

14000 Crown Court,  
 Ste. 101  
 Woodbridge, VA 2219  
 Ph # 703-396-7215  
 Fx # 571-364-8915

6611 Jefferson St,  
 1<sup>st</sup> Floor  
 Haymarket, VA 20169  
 Ph # 571-921-4812  
 Fx # 703-743-1688

6800 Backlick Road  
 Ste. 300  
 Springfield, VA 22150  
 Ph # 703-310-7449  
 Fx # 571-282-4559

19415 Deerfield Ave  
 Ste. 101  
 Lansdowne, VA 20176  
 Ph # 703-659-1433  
 Fx # 703-723-7222

20 Rock Pointe Ln  
 Ste. 201  
 Warrenton, VA 20186  
 Ph # 703-659-9847  
 Fx # 540-935-2418

3800 Fetter Park Dr  
 Ste. 103  
 Dumfries, VA 22025  
 Ph # 571-479-2302  
 Fx # 866-206-0849

## RIGHTS AND RESPONSIBILITIES STATEMENT

Client Name: \_\_\_\_\_

You are entitled to certain rights under Federal and State Laws. No person shall be denied any of their legal rights while you are receiving services from Youth For Tomorrow Behavioral Health Services. Such rights include, but are not limited to, the following:

- The right to be treated with dignity and respect and to use your preferred or legal name.
- The right to privacy.
- The right to equal access to treatment or services regardless of race, religion, sex, or handicap.
- The right to inquire and be told about your rights.
- The right to fair and objective grievance process.
- The right to participate in the development of your treatment/service plan.
- The right not to be the subject of experimental or investigational research without written and informed consent.
- The right to be fully informed of treatment involving significant risks.
- The right to receive confidential services and your record to be kept in a confidential manner within the limits of the law, and have appropriate access to those records.
- The right to receive services in the least restrictive environment.
- The right to have a copy of the rules of conduct applicable to services in which you are participating.
- The right to receive services in a manner that is responsive to your age, gender, family, friends, cultural/ethnic background, sexual orientation, mental/physical disability and spiritual beliefs.
- The right to know that your Clinician may be a "Supervisee (Resident in Counseling) registered with the Board of Health Professions." If so, their name, credentials, and supervisor will be given to you separately.

**Any complaints should be addressed to the Assistant Vice President of Programs,**  
**Carl Street LPC, LSATP, MAC at 703-369-7189**

**If you feel that you need outside assistance, please contact the Regional Advocate at 877-600-7437**

The Regional Advocate's role is to help you with the grievance process.

Responsibilities of the primary caregiver or legal guardian and Individual:

- To keep all scheduled appointments with YFT staff or to inform staff in advance if you are unable to keep the appointment.
- To work on your service goals as agreed upon in your Individualized Service Plan.
- To provide staff with accurate and complete information as it pertains to your treatment and care at Youth For Tomorrow Behavioral Health Services.
- To treat all other with respect.
- To adhere to the Youth For Tomorrow rules prohibiting smoking and drug use and brandishing weapons on any Youth For Tomorrow premises.

I hereby acknowledge by my signature below that:

- I have received a copy of my rights and they have been both read and explained to me.
- I have also been informed of the role of the Regional Advocate and how to contact this person.
- I have been informed of the outcome tracking measures utilized by Youth For Tomorrow Behavioral Health Services.
- I am requesting services from Youth For Tomorrow Behavioral Health Services.

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## RECEIPT OF ACKNOWLEDGMENT: NOTICE OF PRIVACY

This document is a new client acknowledgement of the use and disclosure of health information for treatment, payment or healthcare operations. I have been provided with a *Notice of Privacy* that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent
- The right to object to the use of my health information for directory purposes, and
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations

I understand that Youth For Tomorrow Behavioral Health Services is not required to agree to the restrictions requested. I understand that I may revoke consent in writing, except that action has already been taken in reliance thereon.

I further understand that Youth For Tomorrow Behavioral Health Services reserves the right to change the notice and practices prior to implementation, in accordance with Section 164.520 of the Code of Federal Regulations. Should Youth For Tomorrow Behavioral Health Services change the notice; a copy will be given to me at my next appointment or mailed to the address I have provided.

I wish to have the following restrictions to the use or disclosure of my Personal Health Information:

I understand that as a part of this practice's treatment, payment or health care operation, it may become necessary to disclose my Personal Health Information to another entity, and I understand disclosure for these permitted uses, include disclosure via fax. I acknowledge that I have been provided information regarding Privacy Practices for Youth For Tomorrow Behavioral Health Services.

## INFORMED CONSENT FOR TREATMENT

I, \_\_\_\_\_ (Name of client or guardian as applicable), agree and consent to participate in behavioral health care services offered and provided by Youth For Tomorrow Behavioral Health Services I understand that I am consenting and agreeing only to those services that the above named provider is qualified to provide within: (1) the scope of the provider's license, certification, and training; or (2) the scope of license, certification and training of the behavioral health care providers directly supervising the services received by the client.

If the client is under the age of eighteen (18) or unable to consent to treatment, I consent for treatment and/or am legally authorized to initiate and consent to treatment on behalf of this individual.

I agree to the following office policies:

- If I do not abide by the 24-cancelation policy, I will be charge a \$50 no-show fee.
- If I do not call to cancel my appointment, my assigned therapist will attempt to contact me to reschedule the appointment. If I do not contact my therapist to reschedule within a two weeks period, I will receive a letter inviting me to schedule an appointment with my therapist. In the event I do not complete a therapy session within 30-days of receipt of the letter, my file will be closed with Youth For Tomorrow Behavioral Health Services. To resume services, I will be required to complete a new intake with the agency.
- No firearms, pellet guns, air rifles, knives, or other weapons shall be permitted on Youth For Tomorrow Behavioral Health Services premises unless they are in the possession of an on-duty sworn law-enforcement personnel.



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Client Signature

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Date

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Parent/Legal Guardian/ Caregiver Signature

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Date