



mercerc family resource center

535 W. Yellowstone, Casper, WY 82601 (307) 265-7366 fax (307) 473-2650

New Client Intake – Parenting Class

General Information

Client name: _____ Date: _____

Are you a previous client? _____ If yes, when? _____ Service? _____

Client mailing address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____ May we leave voice mails? Yes No

Date of birth: _____ Age: _____ Gender: _____ Race: _____

Check your income tier: 0 - 7,000.00
(household per year) 7,001.00 - 17,000.00
17,001.00 - 29,000.00
29,001.00 - 49,000.00
49,001.00 - 69,000.00
69,001.00 and above

Do you have any disabilities (physical, intellectual, mental health, substance abuse related), medical conditions, dietary restrictions, or allergies that we should be aware of in case of emergency, or to support your learning in our programs?

If yes, please explain: _____

Do you have medical insurance? Yes No
If yes, please specify: Medicaid Private insurance with _____

How did you find us? (check all that apply) Facebook Website/internet Radio/TV Phonebook
Court/legal referral Newspaper Newsletter Flyer/poster Presentation

Other agency referral: _____ Other: _____

Emergency Contact Information & Authorization to Release Confidential Information

Contact: _____ Relationship to you: _____

Address: _____

Phones: Home: _____ Work: _____ Cell: _____

____ (initial) I authorize Mercer Family Resource Center to release information about my participation in its programs for the purpose of obtaining emergency care.

Signature: _____ Date: _____

Family Members

Name	Relationship to you	Age	Lives with you? (check if yes)
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Referral (if any)

Reason for referral: _____

Legal charges last 12 months:

Charge	Jail time, if any	Conviction
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Substance Abuse

Substance of choice (check all that apply)

Methamphetamine Cocaine Heroin Alcohol Inhalants Marijuana
Other: _____

Previous substance abuse treatment (check all that apply)

None Counseling Early intervention Education class
Relapse prevention (outpatient) Intensive outpatient (IOP) Residential
Other: _____



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AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Name: _____ DOB: _____

I authorize Mercer Family Resource Center, Inc. to RELEASE the following protected information (initial all that apply):

- N/A Discharge Summary N/A Treatment Plan/Discharge Plan
N/A Assessment instruments N/A Any communication about diagnosis, treatment, prognosis, etc.
N/A History/Physical/Psych Eval N/A Clinical staffing notes
Other (please specify) Proof of enrollment, payment, participation, and completion or non-completion, of programs

_____ Purpose: I understand that the information will be used for further evaluation and treatment

_____ Any information relevant to medical care in case of emergency

I authorize Mercer Family Resource Center, Inc. to OBTAIN the following protected information (initial all that apply):
Please send material which may be relevant relating to approximately the last year unless otherwise specified.

- N/A Discharge Summary N/A Treatment Plan/Discharge Plan
N/A Assessment instruments N/A Any communication about diagnosis, treatment, prognosis, etc.
N/A History/Physical/Psych Eval N/A Clinical staffing notes
N/A Other (please specify)

RELEASE TO/OBTAIN FROM:

Name: _____ Organization: _____
Address: _____ Telephone: _____
Fax: _____

Without expressed revocation, this consent expires on: _____

I understand that I may revoke this authorization in writing at any time, unless action has already been taken based upon this authorization. In any event, without expressed revocation, this consent expires one year from the date signed.

I understand that this information is protected by Federal regulations under 42 CFR Part 2 and 45 CFR Parts 160 and 164, and by Wyoming Statute 33-38-113-Privileged Communication, and will not be released to anyone outside of this agency without written consent, unless otherwise provided for in the regulations. The person receiving this information may re-disclose and use it only to carry out that person's official duties, and with regard to the client's criminal proceeding with which this consent is given. In criminal proceedings, I further understand that this consent is revocable after the final date cited above or upon the final disposition of the criminal proceeding against me.

In signing this authorization, the undersigned acknowledges that the records disclosed here might be subject to re-disclosure by or to persons not covered by HIPAA.

Date

Signature of client

Signature of witness

Signature of parent or legal guardian



Consent for Services

Welcome to Mercer Family Resource Center, Inc. We are a community-based nonprofit agency designed to address the needs and concerns of families in Natrona County. We provide a range of services, and you are here to participate in one or several of those services. You are required to read and sign this form to document that you are aware of the services that we provide, are satisfied with the explanation of services, and are consenting to participate in those services.

Mercer Family Resource Center services include:

- Family Education Groups
- Alcohol, Tobacco, and Other Drug Education Programming
- Case Management
- Individual Counseling
- Family Counseling
- Assessment and identification of personal and/or work-related problems
- Support Groups
- Referral to appropriate and accessible resources
- CHINS (Child in Need of Supervision) Prevention Support

You have the right to decide whether or not to participate in any of these services. For you to consent to services, we have the duty to inform you about the recommended care and conditions of services so that your decision is knowledgeable and meaningful. We have a sliding fee schedule for some services. The fee for your current services is \$_____. Your service fee is not refundable or transferable if you are removed from the group for unacceptable behavior, if you decide to discontinue the service, or if you choose not to attend the group or class. We have the right to refuse service at anytime for any reason with no refund provided.

Initial _____

If you choose to consent to services, we have a policy that prohibits you from participating in any of our services while under the influence of alcohol or drugs. If we suspect an adult client is under the influence of alcohol or drugs we will work with you to arrange to leave services in a safe and legal manner. If we suspect a minor client is under the influence of alcohol or drugs, we will first contact a parent or guardian to pick up the minor. If we cannot reach a parent or guardian, we will contact the probation officer, if applicable. As a last resort, we will contact the police in order to provide a safe and legal manner for the minor to leave the service.

Initial _____

Client Confidentiality

Information obtained during the process of counseling, whether verbal, written or recorded, is protected by Federal regulations under 42 CFR Part 2 and 45 CFR Parts 160 and 164, and by Wyoming Statute 33-38-113-Privileged Communication, and will not be released to anyone outside of this agency without written consent, unless otherwise provided for in the regulations. If the client is a minor, both the client and the parent/guardian must sign the release.

There are, however, situations that may arise in which the counselor is obligated to report information without first obtaining written permission. These exceptions are listed in the attached copy of Wyoming Statute 33-38-113. When information has been released or requested under these emergency conditions, the responsible staff member shall enter all pertinent details of the transactions into their client's record, including at a minimum: the date information was released, the person who requested or received it, the reason it was requested, the reason written permission could not be obtained, and the specific information released. The client shall be informed that the information was released or requested as soon as reasonable after the release of, or request for, information.

In other situations the counselor may feel that information shared by the client needs to be expressed to other individuals such as family members, schools, etc. Under such circumstances the counselor will maintain confidentiality unless expressed written permission is granted.

Communications via computer email or cellular text are not secure. If you choose to communicate electronically, such communications will be considered to be confidential, however we cannot guarantee that other parties, such as service providers, will abide by our confidentiality agreement.

If you have any question regarding confidentiality, or grievances regarding your treatment, please discuss them with your counselor. If you feel your issue has not been resolved, please contact the Executive Director, or the Mental Health and Substance Abuse Services Division of the State of Wyoming Department of Health at Suite 220, Qwest Bldg, 6101 Yellowstone Rd, Cheyenne, WY 82002.

Initial _____

Client Rights

1. Each program shall establish a written policy stating that the service will comply with the client rights requirements.
2. All persons residing in Natrona County shall have impartial access to the various services of Mercer Family Resource Center, Inc., regardless of race, religion, gender, sexual orientation, ethnicity, age, handicap or sources of financial support.
3. Each recipient's personal dignity and privacy shall be recognized and respected in the provision of the services of Mercer Family Resource Center, Inc.
4. Written or verbal communication between staff and service recipients shall be confidential, except as specified through the situations, or in accordance with specific and applicable laws. Additionally, the fact of being a recipient of agency services will also be confidential.

5. All service recipients have a right to initiate a grievance with respect to the quality of service provided to them by the staff of Mercer Family Resource Center, or with respect to the abridgement of their rights stated above. They also have a right to file a grievance arising from the denial, suspension, reduction, or termination of services provided by Mercer Family Resource Center. A written grievance shall be lodged with the Executive Director. If the grievance is not satisfactorily resolved, it may be reviewed by the Board of Directors. Service recipients also have the right to present a grievance and receive a fair hearing through the Wyoming Department of Health in regard to the denial, suspension, reduction or termination of their services by Mercer Family Resource Center. A written grievance should be directed to Wyoming Department of Health, Behavioral Health Division, Mental Health and Substance Abuse Services, 6101 Yellowstone Rd., Suite 220, Cheyenne, WY, 82002, Fax: (307) 777-5849.

Initial _____

Client No-Show, No-Pay Policy

Mercer Family Resource Center, Inc. is a local non-profit agency that is able to provide professional services to Natrona County residents on a sliding scale fee schedule or at no cost. In order to provide professional services, we need to be aware of when clients will be unable to make their appointments. Mercer Family Resource Center requires a 24-hour notice when an appointment is going to be canceled. If we do not receive 24-hour notice, the appointment will be noted as a "No-Show." If a client accrues three (3) "No-Show" appointments, or the client has a bill that is not current and has not made payment arrangements, the client will be removed from the counselor's caseload. In order to resume counseling services, the client will need to meet with the individual counselor or supervisor to determine if resumption of services is appropriate.

Initial _____

I have read and understand the information outlined above. I understand that I will have an opportunity to discuss any questions I may have regarding Mercer Family Resource Center services and confidentiality policy. On the basis of the stated information, I consent to services at Mercer Family Resource Center, Inc.

Printed Name of Client: _____

Client Signature: _____

Date: _____

Parent/Guardian Signature: _____
(if client is under 18)

Date: _____

Witness: _____

Wyoming Statute 33-38-113. Privileged communication.

(a) In judicial proceedings, whether civil, criminal, or juvenile, in administrative proceedings, and in proceedings preliminary and ancillary thereto, a patient or client, or his guardian or personal representative, may refuse to disclose and may prevent the disclosure of confidential information, including information contained in administrative records, communicated to a person licensed or otherwise authorized to practice under this act, and their agents, for the purpose of diagnosis, evaluation or treatment of any mental or emotional condition or disorder. A person licensed or otherwise authorized to practice under this act shall not disclose any information communicated as described above in the absence of an express waiver of the privilege except in the following circumstances:

(i) Where abuse or harmful neglect of children, the elderly or disabled or incompetent individuals is known or reasonably suspected;

(ii) Where the validity of a will of a former patient or client is contested;

(iii) Where such information is necessary to defend against a malpractice action brought by the patient or client;

(iv) Where an immediate threat of physical violence against a readily identifiable victim is disclosed to the person licensed or otherwise authorized to practice under this act;

(v) In the context of civil commitment proceedings, where an immediate threat of self-inflicted damage is disclosed to the person licensed or otherwise authorized to practice under this act;

(vi) Where the patient or client alleges mental or emotional damages in civil litigation or otherwise places his mental or emotional state in issue in any judicial or administrative proceeding concerning child custody or visitation;

(vii) Where the patient or client is examined pursuant to court order; or

(viii) In the context of investigations and hearings brought by the patient or client and conducted by the board where violations of this act are at issue. Information that is deemed to be of sensitive nature shall be inspected by the board in camera and the board shall determine whether or not the information shall become a part of the record and subject to public disclosure.



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CLIENT NO-SHOW, NO-PAY POLICY FOR GROUP PARTICIPANTS

_____ Mercer Family Resource Center, Inc. is a local non-profit agency that is able to provide professional service to Natrona County residents. In order to provide professional services, we need to be aware when a group participant will be unable to attend scheduled group sessions. Mercer Family Resource Center requires a 24-hour notice if a participant is unable to attend any group session.

_____ If we do not receive a 24-hour notice of non-attendance, the registered attendant will be marked absent, which may affect completion of the group as some of Mercer Family Resource Center's groups require 100% attendance.

_____ If you have been dismissed from group for any reason, including, but not limited to, unexcused absences, behavioral problems while attending group, or non-participation in the group, no portion of your group fee will be refunded or credited.

_____ If you have been excused for a scheduled group session for reasons such as giving a minimum of a 24-hour notice that you cannot attend the scheduled group session, then you may be required to complete homework for the session missed that must be turned in within 7 days of receiving it. If assigned homework is not completed and turned in to the group facilitator, it may affect completion of the group.

Printed name of client: _____

Client signature: _____

Date: _____

Parent/guardian signature: _____
(if client is under 18)

Date: _____



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LIABILITY, MEDICAL & MEDIA RELEASE - Minor Child(ren) & Adult

I am the parent/guardian of _____
the minor child(ren) on whose behalf I have submitted the attached application for participation in the following
program(s): _____

LIABILITY RELEASE (REQUIRED) I hereby grant permission for the child(ren) named above to participate in the
above program, which I understand may include travel in a vehicle or on foot to and/or from various venues, including our
residences. I hereby release, forever discharge and agree to hold harmless Mercer Family Resource Center and its
directors, employees and agents (“releasees”) from

- 1. any and all liability, claims or demands for personal injury, sickness or death which may occur to myself or the
child(ren), even though the liability may result from negligence of, or carelessness by, the releasees; and
- 2. any and all liability sustained by Mercer Family Resource Center and its directors, employees and agents as the
result of the negligent, willful or intentional acts of myself or the child(ren), including expenses incurred,

during the program and transportation to and from it. Furthermore, I hereby forever release, discharge, indemnify, hold
harmless, defend, exonerate and covenant not to sue the releasees with respect to any and all liability, claims, or demands
of any kind or nature whatsoever, whether at law, in equity, or otherwise, which arise or may hereafter arise directly or
indirectly from participation in this program.

MEDICAL RELEASE (REQUIRED) If a medical emergency should arise during participation in the program, I hereby
grant permission to Mercer Family Resource Center and its employees, on my and the child(ren)’s behalf, to take
whatever measures it deems advisable to ensure that emergency medical treatment, including hospitalization, is provided.

I DO grant the permissions stated above.

MEDIA RELEASE (OPTIONAL) I hereby grant permission, for myself and any minor child(ren) named above to
Mercer Family Resource Center, both during and after the program above, to use our likeness, name, voice or words in
television, radio, film, newspapers, magazine, and other media, and in any form, for the purpose of advertising or
communicating the purposes and activities of Mercer Family Resource Center for fundraising events, and in applications
for funds to support these purposes and activities.

I DO grant the permission stated above.

I DO NOT grant the permission stated above.

I have read and fully understand the provisions of the above release, and have explained these provisions to my child(ren).
Through my signature below, I am agreeing to the above provisions on my behalf and that of the minor child named
above.

PRINT NAME OF PARENT/GUARDIAN/ADULT

SIGNATURE OF PARENT/GUARDIAN/ADULT

ADDRESS, CITY, STATE & ZIP CODE

PRINT NAME(S) OF MINOR(S)

DATE