



**Welcome to HopeNet.** We value this opportunity to begin working with you and/or your family. As we begin this process, we desire that you have an opportunity to clearly understand what you may expect from the volunteers, personnel and providers at HopeNet who fill various roles such as advocates, interns, therapists, case managers, coaches, therapists and administrative personnel hereby called “HopeNet staff”. Please review this *Informed Consent*. We are confident that it will clarify many aspects of our services and your future relationship with HopeNet.

## **CLIENT INFORMED CONSENT**

**Professional Relationship:** Unless otherwise noted on your service agreement, typically counseling sessions meet weekly and coaching sessions meet bi-weekly for a 60-minutes. Although our sessions may be emotionally intimate, the professional relationship is not social in nature. Our contact will be limited to our scheduled appointments, except in the case of an urgent situation when we encourage you to contact us for intervention.

**Emergency Services:** If you find yourself in a life threatening situation, please call 911 immediately. For urgent situations that are **not** life threatening, please call the emergency number that is given to you during your initial appointment.

**Effects of HopeNet’s Services:** While positive benefits are expected from our services, specific results are not guaranteed. The work you will do here involves personal exploration and may lead to major changes in your perspective and life decisions. These changes may affect significant relationships, employments, and your understanding of yourself. Some of these changes could be temporarily distressing. However, please know that together you and our staff will work towards the best possible results for you.

**Grievance Procedure:** In the event you should have a concern regarding the services you are receiving from HopeNet, we ask that you immediately address your questions and/or concerns with the person you are working with. If satisfactory resolution of your concerns is not achieved through dialogue, we encourage you to contact the Program Director for assistance with resolution. In the event you have unresolved concerns about the services you are reviewing from the Program Director, you may contact the Executive Director.

**Referrals:** Should you or the HopeNet staff with whom you are working believe that a referral is needed, you will be provided resources that may be able to assist you in achieving your goals. These resources may be in addition to HopeNet services or as an alternative to the services you are currently receiving. You and the HopeNet staff may work together to contact the referral, but follow-through with the resource is ultimately your decision.

**Records:** All of the communications and contact that occur with the HopeNet staff becomes part of the HopeNet record. Your records can only be released with a written authorization from you. The exception is when release of information is authorized as provided in this Consent. Adult records are disposed of five (5) years after the file is closed. Minor client records are disposed of two (2) years after the client’s 18<sup>th</sup> birthday.

**Confidentiality:** Please note the HopeNet staff operates as a collaborative team in order to provide you with the best possible care. The least amount of information regarding services you are receiving will be shared among this staff on an as needed basis for the sole purpose of providing you with quality services. In the event material goods are available from HopeNet, some information may need to be shared with the team to better meet your needs. All aspects of the services you receive from HopeNet are confidential. This information will not be released to any individual outside HopeNet except as provided in this Consent.

In addition, we ask that you respect other HopeNet clients' right to confidentiality and observe the privacy practices of HopeNet for others.

Please be aware, that **limitations** and **exceptions** to confidentiality exist when:

- 1) You direct HopeNet staff to disclose information by your written authorization.
- 2) You allow HopeNet staff to use your records for purposes of supervision and/or professional development by your written authorization.
- 3) You allow HopeNet staff to use certain details of your situation in our media productions.
- 4) HopeNet staff is court-ordered to release information. A subpoena is not sufficient cause to release information.
- 5) HopeNet staff is otherwise required by law to release information.

The staff at HopeNet values your right to privacy. Included in this value is our pledge to acknowledge you in public *only* if you first approach us. We hope that our commitment will facilitate an environment of physical, psychological and spiritual safety while you work with us in pursuit of your healing and personal growth.

**Mandated Reporting:** *All HopeNet staff are mandated reporters.* This means, that although you have the right to privacy and confidentiality, HopeNet staff are required by law to contact the appropriate officials if:

- 1) HopeNet staff determines that you are a danger to yourself or someone else. (This may include appropriate measures to prevent self-harm and/or a request for emergency assistance transportation to a psychiatric facility.)
- 2) You disclose or HopeNet staff suspect, receive report(s) of or have proof of abuse, neglect, or exploitation of a child, elderly or disabled person.
- 3) You disclose &/or HopeNet has information that you &/or household members have been exposed to or are carriers of any reportable infectious or contagious diseases or other health conditions. (See K.A.R. 28-1-1 through 28-1-18)

**Rights of Refusal:** Both clients and HopeNet staff have *Rights of Refusal*. This means that at any time during your relationship with us you may assert your right to refuse staff recommendations you view as contradictory to your values or best interest. It also means that HopeNet staff may exercise the *right to refuse* continuing service when our services and our professional relationship appears to be at a stalemate or ineffective in assisting you to meet your goals. It is anticipated, however, that both clients and staff will engage in discussion to address concerns if at any time this right becomes an issue.

**CLIENT INFORMED CONSENT**  
**SIGNATURE OF ACCEPTANCE**

*The signatures below are verification service specifications from HopeNet have been clearly presented and accepted as stated on the CLIENT INFORMED CONSENT. Opportunity for questions and discussion have been presented and clarified and the client has received satisfactory answers. A copy of the CLIENT INFORMED CONSENT has been received by the client.*

**CLIENT'S SIGNATURE**

The client signature on this document verifies specifications have been read, discussed and clarified. Any and all questions regarding service specifications have been clarified by the HopeNet staff and client has received satisfactory answers to those questions.

I hereby consent to receive services from HopeNet, Inc.:

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Client Signature	Print Client Name	Date
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Guardian Name	Print Guardian Name	Date
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**HOPENET SIGNATURE**

The HopeNet staff signature below serves as verification of client's signature. The staff representative from program indicated has explained scope of service to be provided and his/her signature verifies staff commitment to uphold the specifications of service provision contained herein.

I hereby verify I have clarified HopeNet program services and commit to uphold the specifications of such services:

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HopeNet Staff Signature	Print Staff Name	Date
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