## **Brookings Behavioral Health & Wellness**

# Teen Court Registration Form

**Brookings Behavioral Health & Wellness Staff Signature** 

Office Use Only				
	Underage Consumption Possession / Ingestion DUI Other			
Follow Up Interest?				
	Yes *contact			
	No			

Foday's Date	Clinician		No No
Last Name	First Name	М	iddle Name
Date of Birth	Social Security Number	M	other's First Name
Street Address	City Se	ate	Zip Code
D Parent/Legal Guardian Name	Phone Number		Sex  Male Female  Tobacco Use
M Parent/Legal Guardian Name	Phone Number		Yes No
G Race	Ethnicity		English Proficiency
R White Black Asian P Native American / Alaskan Native	Puerto Rican Hispanic Origin Mexican Cuban		Full Limited
Hawaiian / Other Island Native Other	Not of Hispanic Origin Other		Assistant Required
C	Current Living Situation		
Both Parents Single Parent Parent/Stepparent	Foster Home Independent Living Public Care Facility	Private Care Fact Homeless Other	
	Education		
Current Student? Yes No	Hi	ghest Grade Completed	
	Medicaid		
Does patient carry Medicaid coverage?	Yes No Medicaid ID #	£	
The above information is true to the best of my	knowledge. If applicable, I authorize my N and/or clinician.	Medicaid benefits to b	e paid directly to the physician
arent/Guardian Signature		Date	

Date

#### **Notice of Privacy Practices**

You have specific legal rights under HIPAA, including the right to appeal actions by Brookings Behavioral Health & Wellness staff. If you have a concern, please let your assigned staff or notify a Brookings Behavioral Health & Wellness supervisor. A team approach is used by Brookings Behavioral Health & Wellness. Information necessary to facilitate effective assessment and/or service provision may be shared between Brookings Behavioral Health & Wellness staff. Information you share with Brookings Behavioral Health & Wellness staff is confidential. It will not be revealed outside Brookings Behavioral Health & Wellness without your written consent. The rare exceptions to this policy are vital emergencies and/or legal situations, including: Court order for disclosure; all staff members are mandatory child abuse/dependent adult abuse reporters; necessary disclosures for coordination of treatment with other health care providers and those involved in assuring your safety.

#### Rights of People Served at Brookings Behavioral Health and Wellness

- 1) The right to participate in decision making, related to treatment, to the greatest extent possible.
- 2) The right to services regardless of age, gender, social support, disability determination, attributed diagnosis, race/cultural orientation, psychological characteristics, sexual orientation, physical situation and/or spiritual beliefs.
- 3) The right to refuse any treatment suggested by any Brookings Behavioral Health & Wellness staff member.
- 4) The right to confidentiality of all records, correspondence, and information relating to assessment, diagnosis and treatment. Information you share with Brookings Behavioral Health & Wellness staff members is confidential. It will not be revealed outside Brookings Behavioral Health & Wellness without your written consent. The rare exceptions to this policy are vital emergencies and/or legal situations, including: Court order for disclosure; All Brookings Behavioral Health & Wellness staff members are mandatory child abuse/dependent adult abuse reporters.
- 5) The right to request to see a copy of your records in writing.
- 6) The right to amend your records. If your request is denied you can write a statement of disagreement which will be kept with your information.
- 7) At all times, the right to seek and have access to legal counsel.

### **Grievance Process**

Brookings Behavioral Health & Wellness is committed to provision of professional and ethical behavioral health services; addressing the specific and individualized needs of consumers of those services. Consumer satisfaction with these behavioral health services is of paramount interest to Brookings Behavioral Health & Wellness services, administrative and governance entities. In the even that a Brookings Behavioral Health & Wellness consumer has concerns about services, that consumer is encouraged to make those concerns known through the steps of the following grievance process:

- 1) People receiving services at Brookings Behavioral Health & Wellness should discuss concerns directly with the assigned behavioral health service provider.
- 2) If the concern is not satisfactorily addressed by the assigned behavioral health service provider, the consumer should bring the concern to the attention of the Brookings Behavioral Health & Wellness Executive Director in the form of a letter, telephone contact at (605) 697-2850 or face-to-face appointment at 211 4th St. Brookings, SD 57006.
- 3) If the concern is not satisfactorily addressed in either step 1 or step 2 (above), it may be brought before the Brookings Behavioral Health & Wellness Board of Directors meeting, which is open to the public and announced in the Brookings Register. Further, request to be placed on the agenda may be made by calling (605) 697-2850.
- 4) If a satisfactory resolution is not reached after taking these actions listed above, the consumer may contact the South Dakota Division of Behavioral Health at:

Department of Social Services: Division of Behavioral Health 700 Governors Drive Kneip Building Pierre, SD 57501 1 (855) 878-6057

\*Note: Any grievance brought to the South Dakota Division of Mental Health constitutes as a legal situation under which Brookings Behavioral Health and Wellness will no longer be able to ensure the consumer's right to confidentiality.

Parent/Legal Guardian Signature	Date
Parent/Legal Guardian Signature	Date
Brookings Behavioral Health and Wellness Staff	Date