



Client On-Boarding Acknowledgment

Demographic Information

Client Name:	Date of Birth:

Consent to Treatment/Assessment

Client provides consent for treatment and assessment for services. Client agrees to be available for all scheduled assessments and session times. Client will provide appropriate notice to reschedule services within 24 hours or service time.

Confidentiality Policy

Client records and information is confidential. Records are only released with permission, for billing purposes and care coordination. Any request for records must be received with signed information releases. Nu Directions is required by law to report any incidents of alleged exploitation, neglect or abuse, as well as suicidal or homicidal ideations.

Crisis and Emergency Contact Information

For thoughts of suicide or harming others, please contact the suicide hotline: 1-800-273-8255 or dial 911. Clients are able to contact their Qualified Mental Health Professional (QMHP) for crisis situation or contact the office directly.

Authorization to Transport

Client agrees to transportation during the time services are provided by Nu Directions Staff and contractors. Client gives permission to be transported to and from activities and releases Nu Directions from any and all liability resulting from an incident or accident due to transport.

Appropriate Conduct During the Provision of Services

Clients must provide an environment appropriate to receive services. The following conduct is prohibited during the provision of services:

- ❖ Smoking
- ❖ Consumption of Alcoholic Beverages and illegal substances
- ❖ Weapons of any kind/type
- ❖ Solicitation of any kind/type
- ❖ Failure to maintain appropriate attire



Freedom of Choice

Clients have the Freedom of Choice to select providers, centers and facilities available through their applicable Insurance Network. Clients must notify prior providers of their decision to obtain new providers. By signing this documentation, the client has selected Nu Directions as their provider of choice.

Human Rights Information

As a client receiving services, clients have the right to retain all of their entitled rights:

- ❖ To be treated with dignity and respect
- ❖ To be told about my treatment
- ❖ To have a say in my treatment
- ❖ To speak to others in private
- ❖ To have my complaints resolved
- ❖ To say what I prefer
- ❖ To have my records kept confidential
- ❖ To ask questions and be told about my rights
- ❖ To get help with understanding my rights

Clients are provided a list of their rights and if any client feels their rights have been violated, they can contact the Nu Directions Human Rights Advocate as listed in the Orientation Handbook.

HIPPA Notification & Review

HIPPA permits Nu Directions to disclose to other health providers any protected health information (PHI) contained in the medical file about the client for treatment, case management, coordination of care, billing and as needed to perform care coordination. Clients have the right to obtain a copy of their records.

Recommendations & Care Coordination

Nu Directions will work with clients to achieve goals and address symptoms of diagnosis. Nu Directions will make recommendations for service and care coordination to include (but not limited to): Medication management, annual exams, dental exams, case management, evaluations, assessment and outpatient therapy. Services are person-centered and recommendations vary based on individual needs.

Nu Direction staff will also connect clients to needed resources as needed.



New Client On-Boarding Checklist

In accordance to program and licensing guidelines, the following has been reviewed with the client:

- ❖ The Mission of Nu Directions
- ❖ Service confidentiality practices and protections for clients receiving services
- ❖ Human rights policies, protections and instructions on how to report violations
- ❖ Opportunities for participation in services and discharge planning
- ❖ Emergency preparedness procedures
- ❖ Compliant and/or concerns process
- ❖ Service guidelines including criteria for admission to, discharge or transfer from services
- ❖ Hours and days of operation
- ❖ Availability of after-hours service
- ❖ Charges and fees due from the individual
- ❖ HIPPA Notice of Privacy Practices

On-Boarding Acknowledgment

By signing below, I confirm the above on-boarding information has been reviewed with me and I have received the Client On-boarding Handbook.

Signatures

Client Signature	Date
Staff Signature	Date