

Service Agreement

Please initial each line below and sign at the bottom of the page:

___ I/we consent to allow Raleigh-Cary Jewish Family Services to provide therapy and counseling services for _____

___ I/We will participate in developing a service plan, which will identify goal to work toward, time frames and methods to achieve these goals.

___ JFS services have been described to me/us

___ All fees or costs have been explained to me/us (if applicable)

___ HIPAA and the Notice of Privacy Practices is a federal law which provides important privacy protection and explains your rights with regard to the release of any protected health information. I may receive a copy of my notice of privacy rights and have option to review it.

___ In case of an emergency, I grant permission for JFS and their representatives to call 911 on my behalf. If receiving services in the home, I understand that I will post in my home (a JFS Emergency Medical Record can be made available) a list of my current medications

___ I grant permission for JFS, and their representatives, to communicate with me via email as indicated below. I understand that email communication to or from JFS may include sensitive information. I understand that JFS does not use encryption software nor will it guarantee that email communication is HIPAA compliant. I confirm that the email address that I have given is a private email and I release JFS from any responsibility for access to my private email by any person not authorized by me.

By signing below, I certify that I have answered the questions above honestly and accurately.

Signature of JFS client/guardian _____ Date _____

Signature of JFS client/guardian _____ Date _____