Catholic Charities
of the Archdiocese of Newark

School Social Services Department

PERMISSION SLIP FOR SCHOOL SOCIAL SERVICES PROGRAM

Child's name (Print) School/Grade

I have read the attached Client Bill of Rights and the letter about the School Social Services Program available at my child's school for the 2019-2020 school year.

____ Yes, I give permission for my child to participate in these services, as needed.

____ No, I do not give permission for my child to participate in these services.

Signature of Parent/ Legal Guardian Date

CLIENT'S RIGHTS

I have been provided with a copy of the Client Bill of Rights and certify that I have read and understand the Client Advocacy procedure.

NOTICE OF CONFIDENTIALITY

The confidentiality of client including personal health information records maintained by this organization, including records pertaining to drug and alcohol treatment, are protected by State and Federal law. Generally, the Agency may not say to a person outside the program that a patient attends the program or disclose any information identifying a client as a recipient of social services, mental health or alcohol or drug treatment services unless the following conditions are met: 1. the client provides written consent; 2. the disclosure is allowed by a court order; 3. the disclosure is made to medical personnel in a medical emergency; 4. the disclosure is made to authorized personnel for the purpose of program evaluation or audit. Violation of the Federal and State laws and regulations regarding confidentiality is a crime. If you suspect that this Agency has violated these laws you may report this in accordance with Federal regulations to the appropriate authorities. State and Federal laws do not protect any information about a crime committed by a client either at the program, against any person who works for the program, or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse and/or neglect, or abuse/neglect of an older adult from being reported under state law to the appropriate state or county authorities. It is the Agency's duty to warn any potential victim when a significant threat of harm has been made. My signature indicates that the regulations regarding confidentiality have been given/explained to me.

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NEWARK

CLIENT BILL OF RIGHTS

When you receive social services in the State of New Jersey, your rights are guaranteed by the laws of the State of New Jersey and the United States.

Certain rights cannot be limited. Other rights may be limited by status, regulations, court decision or for treatment appropriate to your condition. You may not be deprived of any of your rights as a citizen simply because you are receiving treatment at a social services facility.

YOU HAVE A RIGHT TO:

1. Privacy and dignity.
2. Confidentiality concerning all information relative to yourself and your treatment except when state law requires disclosure. This means that no information about your treatment may be released to anyone with out your informed and written consent.
3. Participate fully in the development of your social services plan.
4. Ample opportunity to meet with your caseworker and other members of your social services team.
5. Information concerning your condition and progress.
6. Access to information in your record.
7. Prompt referral for medical treatment or any physical ailment.
8. Communicate with your attorney, physician and the courts.

CLIENT COMPLAINT POLICY

If you believe your rights have been violated, you may present a complaint either orally or in writing to:

1. The Program Manager.
2. The Program Director
3. The Division Director.
4. The Agency Client Rights Advocate at 37 Evergreen Place, East Orange, N.J.
5. Department of Public Advocate.
6. County Mental Health Association.
7. Division of Alcohol & Drug Addiction Services.
8. Office of Civil Rights, 25 Federal Plaza, Room 3312, New York, N.Y. 10278 Attn: District Manager.

Complaints will be reviewed by the appropriate persons or agencies and necessary and appropriate action taken to resolve the conflict problem.

Name: _____ Date:_____

Parent or Legal Guardian Signature

Original: 10/95 Revised 7/96, 5/98, 1/0