

Wallace H. Johnson Group Home Referral-Prior Admission Checklist

Client Name: _____ Referral Date: _____

Referral Source: _____ Phone number: _____

___ Admission Form (includes biopsychosocial information, statement from prospective client stating how they feel the Group Home program can help them and what they hope to accomplish by going through the program, ASQ and ACE screening tools)

___ Group Home Rules Policy and Procedure form

___ Voluntary Admission Statement

___ POA, Guardianship Documentation - (if applicable)

___ Statement from physician that prospective client is medically and mentally stable to reside in the Group Home environment

The client needs to arrive with at least 30 days prescribed medications - filled. We will not accept a script, or any less than 30 days. You can send medication directly to Medical Center Pharmacy in Cody, WY. The client will need to be transported back to the previous facility if they arrive without the 30 days of medications.

___ Current medication list

___ Authorization to Disclose Information (ROI if applicable)

___ Negative TB and Covid test results- Due within 10 days of admission

___ Copy of insurance or Medicaid card

___ Proof of Income (Copy of award letter if applicable)

___ Review of Rules and Client Handbook provided prior to admission

FOR OFFICE USE ONLY

___ Telephone/Tele-video Interview with Client- Date & Time: _____

___ Medication Provider Consultation: Accepted: ___ Denied: ___ *Reason for denial?*

Individual determined not appropriate for services due to: _____

Individual was referred to: _____

GROUP HOME ADMISSION CRITERIA

It is the policy of the Wallace H. Johnson Group Home to admit persons with mental illness who have the ability to benefit from the services provided. This facility is a 24-hour a day, 7 day a week therapeutic facility aimed at providing clients the opportunity to learn and practice daily living skills to become independent within the community while improving their emotional stability.

ADMISSION CRITERIA:

1. Mental illness diagnosis
2. Medically stable, must be able to exit the building within 3 minutes in case of fire
3. Not suicidal, homicidal, or physically aggressive
4. Must agree to remain alcohol and illegal drug free while at group home
5. Must not be intoxicated for a minimum of 72 hours prior to signing agreement with referring agency to voluntary admission to Group Home
6. Must be 18 years or older
7. Must not require 24 hour nursing supervision
8. Must agree to abide by the rules of the Group Home and all Wyoming Laws
9. Must agree to participate fully in all aspects of the program including: compliance with treatment team recommendations, psychiatric professional's recommendations, medication regime, primary care physician's orders, discharge plans, and referring agency requirements
10. Must have ability to learn skills to become independent in a minimum of 90 days
11. Determined an appropriate referral by the Group Home Treatment Team

Persons shall be considered for admission without regard to race, color, sex or sexual orientation, religion, creed, national origin, age (except under 18 years), familial status, marital status, source of income, or disability in addition to the mental illness.

Priority for admission is given to residents of the Northwest Region – Park, Big Horn, Washakie, and Hot Springs Counties. Residents outside this region may be accepted depending on bed availability.

The Group Home is a voluntary program and clients who enter the program must agree to stay until the Treatment Team recommends discharge.

ADMISSION SCREENING:

Prior to accepting a resident for admission to the program, the Group Home Treatment Team will determine if the client meets admission criteria. The prospective client will receive an explanation of the program, be given a copy of the Group Home Rules, and be offered the opportunity to visit Group Home prior to admission.

ADMISSION ORIENTATION:

Upon admission, a Group Home staff person shall provide an orientation to each new resident that includes: a tour of Group Home, introduction to other staff and clients who use the Group Home, discussion of house rules, explanation of the laundry and food service schedule, review of resident rights and grievance procedures, discussion of the conditions under which residency would be terminated, and a general description of available services and activities. Orientation shall also include an explanation of fire and safety procedures.

**Admission Form
Wallace H. Johnson Group Home**

Name: _____ Date: _____

Name of person completing form: _____ Relationship to client: _____

Address: _____
Street City Zip

Client's home phone: _____ Client's work phone: _____

Date of Birth: _____ Age: _____ Gender: _____ SSN#: _____

Race: White Black Native American Hispanic Asian Pacific Islander Other More than one race

Religion: _____

Veteran: Yes/No

Employer: _____ Employer's phone #: _____

Education: Please indicate the highest grade completed: _____

Name of Referring Agency: _____

Name of Current Therapist: _____

Name of Case Manager: _____

Emergency Contact (Must be completed):

Name	Contact #	Relationship
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Family/friends who will be involved in my treatment:

Guardian _____

POA _____

Family member (s) _____

*(Obtain ROI for each person who will be involved in treatment or apart of coordination of care.
Guardianship paperwork needs to be provided.)*

Allergies: _____

Barriers to treatment (literacy, developmental delays) _____

Do you engage in alternative forms of medical care such as yoga, meditation, chiropractic, etc...

Does client have history of substance abuse: Yes No

Substance (s) _____

Last use of substance _____

Do you have a history of substance treatment? Yes ___ No ___

Does client have history of suicidal/self-harm thoughts or actions?: Yes No **If so, please explain:**

Does client have history of homicidal/aggressive thoughts or actions?: Yes No **If so, please explain:**

Do you engage in self-harm behaviors? Yes ___ No ___ **What type?** _____

History of Medical Conditions:

History of Hospitalizations

Medication History (reactions, positive outcome, current medications) (Complete Medication Form)

Income Source: Self /Insurance/Disability/Other

(Provide a Copy of Insurance Cards)

Self Pay (please provide proof of income for all clients)

Medicaid # _____

Medicare # _____

Insurance: Provider _____

Group # _____

Policy Holder _____

Income/funding source: _____

Name of Physician: Dr. _____ **Phone #:** _____

Name of Psychiatrist: Dr. _____ **Phone #:** _____

Please provide a brief statement of how you think treatment at the group home will help you:

What would you like to accomplish while you are at the group home?

This form has been filled out in full to the best of my ability. I understand that any questions left unanswered or partially answered may delay a response from Yellowstone Behavioral Health Center.

Signature of client _____ **Date** _____

Print name of client _____ **Date** _____

Signature of guardian/representative _____ **Date** _____

Voluntary Admission Statement for the Wallace H. Johnson Group Home

I _____, agree to the following conditions while living at the Wallace H. Johnson Group Home.

1. I will remain free of drug and alcohol use while residing at the Group Home
2. I will not take any medications, including over-the-counter, without the written permission of my medical providers
3. I will abide by the rules of the Group Home and the laws of the state of Wyoming.
4. I will fully participate in all aspects of the program including: compliance with my treatment teams' recommendations, treatment plan, medical provider's recommendations and orders, medication regime, discharge plan, and referring agency requirements
5. I will follow the directives of the Group Home Staff

In signing this form I agree to the conditions and I affirm I have been free of the effects of drugs or alcohol for a minimum of 72 hours.

Name

Date

Name

Date

Name

Date

GROUP HOME RULES POLICY AND PROCEDURE:

Policy: It is the policy of the Wallace H. Johnson Group Home to establish rules for the Group Home that support the rights of the client while protecting their health and well being. The rules provide for their safety and the safety of others, enhance growth and security and develop their ability to interact with others appropriately.

Procedure:

Group Home Rules:

1. Remain clean and sober. Abstain from the use of alcohol and illegal drugs at all times. No over-the-counter meds without physician approval.
2. Treat yourself and others with respect and kindness.
3. Follow the directions of your medical providers at all times
4. Actively participate in your treatment plan
5. Follow the directions of the Group Home staff
6. Comply with your medication regime
7. Be honest with yourself and others
8. Keep yourself, your room, and your belongings clean and neat
9. Do not leave the Group Home without authorization
10. Learn daily living skills by doing chores at the Group Home
11. Participate in the Group Home program
12. Smoking outside only
13. No electronics except a personal cell phone and/or mp3 player will be allowed at the Group Home. The Group Home is not liable if your personal electronics are lost or stolen while you have them at the Group Home.
14. Participants will not engage in activities that may be unsafe, inappropriate or triggering for staff or fellow clients.

The following actions will be grounds for discharge:

1. Use of alcohol or illegal drugs
2. Violence or threats of violence toward others
3. Destruction of property
4. Violation of the Wyoming law
5. Refusal to comply with treatment
6. Refusal to follow rules of Group Home
7. Abuse of self or others
8. Verbal or Non-verbal insults or intimidating others, bullying, shaming

Client Signature: _____ **Date:** _____

Witness: _____ **Date:** _____
(Name and Title)



YELLOWSTONE BEHAVIORAL HEALTH CENTER

Offering Hope for a Better Tomorrow

PHYSICAL/MEDICAL CLEARANCE

Date: _____

Client: _____

Date of Birth: _____

To Wallace Johnson Group Home Care Coordinator:

_____ is cleared to participate in a residential behavioral health program. The client's condition is stable and they are able participate in normal physical activities of daily living. I have determined that the client is medically cleared to engage fully in the group home program and there are no medical/physical barriers to engaging in the program at this time.

A 30 day supply of medications is required for admission to the group home. A 30 day supply of medications has been provided. Yes____ No____

Signature of Medical Provider/Treating Physician:

Printed Name of Medical Provider: _____

Address: _____

Phone: _____



**YELLOWSTONE
BEHAVIORAL
HEALTH CENTER**

Offering Hope for a Better Tomorrow

PROPERTY STATEMENT

I _____, acknowledge that if I leave my belongings at Wallace H. Johnson Group Home they become the property of the Group Home and will be disposed of as staff deems necessary.

Signed: _____ **Dated:** _____

Witnessed: _____ **Dated:** _____

Wallace H. Johnson Group Home, 2713 Cougar Avenue, Cody, Wyoming 82414 (307) 587-5112 fax (307)587-5446
Powell Office, 627 Wyoming Avenue Powell, Wyoming 82435 (307) 754-5687 (fax 307/754-5697)
Cody Office, 2538 Big Horn Avenue, Cody, Wyoming 82414-9299 (307) 587-2197 (fax 307/527-6218)
(800) 949-8839



YELLOWSTONE BEHAVIORAL HEALTH CENTER

Offering Hope for a Better Tomorrow

Wallace H. Johnson Group Home RELEASE FORM

Participant's Name: _____
(Please Print)

I, _____, (as a participant or as legal guardian to a participant) of the Wallace H. Johnson Group Home recognize that there can be inherent risk by being attendant in any physical activity within the Wallace H. Johnson Group Home and program sponsored trips away from the house.

I agree to hold Yellowstone Behavioral Health Center and its agents harmless for any injuries incurred during the normal course of activities in the Wallace H. Johnson Group Home.

I hereby consent and agree that any photographs, films, video recordings, and/or audio recordings of me may be used in:

- _____ Scrap books and or framed photographs within the group home; which may reveal that I have been in the group home and may be seen by future group home participates and visitors to the group home.
- _____ For grants written by Yellowstone Behavioral Health Center or presentations done by Yellowstone Behavioral Health Center to help in acquiring funds for program support.
- _____ I waive any and all claims for compensation or royalties for such use and am not opposed to media coverage of my involvement with Yellowstone Behavioral Health Center.

This release will remain in effect until such time that the participant is no longer enrolled in the program

Signature of Participant

Date

Signature of Legal Guardian

Date

Witness

Date

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score



Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? Yes No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
3. In the past week, have you been having thoughts about killing yourself? Yes No
4. Have you ever tried to kill yourself? Yes No

If yes, how? _____

When? _____

If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? Yes No

If yes, please describe: _____

Next steps:

- If patient answers “No” to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).
- If patient answers **“Yes”** to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:
 - “Yes”** to question #5 = **acute positive screen** (imminent risk identified)
 - Patient requires a **STAT safety/full mental health evaluation**.
 - **Patient cannot leave until evaluated for safety.**
 - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient’s care.
 - “No”** to question #5 = **non-acute positive screen** (potential risk identified)
 - Patient requires a **brief suicide safety assessment to determine if a full mental health evaluation is needed**. **Patient cannot leave until evaluated for safety.**
 - Alert physician or clinician responsible for patient’s care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text “HOME” to 741-741



Wallace H. Johnson Group Home

Client Handbook



Tina Amarillas, Group Home Coordinator

2713 Cougar Avenue
Cody, Wyoming 82414
(307) 587-5112

Welcome to the Wallace H. Johnson Group Home, we're glad you're here. We are a transitional living program for adults with mental illnesses that are impacting their ability to live safely and successfully in the community. Our vision is to help our client grow beyond their mental illness by equipping them with knowledge and skills and helping them discover or re-discover their strengths and abilities.

Our philosophy is based on the belief that the human spirit will heal, grow in an environment of support, acceptance, and education.

The purpose of the group home is to provide this safe place for our clients while they learn the skills to achieve independence and stability. Our clients learn to socialize with others to overcome the feeling of separation and to re-connect to the community. They also learn daily living skills to enjoy their homes and discover recreational opportunities to enhance their quality of life. With the help of caring staff our clients learn the truth about their own value, strength, and purpose.

We empower our clients by helping them understand their mental illness; how to connect to a recovery goal that is meaningful to them; and how to make the most of the treatment they receive.

Cody is a great place to live and we encourage all of our clients to become more engaged in the community. We offer many opportunities to visit Yellowstone, go to the library, watch movies, take scenic drives, and more.

Medications can be powerful tools for reducing symptoms and prevention relapse. We help clients learn about and understand both the potential benefits and potential side effects of the medication they have been prescribed. By equipping clients with the necessary knowledge and skills they become active participants in the recovery and can make informed decisions about their treatment.

We hope your stay here will be exciting and energizing. This handbook is designed to help you make the most of the time you will be with us.



First Things First

When you first arrive a staff member will give you a tour of the Group Home, show you your room, and introduce you to other clients and staff members. It can seem like there is a lot to learn but don't worry, a staff member will review:

- the house rules;
- how laundry gets done;
- how food is prepared;
- your rights as a resident;
- the grievance procedure;
- fire and safety procedures;
- a general description of services and activities; and
- the circumstances that would result in discharge from the group home.

You will of course have an opportunity to ask questions.

Your belongings will be inventoried to make sure nothing is lost and to make sure you are safe. Sharp objects, such as razor blades, scissors, knives, etc. can only be used under staff supervision. If you're having thoughts of suicide or of hurting yourself let staff know. They can help make the environment safe and make sure you are getting the right interventions.

Your medications will be kept secured in our medication room and may only be accessed under the supervision of staff.

Group Home Rules

The purpose of the group home rules is to support your rights while protecting your health and well-being. These rules provide for your safety and the safety of others, enhance growth and security, and help you develop the ability to interact with others appropriately.

1. Mental illness diagnosis
2. Medically stable, must be able to exit the building within 3 minutes in case of fire
3. Not suicidal, homicidal, or physically aggressive
4. Must agree to remain alcohol and illegal drug free while at group home
5. Must not be intoxicated for a minimum of 72 hours prior to signing agreement with referring agency to voluntary admission to Group Home
6. Must be 18 years or older
7. Must not require 24 hour nursing supervision
8. Must agree to abide by the rules of the Group Home and the laws of the State of Wyoming
9. Must agree to participate fully in all aspects of the program including: compliance with treatment team recommendations, psychiatric professional's recommendations, medication regime, primary care physician's orders, discharge plans, and referring agency requirements
10. Must have ability to learn skills to become independent in a minimum of 90 days
11. Determined an appropriate referral by the Group Home Treatment Team

The following actions will be grounds for discharge:

1. Use of alcohol or illegal drugs
2. Violence or threats of violence towards others
3. Destruction of property
4. Violation of Wyoming law
5. Refusal to engage in treatment
6. Refusal to follow rules of the group home
7. Abuse of self or others
8. Verbal or Non-verbal insults or intimidating others, bullying, shaming

You will sign a copy of these rules. A copy will go in your client file and you will keep a copy. Your input is important and you can recommend changes to the rules, but we can't guarantee that your recommendations will be implemented.

Your Responsibilities

You are responsible for getting what you need by:

- asking for help when you need it
- sharing your feelings with staff and peers
- staying away from initiating, engaging in, encouraging, and or supporting the unhealthy behavior of others
- telling the truth and doing what you think is right
- achieving your Recovery Plan goals
- helping others achieve their goals if possible

If you have any information that another client plans to do something to harm himself/herself or others, please report this immediately to a staff person. It is important that you understand that this should not be viewed as "snitching" but instead protects program clients and represents an act of responsible care and concern for others on your part.

Your Rights

- Each client has the right to be treated with respect and dignity
- Each client has the right to a safe, sanitary, and humane living environment
- Each client has the right to a humane psychological environment protecting them from harm, abuse, and neglect
- Each client has the right to an environment which provides reasonable privacy, promotes personal dignity, and provides opportunity for the client to improve his or her functioning
- Each client has the right to receive services suited to his or her condition and needs for treatment without regard to his or her race, religion, sex, ethnic origin, age, degree of disability, handicapping condition, legal status, or ability to pay for the services
- Each client has the right to participate in the development of his/her Recovery plan
- Each client, on admission, has the absolute right to communicate his or her change of address with a relative, friend, clergy, or attorney.

- The Wallace H. Johnson Group Home shall not deprive any client of civil, political, or personal property rights
- Each client shall have and retain the right to confidential communication with an attorney, personal physician or clergy
- Each client has the right to uncensored, private communications including, but not limited to, letters, telephone calls, and personal visits
- No client shall ever be neglected or sexually, physically, verbally, or otherwise abused
- Each client has the right to have his or her own clothing and personal possessions. This right may be forfeited, or limited, only if the personal property is determined to be potentially dangerous to the client, or others, or if the property is determined to be functionally unsafe
- Each client shall have the right to practice his or her own religious beliefs, and afforded the opportunity for religious worship within reason
- Each client has the right, without fear of reprisal, to present grievances on behalf of his/herself
- Each client has the right to access adequate medical care; however, the group home does not accept responsibility for any debts incurred by clients
- Every client will have access to information about client fees. The Wallace H. Johnson Group Home shall respect the privacy of clients and hold in confidence all information obtained in the course of professional services. Only for compelling professional reasons may confidentiality be broken without consent. This involves situations in which safety of the client or other individuals are at risk

Resident Space and Furnishings

Group home staff respects your privacy. As a resident of the group home you are entitled to a space that promotes personal security and safety. If you feel the need to make changes in your living arrangements you can let staff know. They will ask you to complete a form that helps collect information that will help them meet your needs.

You will get a bed; this includes a frame, and a clean mattress and pillow. Linens (sheets, pillowcases, and other bedding, towels, and washcloths) will be provided a dresser for your personal items will also be provided. We ask that you keep these items in good condition; you will be responsible for washing your linens.

You can bring or buy your own personal hygiene items or the group home will supply the needed items if necessary. When you leave any personal hygiene items the group home supplied are yours to keep.

Personal Belongings and Money

Your money and personal belongings are your sole property. Group home staff will make sure that your belongings and funds are not diverted for the use or benefit of any other person.

This is why we take an inventory of your personal belongings and funds when you arrive. You will be asked to review the inventory sheet and sign it to make sure it is correct and complete. When you get discharged from the group home you will be asked to sign and verify that all personal belongings have been returned. We ask that you notify staff immediately whenever you dispose of or acquire new items valued at \$25.00 or more. This way we can update the inventory form.

We discourage you from bringing items of great value or large amounts of money to the group home. If you chose to, you will be given a receipt and those items will be kept in a locked box until you get discharged from the group home.

Please remember that asking staff for monetary loans or offering to loan staff money are inappropriate forms of behavior. Staff may not loan or borrow cigarettes, sodas, clothing, or any other items from group home residents.

Visitors/Guests/Animals at the Group Home

After you have been at the group home two weeks you may request permission to have family or friends visit you outside the group home. Overnight stays are not permitted. Please ask a staff member for the guest request form. No pets are allowed at the group home.

Absences from the Group Home

In case you have a medical emergency or family emergency or a special event you can leave the group home. In the event one of these situations occur and you need to leave the group home for a period of time group home staff will verify the location you're going to. Don't worry; anything you leave at the group home will be protected.

Prior to leaving, we ask that you fill out a form indicating the:

- reason you are requesting to leave
- the location
- the date you plan to return

Absences beyond one week will be evaluated to see if it will interfere with treatment.

Please remember, clients are not allowed to leave the group home without approval from group home staff. If you do leave without permission, the following will occur:

- the police will be notified
- the guardian (if applicable) will be notified
- you will be discharged from the group home
- you will need to fill out the form indicating, "Leaving against the advice of the treatment team."

Voluntary Termination of Residency: You or your guardian (if applicable) may terminate residency at the group home at any time. We request as much notice as possible so that the appropriate arrangements can be made. If you decide to leave with no notice staff will **NOT** attempt to stop you from leaving. In this situation staff will make attempts to return your belongings for 30 days. If at the end of 30 days these attempts have not been successful your belongings will be disposed of at our discretion.

Emergency Procedures

In the event of a fire you can expect to hear the fire alarm. Group home staff will begin evacuating group home clients. Staff will assemble clients outside by the shed and conduct a head count. If the situation warrants it, staff will move clients to an off-site location.

In the event that a lock-down becomes necessary because a dangerous person is in the vicinity staff will lock all exterior doors and assemble clients in a room with no windows.

In the event of hazardous weather staff will assemble clients in the basement, away from windows.

In the event of an electrical outage staff will assemble all clients in the group home living room and utilize flashlights until the situation is resolved or it becomes necessary to move clients to an off-site location.

In these situations it is very important that you follow the direction of staff. Rest assured that the group maintains water, candles, flashlights, first aid kits, and non-perishable food at all times.

The Wallace H. Johnson Group Home is a program of



2538 Big Horn Avenue
Cody, Wyoming 82414
(307) 587-2197

627 Wyoming Avenue
Powell, Wyoming 82435
(307) 754-5687



Offering Hope for a Better Tomorrow

2538 Big Horn Avenue 627 Wyoming Avenue
Cody, WY 82414 Powell, WY 82435
307-587-2197 307-754-5687
Fax 307-527-6218 Fax 307-754-5697
www.ybhc.org

Authorization for Release of Protected Health Information

Client Name: _____ DOB: _____

I authorize Yellowstone Behavioral Health Center to release/receive the following protected health information:

- Evaluation Report, Treatment Plan, Discharge Summary, Collateral Information, Verification of attendance at treatment appointments, Clinical Assessment, Treatment Progress, Substance abuse information (requires client initials), HIV information (requires client's initials), Other (specify)

To/from (circle one) the following person/organization:

Name: _____

Address: _____

Phone: _____ Fax: _____

This protected health information is being released/received for the following reason:

- Compliance with court or probationary order, Referral for additional services, Progress/compliance with treatment, Other (specify)

This authorization shall be in effect until _____ (or 1 year from today's date).

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and 45 CFR part 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the Privacy Official at Yellowstone Behavioral Health Center at 2538 Big Horn Avenue, Cody, WY 82414. I understand that a revocation is only effective to the extent that the Center has not already relied on this authorization to release/receive protected health information.

Yellowstone Behavioral Health Center will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits on whether I sign this authorization for the requested use or disclosure.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of Client or Personal Representative

Date

Witness

Date