)	Meetings/Report Distribution?
School District Rep		
Juvenile Justice		
Other (CASA, Attorney, etc.)		

OTHER COMMUNITY RESOURCES & NATURAL SUPPORTS

(NOTE: Please indicate individuals you want to attend the family care team meetings.)

Individual	Role	Contact Information (phone/email)	Meetings?

CHILD'S SCHOOL STATUS UPON INITIAL INTAKE

Current School: _____ Current Grade: _____

School Address or Location: _____

School District: _____

Last School Attended: _____

School Address or Location: _____

School District: _____ Current IEP? Y N

Child's most recent teacher(s): _____

IEP Eligibility (If known/applicable): _____

CHILD'S MENTAL HEALTH/BEHAVIORAL STATUS

Child & Family Strengths: _____

JASPER MOUNTAIN DRESS CODE:

To ensure the safety, well-being, and positive treatment model used at Jasper Mountain, we have instituted the following dress code:

- Garments may not reflect violence, discrimination, horror, racism, drugs/drug paraphernalia, alcohol or alcohol brands/advertisements, gang symbols/colors, politics, anything of a sexual nature, offensive language/images, including (but not limited to) images of guns, blood and gore, curse words, or other harmful images or words.
- Tank tops must have a minimum 1" strap, no spaghetti straps.
- Shorts must meet the fingertip rule: shorts may not be shorter than the child's fingertips when arms are resting at the child's sides.
- Clothes must be well-fitting; not too tight, not too loose.
- Hats, ballcaps, backpacks, duffle bags, purses, etc. may not contain any of the prohibited language, symbols, or images mentioned above.
- Full-bottomed underwear, sports bras, full coverage bathing suits, as children will be active and will require active clothing.

I have read & acknowledge the above dress code policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Signature:	Today's Date:
Parent/Guardian Printed Name:	Today's Date:

HISTORY OF RESTRICTIVE BEHAVIORAL INTERVENTIONS

Does the child have a history of needing restrictive behavioral interventions such as being held for violent behavior? Yes No If yes, please answer the following:

How would you describe the child's current risk to self and to others?
What are the child's triggers that often result in problematic behavior and what signs indicate the child is likely to become violent?
What types of interventions have been successfully used in the past?
What has not worked in the past?
Does this child have any medical or psychological issues that need to be considered in behavior management interventions?

Please check the problematic behaviors which the child has exhibited:

Behavior		Comments
<input type="checkbox"/>	Violent/Aggressive	<input type="checkbox"/> Children <input type="checkbox"/> Adults <input type="checkbox"/> Animals
<input type="checkbox"/>	Biting	
<input type="checkbox"/>	Destroys Property	<input type="checkbox"/> Own <input type="checkbox"/> Others
<input type="checkbox"/>	Difficulty with Peers	
<input type="checkbox"/>	Encopresis	<input type="checkbox"/> Daytime <input type="checkbox"/> Nighttime <input type="checkbox"/> Smears
<input type="checkbox"/>	Enuresis	<input type="checkbox"/> Daytime <input type="checkbox"/> Nighttime
<input type="checkbox"/>	Fire setting	How many occasions?
<input type="checkbox"/>	Oppositional	
<input type="checkbox"/>	Hyperactive	
<input type="checkbox"/>	Lies excessively	
<input type="checkbox"/>	Runs Away	
<input type="checkbox"/>	Self-Mutilation	How?
<input type="checkbox"/>	Sexual Offending	
<input type="checkbox"/>	Sexually Reactive	
<input type="checkbox"/>	Steals excessively	
<input type="checkbox"/>	Controlling	
<input type="checkbox"/>	Distractible	
<input type="checkbox"/>	Attachment Problems	
<input type="checkbox"/>	Covert	
<input type="checkbox"/>	Manipulative	Unjustified accusations of abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Tantrums	How often/how long?
<input type="checkbox"/>	Nightmares	How often?
<input type="checkbox"/>	Depression	
<input type="checkbox"/>	Suicidal	Ideation <input type="checkbox"/> ActsWhen?
Additional Comments/Clarifications (as needed):		

PHONE CONTACT

Child's Name: _____

Therapist: _____

Date Effective: _____

ACCEPTABLE Unsupervised Phone Calls (Calls may be made or received at any time)	
Contact Name	Phone Numbers

RESTRICTED (Calls must be made/received in the presence of the child's therapist)	
Contact Name	Phone Numbers

NO CONTACT (Note: Therapist is also to document restrictions with additional form in file.)	
Name	Phone Numbers

RESTRICTED - Visits must be supervised by child's therapist or approved staff	
Name and Relationship to Child	Phone Numbers

NO CONTACT – No visits allowed	
Name and Relationship to Child	Phone Numbers

Signatures:

By signing this authorization as this child's legal guardian, I am approving the above visitation permissions and restrictions and am aware that any off-site visits for the child are contingent upon the program's assessment of the child's ability to be safe for said visit.

Legal Guardian: _____ **Date:** _____

Agency Representative: _____ **Date:** _____

RESIDENTIAL PROGRAMS

Authorization and Release to Participate

! This consent allows us to enroll your child in our residential treatment program and allows him or her to participate in program activities, including outdoor or strenuous activities. It includes a summary of financial responsibilities, and a summary of our client rights, confidentiality and grievance procedures.

Name of Child: _____ Date of Birth: _____

1. AUTHORIZATION

I understand that my child has been accepted into a residential treatment or evaluation program of Jasper Mountain (hereafter known as "Agency") and I represent that I have the authority to sign this authorization and release for my child to participate, because my child is a minor and I am the child's parent or legal guardian. I hereby give my consent for the above-named child to participate in the Agency's residential programs as follows:

- A. CARE I give my permission for my child to remain in the care of the assigned Agency residential program for the time period mutually agreed upon.
- B. RECREATION & ENRICHMENT ACTIVITIES I give my permission for my child to participate in activities in connection with my child's stay in residential treatment including recreational and outdoor activities. I understand that the addendum to this authorization is a separate release for my child to participate in physically active and enriched recreational opportunities. This release includes the purpose, benefits, potential risks, and precautions to be taken to provide these activities for a child. This goal as described is referred to as the "Prudent Parent Standard" in Oregon administrative rules. The Residential Program Director will be assigned the responsibility to encourage a variety of healthy and enriched activities for the child in care, as well as taking appropriate measures to ensure safety. I understand that if these activities are included in my child's service array, participation by my child in these activities is voluntary and alternatives will be offered.
- C. FEE-FOR-SERVICE COSTS I understand that the Agency will pursue the applicable State Medicaid Program for payment of services provided to my child. Upon request, a fee schedule is available to me, listing the costs for services. These costs may change from year to year, depending upon the current fee schedule. I understand that this schedule is always available to me, and that I will not be responsible to pay for any covered services. Jasper Mountain provides a wide variety of medical, educational and mental health services to the public. While engaged in services provided by Jasper Mountain please be aware that no staff are to offer or agree to provide services of any kind for a fee to your child or your family on a private basis outside of their role as a Jasper Mountain service provider. If this should come up or you have any questions in this area please speak to an agency representative. If you wish to discontinue working with Jasper Mountain and want to work with your therapist in a private practice setting, this must be discussed and approved by the executive director. This is done to clarify services within and outside our organization.

D. OUT-OF-AREA FAMILY VISITS Family visits are an essential component of a child's successful treatment. Each child will have a plan developed to maximize the benefit that can be obtained from opportunities to reintegrate into the family through visits. As the child's parent/guardian, I understand that I am responsible for the costs of the family to come to the program for visits, unless these costs are covered by the child's funding source. I also understand that visits requiring the child to travel out of the area, that are in the treatment plan and are designed for treatment purposes, will be a shared financial responsibility of the family (or the child's funding source) and Jasper Mountain. I understand that the family would be responsible for the travel costs of the child and Jasper Mountain would be responsible for the expenses of its staff related to a visit. If the family decides to have child visit out of the area for reasons that are not primarily treatment in nature (for example, to attend a wedding, go on a vacation, or other family preferences), the family will be responsible for all the travel costs required to facilitate the visit.

2. RELEASE OF LIABILITY

I recognize that there are risks inherent in my child's involvement in the Agency's programs, and in particular that there are risks associated with the recreational components. I understand that agency staff will be provided training in the "Prudent Parent Standard" and enriched activity array at Jasper Mountain so that they can effectively, therapeutically and safely plan for these activities for each child. Although all appropriate precautions will be implemented, I recognize that my child's participation in Agency programs could lead to my child sustaining accidental physical injuries. I hereby release Jasper Mountain, its agents and employees, from any and all liability in connection with accidental injury related to my child's participation in the Agency's programs.

3. CONFIDENTIALITY POLICIES

The Agency respects the confidentiality of all clients. In the interest of treatment plan coordination, we may need to exchange information with other agencies or individuals concerning your involvement in our program. These agencies or individuals include school personnel, the Oregon Department of Human Services (DHS), mental health agencies, medical personnel, previous and potential placement resources, and other Jasper Mountain programs. Such information will be limited to that which is necessary to coordinate treatment planning.

Your child's confidentiality will be maintained when/if referenced in another child's clinical record and each child's clinical record will be safeguarded in accordance with applicable Oregon Revised Statutes, Rules and federal law. Jasper Mountain is licensed and certified through the Oregon DHS and Oregon Health Authority regulatory bodies and is subject to program reviews which may include interviews of children by DHS or OHA representatives to ensure quality of services. By signing this authorization, you give permission for an interview with a DHS or OHA representative during a quality review as described.

Our confidentiality policies are fully described in the agency's Notice of Privacy Practices which you will receive upon your child's intake. Jasper Mountain is a mandated reporter of abuse for vulnerable populations, including children, and is responsible to report suspicion of abuse when it comes to our attention. Such situations are an exception to our usual confidentiality policies

and procedures, due to legal requirements. All described confidentiality policies and mandatory reporting requirements are available in our policies and procedures and can be reviewed by a parent or guardian at any time.

4. WORKING TOGETHER TO PROMOTE YOUR CHILD'S TREATMENT

Whether a parent or supportive adult in the life of a child in treatment at Jasper Mountain, we ask you to help us produce the positive changes that will help the child. Our philosophy is that the most effective treatment starts at Jasper Mountain and continues afterward for the long-term. Most children get better in our setting away from home, but children with positively engaged family members get better even faster and maintain the improvement when they return home. We have learned over the years how families can best support a child in treatment with us. To best help your child, there are some things we will do and things we ask that you do.

We will:

- A. Provide you with information, reports, and recommendations designed to help you understand our treatment process and how you can help play an important role.
- B. Offer ideas and suggestions designed to increase the amount of success you have with your child.
- C. Involve you in the treatment of your child through activities such as weekly family therapy, phone calls, emails, and monthly team meetings. We can inform you of any containment holds or other significant events. You will be informed of and invited to attend school plays and special events.
- D. Offer to you the use of an on-site apartment, when it is available, at no cost in which to stay for scheduled visits.

We will ask you to:

- A. Let us know that you agree with the placement and are hopeful that our program can help your child.
- B. Acknowledge that Jasper Mountain has a proven track record of helping children and their families and that you want our help for you and your child.
- C. Agree to consider our ideas and suggestions and, as often as possible, use the suggestions so your child learns that the adults are working together.
- D. Agree to provide Jasper Mountain any requested information on your child's medical, treatment, and school history.
- E. Agree to participate either by telephone, webcam (Skype), or in person in weekly family therapy when this is in the treatment plan.
- F. Agree not to come to the program, contact your child, or engage in therapy when you are under the influence of substances that would impair your ability to interact with your child.
- G. Agree to do your best to practice new skills and new ways of looking at things that are suggested by the therapist, to keep an open mind, to be open to making changes in yourself and your family while your child is making changes.
- H. Agree to do your best to practice new skills and new ways of looking at things that are suggested by the therapist, to keep an open mind, to be open to making changes in yourself and your family while your child is making changes.

5. CLIENT RIGHTS & RESTRICTIONS ON RIGHTS

The Agency has established client rights policies, and provides them all consumers upon intake in Jasper Mountain Client Rights Packet. I understand that Jasper Mountain's client rights policies will be provided to me in the following materials: Jasper Mountain Client Rights Packet, Jasper Mountain Notice of Privacy Practices, and any appropriate CCO Client Rights Summary. I understand that all agency policies & procedures pertaining to my child's services are available to me (the guardian) or my child upon my request. I understand that should I have a concern that is not able to be resolved, the procedure for filing a grievance is provided in the provided Client Rights Packet noted above. I understand that if I have any questions regarding these materials, I am welcome to inquire further, and that the following restrictions on rights may apply to my child's participation in the program in order to promote the necessary treatment environment:

- A. COMMUNICATION** Children have the right to contact parents, guardians, or advocates such as lawyers or OAC representatives, for important communications. Other conversations are also permitted at a reasonable frequency, based on factors such as the child's ability to demonstrate safe and cooperative behavior, and the amount of such communication that is in his/her best interest. There also may be times when it is in the best interest of the child not to have contact by phone, mail or in person with individuals identified by the child's caseworker or family. Decisions about these limits are not made by the program, but by the child's family care team. Any restrictions will be explained and documented.
- B. CLOTHING/HYGIENE** The program has standards of clothing and hygiene designed to have children look and feel positive about themselves. Clothes are to be neat, without stains and holes and without symbolizing violent or inappropriate messages.
- C. MUSIC/AUDIO-VISUALS** Music and DVD/videos are screened to eliminate themes not appropriate for traumatized children.
- D. VIOLENT PRODUCTS** Any game or item that promotes or encourages violence is not allowed in the program.
- E. ROOM & PERSONAL SEARCHES** If the program has a concern that a child may have acquired an item noted or any other illegal, unsafe or other harmful items (lighters, knives, sharp objects), the program staff is to ensure safety for everyone by searching for such an item as needed, and removing the item from the child's possession (such items will be offered to the legal guardian). If illegal items are discovered, the program will also contact law enforcement as required by law. Jasper Mountain prohibits strip searches, body cavity searches, and strives to use minimally invasive search methods, such as pat-downs and pocket checks, only when necessary to discourage the introduction of contraband. All searches are conducted by a trained staff member of the same sex as the child in care.
- F. PHYSICAL WELLNESS CHECK** Your child may have a physical wellness check performed upon entry into the program. The wellness check is conducted to document any current or preexisting physical marks on a child, including bruises, scrapes, cuts and scars. The physical wellness check is conducted by two staff at the same time and with general sensitivity (males do not check females). Children are never full unclothed (keep underwear and bra on) and can decline the search.

6. GRIEVANCE POLICY

If a consumer (Child, adult, or family member) is in any way unhappy with the services provided by Jasper Mountain, the consumer should be encouraged to file a grievance with the organization. A grievance may be filed by alerting the assigned therapist, the program director, anyone on the management team, the board of directors, or directly with the executive director.

A grievance can be filed in person, by phone, email, or a letter. Jasper Mountain will make every attempt to resolve the grievance in a fair and expeditious manner, however if the grievance involves the health, safety, or well-being of a child, the consumer can alert Jasper Mountain that this process should be expedited. Jasper Mountain will attempt to resolve grievances within five days of a grievance being filed, and within 24 hours of an expedited grievance. Should a grievance need to be sent to the Board of Directors for resolution, consumers should expect a written response within 30 calendar days of the board receiving the written grievance.

If the grievance is filed against the executive director, the grievance will be forwarded directly to the board of directors for investigation and determination.

To file a grievance by phone: 541-747-4235.

To file a grievance by email: contact@jaspermountain.org

To file a grievance by mail: Jasper Mountain

Attn: Operations Manager

37875 Jasper Lowell Rd. Jasper, OR 97438

If a staff member is the recipient of any grievance, verbal or written, the staff member will immediately give the grievance to the program director to attempt to resolve the grievance. At no time shall Jasper Mountain, or any employee of Jasper Mountain intimidate, harass, or otherwise retaliate against a consumer who files a grievance. If Jasper Mountain suspects any employee has engaged in any form of harassment or retaliation against a consumer who either indicates a desire to file a grievance, or has filed a grievance, Jasper Mountain will initiate an internal investigation into any alleged incidents. If the alleged harassment or retaliation is founded, any employees involved will face disciplinary action in the form of the termination of their employment with Jasper Mountain.

Additional Resources for filing a Grievance: Consumers also have the right to take their grievance to following state agencies:

- Department of Human Services - 503-945-5600. 500 Summer Street NE, E-15 Salem, OR 97301
- Department of Education - 503-947-5600. 255 Capitol St. NE Salem, OR 97310
- Behavioral Health Services of Oregon - 503-947-2340. 500 Summer Street, NE, E-20 Salem, OR 97301
- Disability Services of Oregon - 1-800-452-1694. 620 SW Fifth Ave. #500, Portland, OR 97204
- Mary Torres - Department of Human Services, Licensing - 503-798-5300, mary.torres@dhsosha.state.or.us

7. AUTHORIZATION & RELEASE

My signature indicates I have read and understand the above policies which will be used during the treatment of my child and my family. It further provides permission for the Agency to provide treatment as outlined in the organization's policies and procedures and I understand that I can receive a written copy of any agency policy or procedure that I request. I am aware that I can withdraw this consent at any time.

Name of Parent/Guardian (Print): _____

Relationship to Child: _____

Signature of Parent/Guardian: _____ Date: _____

ADDENDUM: Consent for Physically Active & Enrichment Activities

Name of Child: _____ Date of Birth: _____

1. PURPOSE

Recreational activities are designed to teach children the basic socialization skills through experiential learning in a recreational setting. Activities have been carefully selected with a focus on skills such as confidence building, problem solving, decision-making, communication, conflict resolution, relationship building, moral reasoning, time management, and recreation and leisure. Activities will be suited to the age, skill and ability of my child. No activities are designed to cause physical discomfort or to intentionally cause emotional distress. I understand that if I withhold permission or if my child does not voluntarily decide to participate, alternative activities will be offered and the lack of permission will not affect whether my child can receive treatment in the program.

2. BENEFITS

Program activities are chosen for their value in reaching the purposes described above. There are many potential benefits for your child in learning skills, finding ability previously unknown, learning teamwork, learning endurance and the ability to not give up, and learning to do physically challenging tasks. It is not always clinical services that most affect children, it can often be healing that occurs when the child is learning new skills and abilities and having fun at the same time.

3. TYPES OF ACTIVITIES AND POTENTIAL RISKS

Every effort is taken to ensure that activities are fundamentally safe and conducted in a manner to minimize risks. However, not all risks can be eliminated. There is always a possibility of physical injury and/or emotional discomfort. The following are examples of outdoor and strenuous activities that may be offered to your child. (Note: Not all Jasper Mountain programs offer the full array of activities listed below, but in anticipation that your child may be involved in a variety of physically active recreational activities, please respond as indicated).

Please cross out and initial any activities for which you do NOT give your permission:

Hiking: Easy and medium hikes of 1 to 7 miles with less than 1,000 ft. elevation. Participating children are in good physical condition with proper footwear and clothing and are an age and developmental level to gain from the experience.

Swimming: Closely monitored recreational swimming for the purpose of enjoyment and skill building. Participating children are in good physical condition and are kept within their ability level with close supervision by staff who are experienced swimmers.

Jogging: Recreational jogging that includes some running and walking for periods of thirty minutes or less at a pace appropriate to the age and skill level of the child. Participating children are in good physical condition with proper footwear and have instruction and monitoring by staff experienced in jogging.

Physical Work: Physical work projects around the program that include cleaning, light digging, carrying and work around the ranch. Work is to be closely supervised by staff with an emphasis on safety, risk free skill building and exercise. Participating children are in good physical condition with proper tools, instruction and very close supervision.

Camping: Non-strenuous recreational camping in family tents at the beach and lake. Participating children are in good physical condition with close supervision by staff experienced in camping.

Horseback Riding: Corral or short trail rides with adult support appropriate for the child's age and skill level. Participating children are in good physical condition with approved animals that are known to be safe for very young children.

Athletic and Sports Activities: Basketball, baseball, soccer, the program "Olympics," trampoline, archery, obstacle course, playground or organized group games, biking/BMX track, and other sporting events. The activity is to be designed for the age and ability of each child.

4. PRECAUTIONS

The agency is committed to minimizing any risk for the children involved in activities. All direct service staff have first-aid and CPR certification. Staff are trained in the agency policies and the Activity Safety Manual, which will be provided for inspection upon request. Examples of precautions taken to reduce any risk are: very close supervision, written guidelines for each activity, procedures on emergencies, evaluating appropriate weather conditions and many other precautions.

Before any activity including the above, children are screened for their fitness for the activity. Activity leaders receive current information related to any behavior that is a threat to self or others and medical and psychiatric information. Fitness for an activity is determined by considering both the child's physical health and his/her recent behavioral patterns, with the goal of having children participate who can do so safely, with maximum benefit.

5. AUTHORIZATION

I hereby give my permission for my child to participate in activities in connection with my child's enrollment in Jasper Mountain's programs, including recreational and outdoor activities. This consent allows for occasional interactions persons visiting from outside the agency which may come to assist in providing enriched curriculum or activities, and I understand that all precautions will be taken by the agency to ensure safety for all children during such activities, consistent with the reasonable and prudent parent standard. My signature indicates I have read and understand the above information concerning activities in agency programs and my understanding that I can ask to restrict my child's exposure to such activities. Such requests will be reviewed by the appropriate program manager and/or child's assigned therapist for consistency with my child's treatment needs. I am providing my permission for Jasper Mountain to include my child in program activities unless I have indicated otherwise above. I understand this permission is voluntary as is my child's participation and my decision will not influence whether my child can receive other treatment with the agency.

Name of Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____ Date: _____

CONSENT FOR TREATMENT

! This consent allows us to provide treatment to your child, including the as-needed use of special treatment procedures such as physically containing a child who is being unsafe to self or others.

Name of Child: _____ Date of Birth: _____

This document is to be signed by the legal guardian and/or parent for the child listed above and is meant to provide the expressed written consent for the psychiatric and psychological residential treatment and associated special treatment procedures that are offered by Jasper Mountain, through the residential programs at Jasper Mountain Center or the SAFE Center. I acknowledge that the following information was explained to me upon the above named child's intake into a Jasper Mountain residential program:

- **Treatment Approach.** Active treatment and other interventions to be undertaken may include: recreational therapy, individual, group, and family therapy, role plays, drama, evaluation, medications, art and other projective therapy, and milieu behavioral therapy.
- **Alternatives.** Alternative treatments or interventions available, if any: if the child can be treated in a less restrictive setting such as outpatient, day treatment or treatment foster care, these alternatives should be pursued first.
- **Length of Treatment.** Projected time to complete the treatment process: length of stay in the program ranges from one to twenty-four months. Based on current anticipated needs, length of treatment for the above named child is estimated to be _____ months.
- **Progress Measures.** Indicators by which progress will be measured: improvement in the issues identified in the initial plan of care, as well as the measurable objectives in the treatment plan, will be used to measure progress.
- **Benefits.** Benefits which can reasonably be expected: reduced problem behavior(s) and improved self-esteem, social skills, emotional control, and/or increased ability to express needs and wants to others.
- **Risks.** Potential risks of treatment: this child's behaviors could get worse before getting better, discussions of topics that are emotionally difficult for you or the child, no improvement of behavioral or emotional issues for the child and his or her relationship with the family, and/or a need for further treatment in another setting.
- **Prognosis of Treatment:** Excellent: _____ Good: _____ Fair: _____ Unknown: _____
- **Discharge.** Discharge plan, anticipated discharge date, & procedure for discharge: The anticipated discharge placement is: _____, the approximate date is: _____. The discharge process will be developed between your therapist, yourself & your family care team, and it will include your agreement &

signature.

- **Medications and Right to Refuse.** As the child's guardian and/or parent, I have the authority and legal right to refuse treatment services for the above child, including treatment services generally accepted, such as medication. The consequences of refusing the services outlined by this agency in the child's treatment plan will be verbally and in writing explained to me at the time of refusal of services, in the event a refusal occurs. I am aware that a refusal of services for treatment will be documented in the child's clinical record.
- **Behavior Management.** I have been provided an explanation of the behavior management policy of the agency and I authorize the Agency to use the special treatment procedures within the policies of the agency and the State regulating authority including:
 - Within the limits of the policy, removing the child from the milieu and other children if he or she becomes a danger to self or others.
 - Implementing therapeutic holds as outlined in the policy to contain the child when required to maintain the safety of the child and others around the child.
- **Notification of Holds.** As the child's legal guardian, I will be notified as soon as possible when the above named child has had a therapeutic hold.

My signature reflects that I freely authorize Jasper Mountain to admit my child and use the general and specific treatments that have been explained to me. I acknowledge the potential risks and benefits of treatment. I also acknowledge that I have discussed and agreed with the information about the agency residential programs and the proposed treatment outlined for my child. I am aware that I can withdraw this consent at any time, but my consent is necessary for the treatment of my child.

Guardian/Parent Name (Please Print): _____

Signature: _____ **Date:** _____

Agency QMHP Name (Please Print): _____

Signature: _____ **Date:** _____

This release pertains to communication using non-secure modes, regarding the below named client of Jasper Mountain:

Child: _____ **Date of Birth:** _____

It is currently recognized that internet-based communication such as Skype and telephone communications are non-secure modes of communication, in that there is the remote possibility for conversations that take place over such mediums to be overheard by an outside party. Given that this is possible, family members who are going to have conversations with their child's therapist or other agency staff regarding the treatment of their child in one of our programs need to be aware of this fact.

We ask that family members acknowledge their awareness of this issue and grant permission, if they so choose, to use Skype (web-cam) communication, or telephone line communications with this agency to discuss issues related to the child's treatment in any of our Jasper Mountain programs.

Acknowledgement

By signing below, I acknowledge awareness of the above-stated issue, and agree to the use of telephone or internet-based communications for the purpose of my child's treatment in any of the programs within the Jasper Mountain agency.

Name of Parent/Guardian (Please Print): _____

Relationship to Child: _____

Signed: _____ **Date:** _____

PRIVACY PRACTICES ACKNOWLEDGMENT & CONSENT

! This statement acknowledges that you have received our "Notice of Privacy Practices" and that you are willing to have us communicate information about your child's case as described in that Notice.

I understand that in providing treatment for my child (or the child I am authorized to represent) named below, Jasper Mountain will use and disclose my child's health information.

Child: _____ **Date of Birth:** _____

I understand that the above-named child's health information may include information both created and received by the agency, may be in the form of written or electronic records or spoken words, and may include information about family & health history, health status, test results, diagnoses, treatments, prescriptions and similar types of health-related information. I understand that Jasper Mountain may use and disclose health information for treatment, payment or health care operations, including the following kinds of uses:

- make decisions about and plan for my child's care and treatment;
- refer to, consult with, coordinate among and manage along with other health care providers for my child's care and treatment;
- determine eligibility for health plan claims and other related information to insurance companies or others who may be responsible to pay for some or all of my child's health care
- and perform various office, administrative and business functions that support Jasper Mountain's efforts to provide my child with, arrange for, and be reimbursed for, quality health care.

I also understand that I have the right to receive and review a written description of how Jasper Mountain will handle health information about the above named child. This written description is known as a Notice of Privacy Practices and describes the uses and disclosures of health information made and the information practices followed by the personnel of Jasper Mountain, and rights regarding my child's health information.

I understand that the Notice of Privacy Practices may be revised from time to time, and that I am entitled to receive a copy of any revised Notice of Privacy Practices. I also understand that a copy of the most current version of Jasper Mountain's Notice of Privacy Practices in effect will be posted in the waiting/reception areas of the agency. It is also available on the agency's website: www.jaspermountain.org.

I understand that I have the right to ask that some or all of my child's health information not be used or disclosed in the manner described in the Notice of Privacy Practices, and I understand that Jasper Mountain is not required by law to agree to such requests. By signing below, I agree that I have reviewed and understand the information above and that I have received a copy of the Notice of Privacy Practices.

Name of Parent/Guardian (Please Print)

Relationship to Child (*Granting Authority to Sign*)

Parent/Guardian Signature

Date

**Jasper Mountain
RECEIPT OF RIGHTS & PROCEDURES**

! This form documents that you have been given a copy of our client rights, privacy policies and a description of our agency's approach to treatment and behavior management as listed below.

Child: _____ **Date of Birth:** _____

By initialing and signing below, I acknowledge that I have received the following materials regarding client rights, privacy protections, and agency practices:

_____ **Jasper Mountain Philosophy Statement & Approach to Treatment:** This statement describes the agency's core values and approach to treatment for children and families.

_____ **Jasper Mountain Client Rights Packet:** A description of Jasper Mountain's policies regarding client rights as well as the policies and procedures for filing a grievance and contact information for state protection and advocacy groups.

_____ **Jasper Mountain Notice of Privacy Practices:** This statement is a summary of the agency's policies and practices regarding confidentiality of client information.

_____ **Child Management & Discipline: Jasper Mountain's Approach & Policies:** A description of the agency's approach, and the policies and procedures regarding behavior management and interventions with child clients in the agency's programs, including contact information for state protection and advocacy groups.

_____ **Oregon Health Plan (OHP) Client Rights:** A description of rights for clients who are also Oregon Health Plan Members.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____