Consumer Handbook Acknowledgment &
Psychiatric Advance Directive Notice

Client Name: _____ **Client ID:** _____

CarePlus NJ Handbook

The CarePlus Consumer Handbook provides important information regarding your rights, responsibilities, and the services we provide. This Handbook includes, but is not limited to, the following:

1. Confidentiality Policy and Procedure for Release of Information
2. Overview of Services and Points of Access; Business Hours, including inclement weather
3. Client Bill of Rights, including Treatment Rights; Notice of Privacy Practices
4. Use and disclosures of Protected Health Information for the purposes of Treatment, Payment and Healthcare Operations (TPO)
5. Grievance Procedure
6. Family Involvement Policy
7. Use of Health Information Exchanges
8. Telehealth
9. Methods of Communication
10. Fee agreement, including cancellation and missed appointment policy
11. Transportation, including permitting CarePlus to acknowledge my presence when I use external transportation services
12. Use of Student Interns and Licensed Staff

Staff Credentials

Services may be provided by licensed clinicians or master-level student interns under the supervision of a licensed clinical supervisor. In Case Management programs, staff may be bachelor-level in accordance with State regulations. All direct service staff meet qualifications required by State regulations. You have the right to be informed of the credentials of any staff member providing services to you.

Acknowledgment of Handbook

By Signing below, I acknowledge that I have been offered and/or received the CarePlus NJ Consumer Handbook. I understand that the Handbook explains my rights and responsibilities, and I have had the opportunity to ask questions regarding its contents. I understand that I may request clarification at any time during my treatment.

Psychiatric Advance Directive (PAD) Notice

As a licensed mental health provider in the State of New Jersey, CarePlus NJ is required to inform you of your rights to establish a Psychiatric Advance Directive (PAD).

A Psychiatric Advance Directive is a legal document that allows you to make decisions in advance about your mental health treatment in the event that you are unable to communicate your wishes. A Pad may include preferences regarding:

1. *Medications*
2. *Treatment Providers*
3. *Preferred treatment facilities*
4. *Types of treatment you consent to or refuse*

There are specific legal requirements that must be met for a PAD to be valid and binding.

Current PAD Status

☐ I have a Psychiatric Advance Directive

☐ I do not have a Psychiatric Advance Directive

☐ N/A Client is a minor

PAD Planning

At this time:

☐ I would like information and assistance from CarePlus NJ regarding creating a Psychiatric Advance Directive.

☐ I do not wish to receive assistance at this time. I understand that I may be asked about a Psychiatric Advance Directive during future treatment plan reviews in accordance with State requirements.

☐ N/A Client is a minor

Signature

Acknowledgement of Handbook

By signing this document, I am confirming that I have been offered and/or received the CarePlus NJ Consumer Handbook.

Print Name: _____ **Date:** _____

Client/Parent/Guardian Signature: _____

Relationship to Client: _____

If applicable, signature of minor: _____