



CONSENT FOR SERVICES

I hereby voluntarily consent to receive mental health peer support services at PEERSTAR LLC, SM.

I understand the purpose of peer support is: (1) to provide opportunities to direct my own recovery; (2) to teach and support acquisition and utilization of the skills needed to facilitate my own recovery; (3) to promote knowledge of available service options and choices; (4) to promote utilization of natural resources within the community; and (5) to facilitate the development of a sense of wellness and self-worth.

I understand the benefits of peer support is to allow me to realize that I have the ability to direct my own recovery through personal growth, recovery, and inclusion in the community by access to competent services and supports of my choice in order to be able to enjoy a better quality of life. I understand the alternatives and risks of peer support are that I may not improve if I do not take an active role in my own recovery or do not follow the guidance and suggestions from individuals with experience and a history of mental illness.

I understand that such peer support services will consist of an evaluation process, an intake assessment, and mental health peer support services and activities.

I have been given information concerning the services offered and authorize Peerstar LLC SM., to administer such peer support services as deemed advisable. However, such consent does not waive my civil rights and I reserve the right to decline any peer support services that I believe is not in my best interests (unless peer support services have been court ordered by a judge or when refusing services poses an imminent risk of harm or death to myself or others).

CONFIDENTIALITY

I understand that my records are confidential and will not be released to other individuals or agencies outside Peerstar LLC SM without my expressed written consent. However, I realize that certain information may be released without my authorization under the following circumstances:

1. Upon receipt of a legitimate subpoena or court order.
2. In the event of a valid medical emergency.
3. If there is evidence to suggest that child abuse has occurred.
4. When a hazard to the public safety (such as homicide) requires disclosure.
5. To third party payers to verify provision of service.

I understand that my records are confidential and will not be released to other agencies without my written consent. However, I realize that certain information may be released without my authorization if any of the above circumstances should arise. I understand that additional information on Peerstar LLC SM's privacy practices related to my medical records is available from the Peerstar



LLCSM's comprehensive Notice of Privacy Practices, a copy of which has been made available to me, and which I have read or do not wish to read, prior to signing this consent. I understand that any changes in Peerstar LLC's., privacy practices will result in modifications to the notice of Privacy Practices, and those up-to-date notices will be made available to me, if I choose to review them.

ATTENDANCE

It is important that you attend scheduled appointments to benefit from the services you are receiving. However, we understand that there are times when you must cancel your appointment. In cases when you are unable to attend, please contact the office to cancel your appointment 24 hours in advance.

NON-DISCRIMINATION

Peerstar shall not discriminate against staff or individuals receiving services on the basis of race, color, creed, disability, religious affiliation, ancestry, sex, gender, gender identity or expression, sexual orientation, national origin, ethnicity, or economic status, and must observe all applicable State and Federal statutes and regulations.

CLIENT RIGHTS

As a client involved in services with Peerstar LLC, SM, you have a right to:

- Quality peer support services
- Peer support services, regardless of race, religion, sex, age, ethnic background, or handicap.
- Dignity, compassion, respect, open communication, and positive social relationships.
- An Individual Service Plan
- Be provided with another service or additional services, if necessary.
- Be informed about all aspects of your peer support services in language that you can understand.
- Participate in planning your discharge from peer support services.
- Receive peer support services in the least restrictive setting possible
- Refuse all peer support services or a specific aspect of peer support services (unless court ordered by a judge, or when refusing peer support services is likely to place yourself or others at risk of harm or death).
- Be protected against invasion of your privacy, including unwarranted disclosure of records.

CLIENT RESPONSIBILITIES

As a client involved in services with Peerstar LLC's., you have the responsibility to:

- Make sure that you understand your rights and peer support services information by asking questions.
- Being open and honest with your peer support specialist to benefit from peer support services.
- Take an active role in your individualized peer support services plan.
- Show respect and concern for other peers, respecting their privacy as well as your own.



- To be courteous, respectful, and cooperative in peer support services.
- To attend scheduled meetings, appointments, peer support services.
- To actively participate and engage in peer support sessions while free of being impaired by any form of alcohol, any narcotic, or any controlled substance.

SAFETY

It is Peerstar's policy to provide a workplace that is safe and free from all threatening and intimidating conduct. It will be a violation of this policy for any individual to engage in any conduct, verbal or physical, which intimidates, endangers, or creates the perception of intent to harm persons or property. Examples include but are not limited to:

- Physical assaults or threats of physical assault, whether made in person or by other means (i.e., in writing, by phone, fax, or e-mail).
- Verbal conduct that is intimidating and has the purpose or effect of threatening the health or safety of another person.
- Possession of firearms or any other lethal weapon during Peer sessions. Weapons should remain secured during sessions in the home.
- Any other conduct or acts which management believes represents an imminent or potential danger to safety/security.

TELEPHONE CONFIDENTIALITY

It may be necessary for Peerstar LLCSCM personnel to contact you by telephone to arrange or cancel appointments, or to give/receive information. Please indicate whether we may identify the agency by name when calling, and list telephone numbers where you can be reached.

EMAIL / TEXTING CONFIDENTIALITY

Do you want Peerstar LLCSCM personnel to communicate with you via email, texting, or similar electronic communication (together, Email)? If you do, you need to be aware that Email communication is not a secure form of communication for confidential health information and that Emails to or from Peerstar LLCSCM personnel may identify you as receiving peer support services from Peerstar LLCSCM and may contain other personal health information. Peerstar LLCSCM cannot guarantee the security of email communication. Telephone and regular mail are a more secure way of communicating.



HIPAA/Confidentiality Statement

THIS NOTICE DESCRIBES HOW PEER SUPPORT / PSYCHOLOGICAL / PSYCHIATRIC / THERAPEUTIC / DRUG AND ALCOHOL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your protected health information (PHI) for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- 'PHI' refers to information in your health record that could identify you.
- 'Treatment, Payment and Health Care Operations'
- 'Payment' is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer, managed care organization, Medical Assistance or Medicaid/Medicare to o
- 'Treatment' is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist/psychiatrist/therapist.
- 'Health Care Operations' are activities that relate to the performance and operation of the practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services
- 'Uses' applies only to activities within the office, clinic, practice group, etc. such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- 'Disclosure' applies to activities outside of the [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An 'authorization' is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your peer support encounter notes or progress notes and Individual Service Plans (collectively, 'Progress Notes'). 'Progress Notes' are notes we have made about our conversation during a private, group, joint, or family peer support session.

III. Uses and Disclosures with Neither Consent nor Authorization



We may use or disclose PHI without your consent or authorization in the following circumstances:

- Child Abuse: If we have reasonable cause to suspect abuse of children, we may be required by law to report this to the Pennsylvania Department of Public Welfare or similar agencies.
- Adult and Domestic Abuse: If we have reasonable cause to believe that an older adult needs protective services (regarding abuse, neglect, exploitation, or abandonment), we may report such to the local agency which provides protective services.
- Judicial or Administrative Proceedings: If you are involved in a court proceeding and a request is made about the services, we provided you or the records thereof, such information is privileged under state law, and we will not release the information without your written consent, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Serious Threat to Health or Safety: If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and we determine that you are likely to carry out the threat, we must take reasonable measures to prevent harm. Reasonable measures may include directly advising the potential victim of the threat or intent.
- Worker's Compensation: If you file a worker's compensation claim, we may be required to file periodic reports with your employer which shall include, where pertinent, history, diagnosis, treatment, and prognosis.

IV. Patient's Rights and Psychologist/Psychiatrist/Therapist's Duties

- 'Right to Request Restrictions' You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- Right to Receive Confidential Communications by Alternative Means and at Alternative Locations - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, we will send your bills to another address.)
- 'Right to Inspect and Copy' You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- 'Right to Amend' You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.



- 'Right to an Accounting' You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.

- 'Right to a Paper Copy' You have the right to obtain a paper copy of the notice from us upon request even if you have agreed to receive the notice electronically.

Peer Specialist's and Supervisor's Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI

- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

- If we revise our policies and procedures, we will send a revised notice to each patient by mail.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact our Director of Program Integrity and Compliance at (814) 515-2699.

You can also complain to the federal government, Secretary of Health and Human Services, by writing to: U.S. Department of Health & Human Services, Office for Civil Rights, 150 S. Independence Mall West - Suite 372, Philadelphia, PA. 19106-3499.

Your services will not be affected by any complaint made to Peerstar LLC, Secretary of Health and Human Services or Office of Civil Rights.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 1, 2003, revised effective February 20, 2012.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by mail.



Patient Choice Form

I have been informed that I have the right to choose a peer support services provider. I have had the opportunity to discuss peer support services with the Peerstar LLC, SM staff who informed me of the choices available in my county. I am aware that Peerstar LLC, SM is affiliated with Nulton Diagnostic and Treatment Center, PC through common ownership. I have also been advised that if I would like to discuss further options for receiving peer support service that I can call the following toll-free numbers.

Beacon Health Options
www.beaconhealthoptions.com
pawebmaster@beaconhealthoptions.com
Westmoreland: 1-877-688-5977
Armstrong: 1-877-688-5969
Indiana: 1-877-688-5969

Perform Care (formerly CBHNP)
Website: <http://pa.performcare.org>
Email: <https://pa.performcare.org/securecontact/index.aspx>

Franklin-Fulton County: 1-866-773-7917

Community Care Behavioral Health Organization - CCBHO
Website: www.ccbh.com

Bedford: 866-483-2908
Somerset: 866-483-2908
Blair: 855-520-9715
Clearfield: 866-878-6046
Jefferson: 866-878-6046
Centre: 866-878-6046
Huntington: 866-878-6046
Mifflin: 866-878-6046
Juniata: 866-878-6046
Wayne: 866-878-6046
Susquehanna: 866-668-4696
Lackawanna: 866-668-4696
Luzerne: 866-668-4696
Wyoming: 866-668-4696
Carbon: 866-473-5862
Monroe: 866-473-5862



Pike: 866-473-5862
Cambria County: 800-424-0485
Delaware County: 888-207-2911
Lehigh County: 866-238-2311
Northampton County: 866-238-2312

Magellan
Website: www.magellan.com

Community Behavioral Health (CBH)

Philadelphia County
801 Market St
Suite 7000
Philadelphia, PA 19107
(215) 413-3100

Resources

If you would like additional resources or information regarding mental health treatment choices, please use the links for the websites listed above for each Managed Care Organization, or call the toll-free numbers listed.

Service Quality Complaints/Concerns

You may contact the Peerstar LLC, SM Director of Program Integrity and Compliance at 1-888-733-7781 with any complaint or concern you may have regarding the quality of the services you receive.

Also, you may contact your Managed Care Organization (MCO) by the phone number listed above.

Medicaid Waste, Fraud, or Abuse Complaints/Concerns: You may contact the Peerstar LLC Compliance Department at 1-888-733-7781 with any complaint or concern you may have regarding Medicaid Waste, Fraud, or Abuse. You may also contact the PA Department of Human Services at 1-866-379-8477.

Wellness Recovery Action Plan (WRAP)

I have received a pocket WRAP and have been offered the opportunity to work on my WRAP. Every WRAP is totally voluntary. I, the person who is developing the WRAP, decide if I want to do it, when I want to do it, how long I will take, what it will include, and who assists and supports me.

Tobacco Prevention & Control

PA Free Quitline: 1-800-QUIT-NOW (784-8669)
By contacting the PA Free Quitline, you can receive:
- Up to 5 coaching sessions by phone



- Unlimited calls to the PA Free Quitline as needed
- Educational materials on quitting tobacco use
- Free Nicotine Replacement Therapy (NRT) (up to 8 weeks of patches) for qualified callers.