

PERSONAL INFORMATION SHEET

Name: _____ D.O.B. _____

Address: _____

Phone: _____

Referred by: _____

Client Signature: _____ Date: _____

CONFIDENTIALITY NOTICE

Regarding Client Records and Information

The confidentiality of client records maintained by this agency is protected by Federal Law and regulations. In general, this program may not state to anyone outside the program that a client attends the program, unless:

- The client consents, in writing
- The disclosure is allowed, or required by court order.
- The disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program review.
- Stated threat of harm to self or others.

Violation of the Federal regulations is a crime and may be reported to the appropriate authorities in accordance with Federal law.

The Federal Law and regulations do not protect any information about a crime committed by a client either at the program, or against any person who works for the program, or any threat to commit such a crime. Nor does it the law protect any information about suspected child/elder abuse or neglect which must be reported under State law to appropriate State or Local authorities.

(Refer to 42 CFR Part 2 for Federal regulations, a copy of which may be obtained from the program office.)

Client signature _____ Date _____

CONTRACT FOR PARTICIPATION

Name: _____ DOB _____

I understand that if I have been court ordered to attend this program, it has been documented that I have been violent. A requirement for participation in the program includes my taking responsibility for my actions and talking about my violence. In the event that I deny being violent, Anger Solutions will have no choice but to refer me back to court.

_____ I agree to attend a minimum of 8 group counseling sessions at "Anger Solutions".

_____ I understand that my counselor will report my attendance, acts of violence, and an evaluation of my progress to the courts and/or their agents. Any violations of conditions of the program/probation are grounds for removal from group and referral back to court.

_____ I understand that if I move, I must notify this agency of change of address and phone number.

_____ I understand that I must notify this agency of any further police contact, service of protection order, or any pending new charges.

_____ I agree not to be violent with any person during my participation in the Coping With Anger Program.

_____ I understand that **five** failed attempts and/or **five** missed groups may result in a removal from the Coping with Anger program.

_____ I understand that the work materials for Coping with Anger are my responsibility and any lost materials will need to be replaced at my expense.

I have read this contract for participation and understand my requirements while attending

Client signature _____ Date _____

FEE AGREEMENT

ASSESSMENT/SIGN-UP-----\$ 50.00

MRT (Coping With Anger) WORKBOOK-----\$ 20.00

8 GROUPS @ \$30.00 EACH-----\$240.00

TOTAL \$310.00

Any additional group are \$30.00 each group

- FEES ARE ESTIMATES BASED UPON MINIMUM REQUIREMENTS
- FEES WILL BE HIGHER IF YOUR FURTHER PARTICIPATION IS
REQUIRED
- ALL FEES ARE DUE AT THE TIME OF SERVICE UNLESS YOU
HAVE MADE SPECIAL ARRANGEMENTS IN ADVANCE.
- IF YOU'RE FEES ARE NOT PAID IN FULL UPON COMPLETION
YOU WILL BE CLOSED NON-COMPLIANT.
- THERE ARE NO REFUNDS FOR FEES PAID IN ADVANCE IF YOU ARE CLOSED NON-COMPLIANT
DUE TO VIOLATING PROGRAM RULES OR THE CONDITIONS OF YOUR PROBATION.

CLIENT SIGNATURE

DATE

The “Coping With Anger group” is designed to assist each participant to develop an awareness of the impact of “anger” in their life, develop an understanding of what causes anger, and to provide each participant with some basic tools to manage anger more effectively. The treatment concepts and anger management tools presented in this group are evidence based and have demonstrated effectiveness in helping individuals manage anger. As with learning any new skills and behaviors, practice is an essential part of getting the most from this group.

1: All participants must sign a Release of Information (ROI) for their referring agent. If you are unwilling to sign an ROI or revoke your ROI to your referring agent notification will be made to your probation officer and/or referring agent and you will no longer be able to attend group until you have discussed the issue with your probation officer.

2: Participant progress and attendance at each group reported to the Court of supervision and/or responsible probation officer.

3: Anger Management Group meets weekly. Group participants will need to purchase the “Coping With Anger” workbook for \$20 and read and complete module 1 prior to your first group.

4: You will be required to bring your workbook to each group.

5: Coping With Anger group can be completed in 8 sessions. However if you do not complete your work to the satisfaction of voting group members and/or the group counselor you will be asked to redo the work and represent the following week. Any additional groups will incur an additional cost of \$30.00 per group due at the beginning of group.

6: A participant will not be admitted to a session or may be dismissed from a group session if, 1) They present as intoxicated or “high”. 2)Become verbally disruptive and/or threatening during the group. You will not be admitted to a session if you do not arrive prior to the beginning of the group session and will not be given credit for the session if you leave before the end of the session.

7: If you are dismissed from a group session, you will be permitted to return to the next group session after discussing the situation with your Court of supervision and/or probation officer. If you have been dismissed from a group session, this will count as one absence.

8: Failure to attend 3 or more group sessions may result in “unsuccessful completion” of the program and notification will be forwarded to your Court of supervision and/or probation officer.

(sign)

(date)

9: You are responsible for payment of all services. All fees must be paid at time of service unless special arrangements have been made with the counselor. Completion certificate will not be issued with any outstanding fees.

10: Group Safety. No violence or threats toward staff and other group members will be tolerated. It is important that members perceive the group as a safe place to share their experiences and feelings without threats or possible physical harm.

11: Confidentiality. Group members should not discuss outside the group what group members say during group sessions. There are limits to confidentiality. In some situations, agency staff is legally obligated to take actions which we believe are necessary to attempt to protect others from harm. These actions may include contacting local law enforcement, providing a report to Child or Adult Protective Services, contacting the local mental health crisis intervention staff, and/or notification to an individual at risk of being harmed. These situations include:

- Abuse/neglect of a child under 18 years of age.
- Abuse, neglect, exploitation of an elderly person.
- Reason to believe that a person presents a clear and substantial risk of imminent serious harm to him/herself or someone else.

I agree to these group rules/expectations. I further understand that these rules are in addition to the information contained in the *Client Guidelines* that were signed, authorizing the service to be provided to me.

Client Signature

Client print name/ date

Authorization for Release of Information

To our Clients: We are better able to serve you and work with other agencies that know you and your family. By signing this form, you are giving permission for these organizations to share information about your situation.

NAME: _____ D.O.B. ____/____/____ ID# _____

I authorize the following individuals/agencies:

Anger Solutions
Bend, Oregon 97701

To provide information to:

NAME / AGENCY

EMAIL ADDRESS

Including records of:

____ Yes ____ No

Family History

Other, as listed: Anger Management

____ Yes ____ No

Domestic Violence

Domestic Violence Record include all aspects of History of Violence, alcohol/drug risk factors, assessment of current risk to Victim/Partner and others.

I agree that the agencies and individuals listed above may share and exchange information about my family and my circumstances.

____ Yes ____ No

Purpose: The information received will be used to evaluate my situation and to plan for and coordinate services for me and my family, or for other purposed specified: _____

This permission is good for one year or until: **REVOKED IN WRITING**

I can cancel this at any time, but I understand that the cancellation will not affect any information that was already released before the cancellation. I understand that information about my case is confidential and protected by State and Federal Law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

CLIENT SIGNATURE: _____ DATE: _____

To those receiving information under this authorization: This information disclosed to you is protected by State and Federal Law. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.