

Mandatory Reporting

At JBB Healthcare LLC we are serious about our commitment to our members when it comes to providing the best services for the members’ needs. We are concerned about the member’s psychological, physical, and cognitive development. As a service provider to developmental individuals, we are mandated by the State of Arizona (according to Arizona Revised Statute 133-3620) to report any and all abuse to the proper authorities.

Child Abuse included but is not limited to:

* Physical abuse of a child
* Sexual abuse of a child
* Sexual conduct with a minor
* Sexual exploitation of a minor
* Child molestation
* Child neglect

“ARS 13-3620 Any person who reasonably believes that a minor is or has been the victim of physical injury abuse, child abuse, a reportable offense neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment w/intent to cause or allow death of a child shall immediately report or cause reports to be made of this information to a peace officer or to Child Protective Services (except if the person does not have care and custody of the child, the report is to be made to a peace officer only).”

How does this apply to you?

What this means to you is JBB Healthcare LLC is committed to the welfare of every member we work with. In the event that any JBB Healthcare LLC employee observes signs of the above-listed crimes we are required and mandated to report them to the police and Child Protective Services only. Those agencies are responsible for notifying parents. By signing this form, you acknowledge our obligation and commitment to the member. We are honored that you entrust your child to our care and hope to always be worthy of that privilege.

Thank you,

JBB Healthcare LLC

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_