



CHILD & FAMILY HANDBOOK

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Welcome!

Brevard Family Partnership (BFP) is the Lead Agency that works with many local service providers to serve, support and strengthen families in need. BFP manages the local child welfare System of Care for Brevard County's children and families to ensure you receive the best service possible. Our vision is to maintain and strengthen the ties between children, families, and the community, while ensuring the safety and well-being of those we serve. It is our goal to work alongside of families to help them make desired and necessary changes in their lives. We look forward to working with you and your family.

This handbook provides information about Brevard Family Partnership, the services we offer, and explains how we will work with you and your family. Your Care Manager will go over this handbook with you and will answer any additional questions you may have. They will ask you to sign a paper stating that you have received this handbook and understand your rights and responsibilities.

Brevard Family Partnership has developed a seamless continuum of care for children and families that is committed to promoting prevention and providing the support you and your family require to live successfully after exiting the child welfare system. We provide support to each family to meet the unique needs of each child and family. We emphasize the importance of family relationships and family preservation and help to secure adequate resources to assist families in need. This helps to sustain the family in times of need and allows families to develop an extensive network of professional providers (when needed) and natural supports within their community.

Our Beliefs, Mission, Vision and Values

We believe that every child belongs in a home where they can grow up safe, healthy, and whole in families that love and nurture them. Brevard Family Partnership believes in family driven care; as such, families are partners in the planning process. It is our goal to assist and strengthen families by creating access to community based resources and natural supports that promote safety, build trust, and ensure permanency for children. We believe that mobilizing resources for children and families is the responsibility of the entire community and will help families access the necessary supports to meet their ongoing needs throughout Brevard County.

Our Mission

It is our mission to protect children, strengthen families and change lives through the prevention of child abuse and the operation and management of a comprehensive, integrated, community-based System of Care for abused, abandoned and neglected children and their families.

Our Values

Our System of Care is family-centered, strength-based and community driven. We believe that all children have the inalienable right to grow up safe, healthy and fulfilled in families that love and nurture them.

Our Vision

It is the vision of Brevard Family Partnership and its stakeholders to manage a System of Care for children and families committed to the following:

- ♥ The safety of children will be the foremost concern, at all times;
- ♥ Services are customized to meet the unique needs of each child and family and are provided by a community-based network of providers who are dedicated to delivering a family-centered and responsive service delivery system;
- ♥ Resources will be efficiently and effectively managed to achieve better outcomes for children with the goal of child safety;
- ♥ Financial support will be available from diverse federal, state and local sources and flexibly managed at the local level to meet child and family needs in a timely and appropriate manner; and
- ♥ The system will be able to collect and use data to accurately forecast what services and supports are needed, at what level of intensity and duration, and at what cost to achieve desired outcomes for each child and family in need.

What is the Child Protection System?

“The child protection system” is the phrase used to describe Department of Children and Families (DCF), service agencies, law enforcement, and Dependency Courts that are designed to protect children from harm.

What is Dependency Court?

The Dependency Court is a division of the Circuit Court. Dependency Courts make decisions concerning dependent children, including whether a child has been abused, neglected, or abandoned.

What is a Shelter?

The shelter hearing occurs within 24 hours of removal and addresses the question of whether legal grounds exist to remove a child from the home.

Who is a Guardian Ad Litem?

A guardian ad litem (GAL) is a responsible adult, who can be a volunteer, who is appointed by the court to represent the best interests of a child in any dependency case.

What is a Dependency Petition?

The dependency petition is a document that must state facts showing that the child was abused, neglected, or abandoned.

What is a Disposition Hearing?

The disposition hearing is when the Judge orders the appropriate protections, services, and placement of a child who has been found to have been abused, abandoned, or neglected.

What is a Predisposition Study?

A predisposition study is a document prepared by the Care Manager that gives the Court a more complete picture of the dependent child and his or her needs.

What is a Case Plan?

The case plan states exactly what the parents must do in order to be regain custody of the child as well as what services will be provided to the family and by whom.

What is a Judicial Review Hearing?

A Judicial Review Report and hearing addresses family progress or lack of progress, being made toward fulfilling the case plan. The Care Manager should be visiting with the child regularly (at least once a month) and checking as to the child’s well-being as well as to any needed services.

What is a Termination of Parental Rights Hearing?

A hearing where the Court decides whether a parent should have rights to his or her child.

What is Permanency Hearing?

At the permanency hearing, the Court determines whether the permanency goal for the child is appropriate or should be changed.

Brevard Family Partnership Programs

Here are examples of the different programs that Brevard Family Partnership has to offer to you and your family.

Brevard C.A.R.E.S. Prevention Program

Brevard C.A.R.E.S. (Coordination, Advocacy, Resources, Education and Support) is Brevard Family Partnership's signature voluntary prevention program. Brevard C.A.R.E.S. offers unique prevention, safety management, and diversion programs tailored to protect children, strengthen families, and change lives. Brevard C.A.R.E.S. offers a full array of support services and Wraparound Family Team Conferencing to families that are experiencing stressors that often lead to entry into the child welfare system. The success of these programs is based on a family-centered approach that promotes a family's access, voice, and ownership of the planning process and openly engages them in this strength-based program by building upon the successes and skills within their family unit. Families work in partnership with the staff and their team to have their needs met. If you are experiencing a crisis, please contact 321-213-0315.



Foster Care, Adoption and Kinship Care Programs

Brevard Family Partnership manages foster care and adoption services for youth who have been removed from their homes due to abuse, neglect and/or abandonment. These children represent all races and ethnicities and range in age from birth to 17 years. While most of these children will return home to their parents, many still will become available for adoption. Brevard Family Partnership provides support for relative and non-relative caregivers / Fictive Kin (Kinship Care) as well as foster and adoptive parents.

Foster Care Program

Foster care is a service provided by the State of Florida, through the Department of Children and Families (DCF), for children that the Dependency Court finds cannot return home and cannot be placed with relatives or other safe adults. BFP serves as the Child Placing Agency for our county and manages the licensure and re-licensure of family foster homes. DCF, or agencies with which they contract, find families in the community to serve as foster parents. However, in some cases the child or children will live in a group home setting. If you are interested in becoming a foster parent, please contact (321) 752-4650 ext. 3031.

Adoption Program

If you are interested in providing a 'forever home' for a child in the foster care system, please contact our Adoption Recruiter at (321) 639-1224 ext. 103 or visit our Heart Gallery at www.brevardfp.org/adoptions/children-for-adoption. The Heart Gallery represents many of the children available for adoption; however, it does not include all of the children available in Brevard County or in the State of Florida.

Kinship Care

The Caregiver Support Specialist is available to discuss benefits and assist caregivers with obtaining caregiver funds.

A relative caregiver can apply for Temporary Cash Assistance through the ACCESS program once a child is placed in their care. Relative caregiver's who meet the eligibility requirements, including being adjudicated dependent by a Florida court, may be able to receive Relative

Caregiver funds. The monthly Relative Caregiver payment is more than the Temporary Cash Assistance for one child. The caregiver's income is not included in the budget.

A Non-Relative Caregiver may be able to apply for Non-Relative Caregiver funds once the child / children in their care have been adjudicated dependent by a Florida court. The Dependency Care Manager will discuss this program with the caregiver.

For more information on the Kinship Care program at Brevard Family Partnership, please contact (321) 752-4650 ext. 3082, or visit <http://www.myflorida.com/accessflorida/>.

Independent Living/Transition Services

Brevard Family Partnership and our providers offer Independent Living/Transition Services to youth and young adults in the foster care system from ages 13 - 18. These services prepare them for adulthood and life after foster care. It is a requirement, that the young adults turning 18 years old while in foster care, have the life skills needed to transition into adulthood.

At age 13 caregivers are required to provide life skills to the youth in their care. Life skills training includes financial literacy, household management, educational and career planning, and other relevant life skills which will prepare the youth for adulthood.

In preparation for adulthood it is also required that the youth participates in case planning and attends court hearings. It is a requirement that all youth 16 and older with an open dependency case complete a transition plan. A transition plan describes an individual's goals as well as the actions and supports required to achieve those goals as they transition out of foster care.

Federal law requires that a caseworker, or other child welfare professional, provide youth with assistance and support in developing a transition plan. Under this requirement, the transition plan must include specific options on housing, health insurance, education, local opportunities for mentors and continuing support services, work force supports and employment services, and information about the importance of designating a health care proxy.

Brevard Family Partnership contracts with Crosswinds Youth Services to provide Independent Living/Transition Services to youth and young adults. A representative from Crosswinds Youth Services must contact all youth, 16 years old and older, to complete a formal Independent Living Skills Assessment, a formal Living Skills Plan, as well as, help the Youth develop a Transition Plan which must be filed with the court.

Please remember that it is a federal requirement for all children who have an open dependency case to complete a Transition Plan that guides the youth as he/she enters adulthood. If you have questions, please contact the Independent Living Point of Contact with Brevard Family Partnership at 321-752-4650 or Crosswinds Youth Services at 321-452-0800.

<https://www.myflfamilies.com/service-programs/independent-living/care-givers.shtml>

Rights and Responsibilities

Families and Children

Please ask your Care Manager (CM) to further explain these rights to you. It is important that you understand them and are satisfied with how your family is being treated.

You have the right to...

- ♥ Receive services regardless of your race, religion, ethnicity, cultural background and sexual orientation.
- ♥ Be treated with respect.
- ♥ Be assured that all records and information are secure and confidential (as per HIPAA standards).
- ♥ Receive a written copy of these rights.
- ♥ Have your rights explained to you in a manner which is clear.
- ♥ Understand the documents that you are asked to sign.
- ♥ Contact the Florida Abuse Hotline (1-800-96-ABUSE) and/or any other professional involved with you to report allegations of abuse or neglect.
- ♥ Refuse services unless the law states otherwise, and the right to be informed about the consequences of such a refusal, which can include discharge.
- ♥ Submit a complaint if you are unhappy with the services you are receiving and to receive a response within a reasonable amount of time.
- ♥ Services and supports that are individualized, built on strengths, resources, values and preferences and take your family's culture into consideration.
- ♥ Services and supports that meet the needs of you and your family, and reflect your priorities, goals and vision.
- ♥ Make decisions regarding the types of services that are provided and the person/agency who will provide the service.
- ♥ Participate as full and active partners in the process, and have voice and choice in decision making.
- ♥ Work together with a team to develop, implement, and evaluate your care plan.
- ♥ Invite others you view as supports to participate with you in your Family Team Conference.
- ♥ Have services and supports that are sustainable, flexible and unconditional, and that change as the needs of you and your family change.
- ♥ Receive copies of your Care Plan, court paperwork and any other relevant documents.
- ♥ Receive services in a non-discriminatory manner; and the freedom to express and practice religious and spiritual beliefs.
- ♥ Request an in-house review of your care, treatment plan, and service plan.

You also have the right to...

- ♥ Receive fair and equitable treatment.
- ♥ Be heard.
- ♥ Have a say in what happens to you and your family.
- ♥ Have a safe and secure environment.
- ♥ Receive services in your community.
- ♥ Receive services that are the least restrictive to meet your needs.
- ♥ Visit with one another unless otherwise ordered by the Court.

- ♥ Have legal representation.
- ♥ Have prompt and fair answers to questions.
- ♥ Attend meetings.
- ♥ Have the relevant facts available to you to make an informed choice.
- ♥ Have input in all phases of service planning.
- ♥ Live in a safe place.
- ♥ Privacy.
- ♥ Have your property protected.
- ♥ Live with your parents or caregivers unless a judge determines that you must be removed.
- ♥ Be heard in court.
- ♥ Medical care.
- ♥ Education.
- ♥ Permanency.
- ♥ Have the same rights as everyone else.

Informed Choice

All direct-service staff are responsible for encouraging those served by Brevard Family Partnership to take the most active role possible in choosing the direction of their services and case/treatment plan. Staff should always be working to assist consumers in the process of seeking their personal path of Self-Determination. This means using the tools provided to them to identify interests, strengths, and the direction for services. These services shall be individually tailored, incorporating goals and objectives based on the unique needs and preferences of individuals served. The services shall be coordinated and integrated in a manner that addresses personal growth and reflects the individual's informed choice.

Staff should seek ways to help those served to:

- ♥ Express who they are;
- ♥ Express their vision in terms of where they are now versus where they would like to be;
- ♥ Share how they plan to accomplish those dreams;
- ♥ Take responsibility for their choices, and understand the inherent risk in their choices in terms of health and safety; and
- ♥ Feel confident that they are taking control over their life choices.

In addition, through the use of the Strengths Discovery and Family Team Conferencing process, the person and their family are encouraged to actively participate in making decisions about services and supports, including:

- ♥ The expected results of services and supports;
- ♥ How the design of the services and supports meet needs;
- ♥ How services will be delivered;
- ♥ The expected length of services;
- ♥ Possible alternatives for services; and
- ♥ How services will be evaluated, along with any other information that is requested by the consumer or family.

During the Strengths Discovery and Family Team Conferencing process, any health or safety risk will also be identified. Suggestions on how to minimize those risks will be provided. It will be up to the individual and caregiver to share in the responsibility for their choices.

Furthermore, discussion will also include the qualities of staff that would best work with a particular individual. Input from the individual and their caregiver will be utilized in the selection of the direct services staff.

All consumers will have input in all phases of the service planning for that individual and/or family at the time of admission and also during subsequent reviews such as during team meetings, at discharge, or when circumstances require an informed choice.

All persons involved in the planning process including family and advocates are asked to actively participate in services. Service Planning is provided primarily through the Strengths Discovery and Family Team Conferencing Process.

Informed Consent for Photos and Video/Voice Taping

To protect your privacy, if you are asked to be photographed, video/audio taped, or to be viewed through a one-way mirror, you must first be told of this and you must agree to it. If you do not agree, the activity cannot be done. If you agree, you will:

- ♥ Receive a written description of the request and the reasons for it,
- ♥ Not be encouraged, given payment, or other incentives to agree to the request; and
- ♥ Be asked to sign a form giving your informed consent.

Complaints and Grievance Procedure

Brevard Family Partnership is dedicated to providing the highest quality service delivery system to the children and families of Brevard County. Our system is designed to be family centered, strength-based, culturally sensitive and inclusive. To ensure our services meet your satisfaction, Brevard Family Partnership has outlined avenues for you (and your family) to give feedback that will assist us in continuously improving our processes.

We hope to gain your feedback in many ways. We will conduct surveys to solicit your input and suggestions and at times may request to convene meetings with you to ensure you have access to the services and supports that will be most helpful to you and your family. Brevard Family Partnership also wants to ensure that you and your family have voice and choice in the planning process as well as ownership of your plan.

The Grievance Procedure

The grievance procedure was developed to provide another method of addressing concerns or barriers that are unable to be resolved through the informal methods.

What is a Grievance?

A grievance is a formal process that has been established to address a particular concern you may have that has not been successfully resolved through other informal methods.

This procedure is applicable to:

- ♥ All customers of the Brevard C.A.R.E.S. program who receive services (and/or their families);
- ♥ Families receiving services through Brevard Family Partnership's providers or through our Case Management agencies; and
- ♥ Other interested stakeholders.

Issues regarding authorizations for services should be addressed through the Clinical Services Coordinator or Director of Intake, Placement and Assessment at Brevard Family Partnership by calling (321) 752-4650. Staff will provide you with information about the appropriate grievance/appeal process that you should follow.

You have the right to file a grievance at any time, without interference or fear of retaliation. Brevard Family Partnership will ensure that your services are continuous and consistent while a resolution regarding your grievance is formulated.

When Issues or Concerns Arise

When an issue arises regarding services provided through Brevard Family Partnership, individuals who are dissatisfied with any decision regarding their services are encouraged to meet with the appropriate Brevard Family Partnership staff and/or the Community Partner who provide the services in order to resolve these concerns. If an issue has risen to a level where it cannot be resolved through this process, then you may want to consider filing a formal grievance.

First Step

You may wish to put your concerns in writing by using the Client Inquiries and Concerns form included in the handbook. You may also call our Client Relations Specialist at (321) 752-4650

to voice your concerns. The Client Relations Specialist will help you complete the necessary paperwork over the phone. Once the form is completed, the Client Relations Specialist will review the grievance and determine the action to be taken in order to best address your concerns.

If the grievance being filed has to do with decisions made by Brevard Family Partnership staff regarding eligibility and/or denial of services, appropriateness of services, timeliness of service decision or provision of services by Brevard Family Partnership staff, or other issues regarding Brevard Family Partnership or its staff, then the Client Relations Specialist may, based on the nature of the concern, assign the grievance to the appropriate Brevard Family Partnership manager/director and/or officer as appropriate. This level of review will not involve the person about whom the complaint has been made or the person who reached the decision under review.

Grievance timelines are subject to modification which is determined by the critical nature of the grievance and whether a child or client's safety and well-being is a prevailing concern. It is the intent of Brevard Family Partnership to address all complaints in a timely manner. All grievances will be closed no later than twenty (20) business days from the date received by the Client Relations Specialist.

What Happens if My Grievance Is Not Resolved to My Satisfaction?

Following receipt of the response provided, if the grievance remains unresolved or you feel the response to the grievance is still unsatisfactory, you have the right to have the grievance reviewed by the Compliance Committee and/or Chief Executive Officer of Brevard Family Partnership by contacting the Client Relations Specialist within five (5) business days of the receipt of the initial response. The Compliance Committee and/or Chief Executive Officer will have fifteen (15) business days to respond to this grievance request. A copy of the final response to this grievance by the Compliance Committee and/or Chief Executive Officer will be mailed to you within this time frame.

Brevard Family Partnership's Chief Executive Officer is designated as the final authority to address concerns that were not resolved through the Grievance and Appeal Resolution Process.

Procedures for Grievances Regarding One of Our Community Partners

Brevard Family Partnership is responsible for creating and managing a comprehensive network of quality child welfare services for Brevard County. As part of this responsibility, we require all of our providers to have a process to address complaints and/or grievances. When an issue arises with one of these Community Partners who directly provide a service, you are encouraged to meet them in order to resolve your concerns.

If issues cannot be resolved through this informal method, you should follow the specific agency's grievance procedure. If you do not have their grievance procedure, you may request this at any time, either directly from the agency or through your Care Manager/Care Coordinator, or by contacting Brevard Family Partnership's Client Relations Specialist. Once the written response has been received from the respective community agency, you may contact Brevard Family Partnership if you feel the issue has still not been resolved. Brevard Family Partnership will follow our respective timelines for resolving this grievance as described above.

You may contact Brevard Family Partnership's Client Relations Specialist at (321) 752-4650 any time to directly file your complaint or grievance. Brevard Family Partnership strives to ensure customer satisfaction and seeks timely resolution of all concerns raised by consumers.

At any time during this process, you have the right to contact the State of Florida Department of Children and Families regarding your grievance.

What is the Role of the Case Management Agency (CMA)?

Brevard Family Partnership contracts with a Case Management Agency (CMA) to provide the day-to-day oversight of child welfare case management activities for families in the dependency system.

Service referrals and participation in the Family Team Conference process are two roles in which Care Managers (CM) fully participate. CM address case management activities such as monthly home visits, scheduling visitation, ensuring children's medical needs are met, completing required paperwork for court hearings, attending Permanency Staffings and reviewing weekly progress notes. CM also complete referral paperwork for any service referral Brevard Family Partnership is funding. If you have questions about your legal case your CM is the person to contact. If a service referral is not working for you because the provider is either not a good match for you or a family member, or the service is not what supports you in meeting your needs, you can call your CM.

Providers

Brevard Family Partnership provides an array of services designed to assist in strengthening and supporting families and to alleviate family crises that may lead to removal of the child(ren) from the home. These services are a resource for families to prevent the removal of their children or to support the smooth transition of a child(ren) back to their family after reunification. The services within the System of Care are family-centered and responsive to the unique needs of families as well as delivered as close to home and in the community as possible.

Once a referral has been sent to a provider, the provider has two (2) business days to call you to set up your first appointment. Providers will meet with you or your family member at your convenience. They will submit a weekly progress report to Brevard Family Partnership and your Care Manager that lists actions taken to assist you or your family in meeting your goals. Providers may ask you to sign a voucher or form each time they work with you or your family to verify they met with you. Except for an evaluation or assessment, all providers will work with you each time they meet with you to increase your support system and connect you with community resources. This ensures that when you exit the child welfare system you will have resources to support you; we call this long-term sustainability. If this does not occur, please immediately contact your CM.

Partners and Providers *12-1-1 Brevard* Information

Brevard Family Partnership offers a large continuum of Flexible Support Services through a variety of providers. Often called “Flex Support” these providers are contracted with Brevard Family Partnership to provide an array of services. The Brevard Family Partnership provider network provides services to families and are individually tailored to meet the needs of the child or children and family. Services that are predetermined and prescribed in a “one-size-fits-all” approach are bundled. Bundled services are not flexible or responsive to the changing needs of the family. In the Brevard Family Partnership model, services are unbundled and specific to the family being served.

This means that each service request is customized, based on the family need and centrally authorized by Clinical Services Coordinators who have “real time” access to services and community resources as alternatives to “paid” services. The frequency and duration of services are authorized by the team and reauthorized as needed during the ongoing Family Team Conferences/Utilization Reviews, which are scheduled according to acuity for close monitoring. This promotes efficient use and maximization of resources that tailor the level and type of support as progress or need indicates. Restructured payment methodologies and authorizations, and centralized flexible fund management will ensure all available alternative funding streams and community resources are accessed.

Brevard Family Partnership has executed contracts and rate agreements with a variety of providers to offer the following services:

- ♥ Assessments and Evaluations
- ♥ Trauma Education and Training
- ♥ Behavior Management
- ♥ Parent Education Classes
- ♥ Parenting Groups
- ♥ Reunification Support
- ♥ Family Mentoring Services
- ♥ Parent Support and Advocacy
- ♥ Family Preservation
- ♥ Individual Therapy
- ♥ Functional Family Therapy
- ♥ Clinical Intervention Programs
- ♥ Social Skills Building Groups
- ♥ Anger Management
- ♥ Psychological Evaluations
- ♥ Psychiatric Evaluations
- ♥ Medication Management
- ♥ Certified Behavior Analyst
- ♥ Psychosexual Evaluations
- ♥ Sexual Abuse Counseling Services

No person shall, on the grounds of age, color, handicap, national origin, race religion or sex be excluded from participation in, be denied benefits or be subject to discrimination under any program or activity receiving or benefiting from federal assistance. Additionally, all clients and applicants for services who have impaired sensory, manual or speaking skills are entitled to

equal opportunity to use and benefit from programs and services of Brevard Family Partnership. Auxiliary aids will be provided free of charge to the client or applicant which may include brailled and taped materials, interpreters or other aids.

For more information about our Partners and Providers, please visit our website at www.brevardfp.org or contact your Brevard Family Partnership representative.



Every hour of every day, someone in the United States needs essential services, from finding an after-school program to securing adequate care for a child or an aging parent. Faced with a dramatic increase in the number of agencies and help-lines, people often don't know where to turn. In many cases, people end up going without these necessary services because they do not know where to start. 2-1-1 helps people find and give help.

2-1-1 is an easy-to-remember telephone number that, where available, connects people with important community services and volunteer opportunities. The implementation of 2-1-1 is being spearheaded by the United Way and comprehensive and specialized information and referral agencies in states and local communities. United Way of America and the Alliance for Information and Referral Systems strongly support federal funding so that every American has access to this essential service.

Management and Protection of Personal Health Information

Brevard Family Partnership is required by law to maintain the privacy of Protected Health Information (PHI). This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

Please review the following, carefully.

Our Duties as They Relate to Your Protected Health Information (PHI)

Our records about clients contain health information that is very personal. The confidentiality of this personal information is protected by federal and state law. We have a duty to safeguard our client's PHI, which includes individually identifiable information about:

- ♥ A consumer's past, present, or future health or condition;
- ♥ Consumer's provision of health care to you;
- ♥ Consumer's payment for the health care considered PHI.

We are required to:

- ♥ Safeguard the privacy of a client's PHI;
- ♥ Give consumers this Notice, which describes our privacy practices; and
- ♥ Explain how, when, and why we may use or disclose your PHI.

Except in very specific circumstances, we must use or disclose only the minimum PHI that is necessary to accomplish the reason for the use or disclosure.

We must follow the privacy practices described in this Notice; however, **we reserve the right to change the terms of this Notice at any time and to make the new Notice provisions effective for all PHI that we receive, disclose or maintain.** Should our Notice change, we will post a new Notice at Brevard Family Partnership. You may request a copy of the new notice from Brevard Family Partnership.

Why We May Need to Use or Disclose Your PHI

We use or disclose PHI for a variety of reasons. For some of these uses or disclosures, we must have your written authorization. For some, the law permits us to make uses or disclosures without your authorization.

Generally these uses or disclosures are related to treatment, payment, or health care operations. Some examples of these uses or disclosures are:

- ♥ For Treatment: Your PHI will be shared among members of your treatment team.
- ♥ To Obtain Payment: We may release portions of your PHI to Medicaid to get paid for services that we have given or provided for you.

Uses and Disclosures for Which We Require Your Authorization (consent)

When the use or disclosure goes beyond treatment, payment, or health care operations, we are required to have your written authorization. There are some exceptions to this rule and they are listed below.

Authorizations can be revoked by you at any time to stop future uses or disclosures, except where we have already used or disclosed your PHI in reliance upon your authorization.

Uses and Disclosures for Which We Do Not Require Your Authorization

The law permits us to use or disclose your PHI without written authorization in the following circumstances:

- ♥ When a law requires disclosure: We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or in response to a court order, or to a law enforcement official. We must also disclose PHI to authorities who monitor our compliance with these privacy requirements.
- ♥ For public health activities: We may disclose PHI when we are required to collect information about diseases or injuries, or to report vital statistics to a public health authority.
- ♥ For health oversight activities: We may disclose PHI for health oversight activities such as audits, inspections, and civil or criminal investigations, or actions.
- ♥ Relating to decedents: We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors.
- ♥ For organ, eye or tissue donation purposes: We may disclose PHI to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
- ♥ For research purposes: In certain circumstances and under supervision of a privacy board or institutional review board, we may disclose PHI for research purposes.
- ♥ To avert a threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or others persons who can reasonably prevent or lessen the threat of harm.
- ♥ For specialized government functions: We may disclose PHI of military personnel and veterans, in certain situations to correctional facilities, government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.
- ♥ For workers' compensation: We may disclose PHI to comply with workers' compensation laws.

Uses or Disclosures for Which You Must Be Given an Opportunity to Object

Sometimes, we may disclose your PHI if we have told you that we are going to use or disclose your information and you did not object.

Some examples are:

- ♥ Patient directories: Your name, location, general condition, and religious affiliation may be put into our patient directory for use by clergy and callers or visitors who ask for you by name.
- ♥ To family, friends, or others involved in your care: We may share information to your family, friends or other people involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

If there is an emergency situation and we do not have time to allow you to object to the disclosure, we may still disclose your PHI if you have previously given your permission and disclosure is determined to be in your best interests. If we do this, you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

Your Rights as They Relate to Your Protected Health Information (PHI)

You have the following rights relating to your PHI:

- ♥ Request restrictions on uses or disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request but are not legally bound to

agree to the restriction. To the extent that we do agree to any restrictions on our use or disclosure of your PHI, we will put the agreement in writing and abide by it, except in emergency situations. We cannot agree to limit uses or disclosures that are required by law.

- ♥ Choose how we contact you: You have the right to ask that we send you information at an alternate address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.
- ♥ Inspect and copy your PHI: Unless your access is restricted for clear and documented reasons, you have a right to see your protected health information if you put your request in writing. We will respond to your request within 30 days for PHI we keep on-site and within 60 days for PHI that is not kept on-site. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed.
- ♥ Request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is:
 - Correct and complete;
 - Not created by us or not part of our records; or,
 - Not permitted to be disclosed.

A denial will state the reasons for denial. It will also explain your rights to have your request or denial, and any statement in response that you provide, added to your PHI.

If we approve the request for amendment, we will change the PHI and inform you, as well as others who need to know, about the change in the PHI.

- ♥ Find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released, except for instances of disclosure that were made for treatment, for payment, for health care operations, to you, per a written authorization, for national security or intelligence purposes, to correctional institutions or law enforcement officials, or for the facility directory.

We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

- ♥ Receive a copy of this Notice: You have a right to receive a paper copy of this Notice or an electronic copy by email, upon request.

How to File a Complaint About Our Privacy Practices

If you think we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the following address:

United States Department of Health and Human Services (HHS)
Attention: Office for Civil Rights
Sam Nunn Atlanta Federal Center, Suite 3B70
61 Forsyth Street SW

Atlanta, Georgia 32303-8909

No retaliatory action will be taken against you if you make such complaints.

Contact Person for Additional Information, or to Submit a Complaint.

If you have questions about this Notice, need additional information or have any complaints about our privacy practices, please contact:

Christopher Goncalo
Contract and Compliance Manager
Brevard Family Partnership
2301 W. Eau Gallie Blvd., Suite 104
Melbourne, FL 32935

Title IV of the Civil Rights Act of 1964

Brevard Family Partnership complies with Title IV of the Civil Rights Act of 1964, regarding Auxiliary Aids Plan for Persons with Disabilities or Limited English Proficiency (LEP).

To ensure compliance with Title IV of the Civil Rights Act of 1964, Statutory Citation: 42 U.S.C. Section 2000d et seq., and to appropriately serve our clients for service, Brevard Family Partnership has implemented this policy. While this ensures compliance with the “letter of the law,” it is Brevard Family Partnership’s intent to also comply with the “spirit of the law” and to that end intends to ensure that clients have access to our services.

Brevard Family Partnership and its contracted providers will make auxiliary aids available to persons with disabilities and interpreters for clients who are limited in their ability to speak, read, or understand English. Provision of these accommodations is mandated by Federal Civil Rights Laws to ensure that all clients, applicants, and employees have an equal opportunity to participate in or benefit from programs, services, and employment, regardless of disability or national origin.

Auxiliary Aids may include, but are not limited to, brailled and taped material, interpreters (sign and foreign language), readers, listening devices and systems, television decoders, visual fire alarms, captioned films and other assistive devices. This procedure applies to all Brevard Family Partnership offices and programs. Clients include potential clients seeking services from Brevard Family Partnership or its contract providers

Requests for Auxiliary Aids:

1. All services available to clients are equally available to clients with disabilities. To ensure equal accessibility of programs and services to clients with disabilities, Brevard Family Partnership and subcontracted staff assess client needs by consulting with the client. As applicable, staff will consult with counselors, parents, guardians, other family members, and/or other representatives who may be able to assist the client.
2. All Brevard Family Partnership-related requests for auxiliary aids and reasonable accommodations are to be directed to the Contract and Compliance Manager. This contact shall be made directly by calling (321) 752-4650.
3. The communication options for hearing impaired persons may include but not be limited to Telecommunication Devices for the Deaf (TDDs), FAX (telephone facsimile transmittal), phone amplifiers, sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts, signs or a combination of these. TDDs will be available for use by clients and employees who are deaf or hearing impaired within two (2) business days of a request. This request is directed to the Brevard Family Partnership Intake line at (321) 752-3226. Clients in need of TDD equipment may obtain this free of charge through Florida Telephone Relay.

The Regional Distribution Center for hearing impaired equipment is located at:

The Space Coast Center for Independent Living
803 N. Fiske Road
Cocoa, FL 32922
Voice: (321) 632-9141
TTY: (321) 632-9134

The Florida Telephone Relay service is also available. To call Florida Relay, dial 7-1-1, or use the toll-free numbers:

1-800-955-8771 (TTY)
1-800-955-8770 (Voice)
1-800-955-1339 (ASCII)
1-877-955-8260 (VCO-Direct)
1-800-955-5334 (STS)
1-877-955-8773 (Spanish)
1-877-955-8707 (French Cr)



Brevard Family Partnership
2301 W. Eau Gallie Blvd., Suite 104
Melbourne, FL 32935
Office (321) 752-4650
Fax (321) 752-4659

Client Inquiries and Concerns

Please provide your contact information and mail to: 2301 Eau Gallie Blvd., Ste. 104, Melbourne, FL 32935. You may fax the completed form to: 321-752-4659. Our Client Relations Specialist will contact you within five (5) business days of receipt of your request.

For immediate assistance you may contact our Client Relations Specialist at 321-752-4650 Ext. 3035.

Your Contact Information

Name: _____

Home Phone: () _____ - _____ Cell: () _____ - _____ Work: () _____ - _____ Ext.: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name of Care Manager: _____

Select BFP Location: W. Eau Gallie Blvd. Central Care Center South Care Center

Name of Child(ren), if Applicable: _____

Your Relationship to Child(ren): Self Parent Foster Parent Guardian Other Family
 Non Relative Caregiver Relative Caregiver Service Provider State Agency Other

Please write your questions and/or concerns below. Be as detailed as possible:

YOUR SIGNATURE: _____ DATE: _____

Thank you for taking the time to provide constructive feedback. We appreciate your comments and look forward to speaking with you to address your concerns. This form will be processed in our administrative offices in Melbourne, Florida. Note that under Florida law email addresses are public records. If you do not want your email address released in response to a public-records request, do not provide or send electronic mail to this entity. Instead, contact this office by phone or in writing.



Brevard Family Partnership
2301 W. Eau Gallie Blvd., Suite 104
Melbourne, FL 32935
Office (321) 752-4650
Fax (321) 752-4659

HIPAA Acknowledgement Form

Brevard Family Partnership's Policy complies with 45 C.F.R. Parts 160, 162, and 164, federal regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable Florida Statutes.

As defined by the Act, *protected health information* is information which can be used to identify an individual and which relates to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

As defined by the Act, *disclosure* means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.

HIPAA Privacy Notice: The federal Health Insurance Portability Act and Accountability Act (HIPAA) of 1996 provides privacy protection of an individual's verbal, written and electronic health information. Brevard Family Partnership will comply with all HIPAA requirements in order to protect your health information. By signing below you are acknowledging receipt of the Federal HIPAA policy.

Client Name and Signature:

Name (printed): _____

Signed: _____

Date: _____

Name (printed): _____

Signed: _____

Date: _____

BFP Program Staff Signature:

Name (printed): _____

Signed: _____

Date: _____



Authorization for Release of Information

I, _____, / / hereby authorize
(client name) (Date of Birth)

_____ to
Name of Agency

OBTAIN and/or RELEASE the following confidential information to

_____ consisting of:
Name of Agency

My entire record

Or only the following information:

- Treatment Plan(s)
- Psychiatric Evaluation
- Medication Management
- Medication History
- Labs
- Alcohol and Drug Screening Results
- Inpatient/Detox Discharge Instructions/Summaries
- Assessments/Screenings
- Diagnosis
- Attendance
- Abstract of Record
- Other _____

For the purpose of:

- Assisting with diagnosis, treatment, rehabilitation and/or delivery of other services to CBC of Brevard.
- Continuity of care
- Determine need/eligibility for additional services
- Confirm my status in the program
- To bill/process any claims related to my care
- Other _____

Regarding (check one or both): myself the following minor(s)/child(ren):

Minor Child _____ (Print child's name) _____ (Date of birth)

Minor Child _____ (Print child's name) _____ (Date of birth)

Minor Child _____
(Print child's name)

(Date of birth)

Minor Child _____
(Print child's name)

(Date of birth)

I understand that this consent may be revoked at any time upon written notice to the agency, except to the extent that the program or agency has already taken action in reliance on this authorization. I also understand that this consent will last no longer than reasonably necessary to the purpose for which it is given.

If not previously revoked, this consent will terminate upon: _____ (Expiration date or Event not to exceed 12 months.) The date of consent expires 90 days from when the consent is given, if no date is listed, or as law requires when a contractor or cooperating service provider requires a new release of information for ongoing service provision.

I understand that only specific information can be disclosed and only to the above mentioned agency. Psychiatric, Alcohol/Drug Abuse, or HIV/AIDS information disclosed from records whose confidentiality is protected by state and federal laws (Title 42, Code of Federal Regulations Part 2 and Public Law 91-646, Sec. 33, amended by Public Law 93-282, Sec. 333; 45 CFR, Parts 160 and 164; and Florida State Statutes Chapter 394,397 & 381) may be subject to re-disclosure by the recipient and therefore no longer protected by federal law. A general authorization for releases of medical information or other information is not sufficient.

Signing this form is voluntary. Treatment, payment, enrollment, or eligibility is not contingent upon authorization.

I acknowledge that this Release of Information has been fully explained to me and this consent is given of my free will.

Signature

Date

Signature of Witness

Date

Acknowledgement of Receipt

This Acknowledgement of Receipt form will be filed in your record and indicates that you have read and understand the following information:

- ♥ Brevard Family Partnership’s Mission Statement
- ♥ Definitions
- ♥ Client Rights and Responsibilities
- ♥ How to file a Grievance
- ♥ Confidentiality and Release of Information
- ♥ Informed Consent

Note: This original, signed “Acknowledgement of Receipt” form is to be filed in the client’s record to document receipt of the above information.

Client Name Date Signature

Client Name Date Signature

My signature above indicates that I have received the Brevard Family Partnership Handbook. I was given time to ask questions and I understand the answers that were given to me.

My Care Manager is:

My Care Manager can be reached at:

Meeting Date/Time:

Meeting Date/Time:

Other Team Members:

Please let your Care Manager know if you require an alternate version of this Handbook or the Relative and Non-Relative Caregiver Handbook. (Spanish version, large print and/or audio).



SPONSORED BY BREVARD FAMILY PARTNERSHIP AND THE STATE OF FLORIDA, DEPARTMENT OF CHILDREN AND FAMILIES.



BREVARD FAMILY PARTNERSHIP IS A COUNCIL ON ACCREDITATION (COA) ACCREDITED AGENCY.