



Consumer Name: \_\_\_\_\_

D/O/B: \_\_\_\_\_

## Turning Point Information and Procedures

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**Please read each section for agreement and compliance:**

**1. Consent to Assessment/Treatment:** I understand I am voluntarily entering into services with Turning Point Interventions (TPI) and agree to fully participate in those services as scheduled. I agree to be available for all scheduled appointments and contact my Community Support Specialist within 24 hours if I need to change or cancel a meeting. I also understand that I will be included in the development of my treatment plan and the treatment process in working toward my goals to improve overall functioning and awareness. This could include a need for reassessing the frequency or need for sessions. I understand I may revoke this agreement at any time.

**2. Crisis Policy:** If at any point you have thoughts of suicide or harming others please call the suicide hotline (1-800-273-8255) or 911. If you feel you are in crisis, please contact us at 800 AM-500 PM Monday-Friday at 434-630-8494. If it is after hours, a weekend and/or holiday, please call 911 or go to your nearest emergency room.

**3. Confidentiality:** All information will remain confidential UNLESS written permission is obtained from you to release specific information OR a Staff Member determines you are at risk of harm to yourself or someone else. When at all possible this will be discussed with you prior to breaking confidentiality. While efforts are made to keep any written files/records as private and confidential as possible, you need to be aware records can be subpoenaed in court situations. Any requests for records must be accompanied by a subpoena or your authorization. Further concerns/questions regarding confidentiality can be addressed with TPI Staff at any time. We are required by law to report any incidents of alleged neglect or abuse as well as suicidal or homicidal ideation.

**4. Permission to Transport:** I give permission to be transported to and from activities by TPI Staff and Contractors. This authorization is in effect during the time services are being provided by Turning Point Interventions. I agree to release Turning Point Interventions from all liability resulting from an incident or accident due to transport.

**5. Permission for Emergency Contact:** In case of an emergency, I authorize Turning Point Interventions to contact the individuals named below and provide them with information regarding the emergency and my whereabouts. I understand this authorization expires upon termination of services with Turning Point Interventions.

Emergency Contact Information	
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone:	Phone:

## Rules of Conduct:

- Smoking is not permitted while engaging in services.
- Alcoholic beverages, illegal substances, and/or paraphernalia are not permitted while engaged in services.
- Weapons are not permitted on the premises.
- Destruction of property is not permitted.
- Solicitation of any kind is not permitted.
- Shoes and shirts must be worn at all times

**6. Provider Freedom of Choice:** I am aware providers and facilities available to me can be found within the Members tab and Provider Search on the Magellan of Virginia website. I also acknowledge my responsibility to notify my previous providers in order to coordinate care. I acknowledge I freely choose to receive services from:

### Turning Point Interventions

278 Maya Lane  
Danville, VA 24586  
(434)630-8494

**7. Human Rights:** I understand as a consumer enrolled in a program with Turning Point Interventions I am to retain all of the following rights entitled to me:

- 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

I have been provided with these rights as well as information regarding how to file a complaint if I feel any of these rights have been violated. I have been given the contact information for Turning Point Interventions Human Rights Advocate call: **(434) 630-8494, and Mandy Crowder (DBHDS Human Rights Advocate) at 434-773-4315** who I agree to contact if I have any concerns or questions regarding my rights.

**8. HIPAA Notification:** I understand as a part of my care, it is necessary for Turning Point Interventions to create, maintain, and (in certain situations) share information concerning my history and current care services for treatment, payment, and health care operations. The Notice of Privacy Practices given to me by Turning Point Interventions describes how the company may use and disclose my protected information. Regarding HIPAA, I understand the following:

- I have the right to review the notice before signing this consent.
- The terms of the Turning Point Interventions Notice of Privacy Practices may change; however, I can request a copy of the current notice in effect at any time.
- I have the right to request restriction on how my information is used or disclosed for treatment, payment or health care operations however, Turning Point Interventions is not required to agree to my restrictions. If the company does agree, they are bound by the agreed upon restrictions.
- By signing this form, I am giving consent to Turning Point Interventions to use and disclose information about me for the purposes of treatment, payment, or health care operations and I acknowledge that I can request a paper copy of the Notice of Privacy Practices at any time during the course of my treatment. I understand that I have the right to revoke my consent, in writing, except where the company has already used or disclosed my information in reliance on my prior consent

**9. New Consumer Orientation Checklist:** The following information has been provided and discussed with me prior to agreeing to participate in any program with Turning Point Interventions:

- ✓ The mission of Turning Point Interventions
- ✓ Service confidentiality practices and protections for individuals receiving services
- ✓ Human rights policies and protections and instructions on how to report violations
- ✓ Opportunities for participation in services and discharge planning
- ✓ Emergency preparedness procedures
- ✓ Complaint and/or Concerns process
- ✓ Service guidelines including criteria for admission to and discharge or transfer from services
- ✓ Hours and days of operation
- ✓ Availability of after-hours service
- ✓ Charges and fees due from the individual
- ✓ HIPAA Notice of Privacy Practices

**10. Recommendations:** I acknowledge Turning Point Interventions will assist with Care Coordination of recommended and current services. Care Coordination efforts can include (but not limited to:) Annual Physical Exams, Case Management Services, Psychiatric/Psychological Evaluation and Outpatient Therapy. Services are individualized and additional recommendation can occur.

### **Acknowledgment**

The above Orientation to TPI Policies and Procedures has been reviewed with me and I am in receipt of the New Consumer Orientation Handbook. I agree to the above policies and will be compliant to receive services.

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
TPI Staff Signature

\_\_\_\_\_  
Date