



VANDERHEYDEN

Giving new life to youth, adults and families



Children Family Treatment Support Services (CFTSS)

&

Children's Mental Health Rehabilitation Services (CMHRS)

Youth & Family Handbook

Program Overview:

As a result of the New York State Medicaid Redesign efforts, the NYS Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), Office of Children and Family Services (OCFS) and the Department of Health (DOH) have created the Children and Family Treatment Support Services (CFTSS) to benefit New York State's children from birth up to 21 years of age.

Vanderheyden has identified a need for these services in our local community along with the eleven counties the agency has designated to serve. Those counties include Albany, Columbia, Fulton, Greene, Herkimer, Montgomery, Rensselaer, Saratoga, Schenectady, Warren, Washington.

CFTSS services are approved through the Early and Periodic Screening, Diagnosis and Treatment benefits which places an emphasis on prevention and early intervention. This allows children under 21 years of age with an active Medicaid Plan to access the CFTSS array of services. The services include: Other Licensed Practitioner (OLP), Crisis Intervention, Community Psychiatric Supports & Treatment, Psychosocial Rehabilitation, Family Peer Support Services, Youth Peer Support Services. Below are the descriptions for each of the services (information taken directly from the Medicaid State Plan Children and Family Treatment Support Services Provider Manual)

It is the responsibility of Vanderheyden to ensure that the individuals in our care are free from harm. This does not only pertain to the right to be free from physical or emotional harm but the right to have individual space and privacy.

Through the development of individual rights, the Agency must also take into consideration the rights of other individuals served and of its employees. Thus, a policy that requires certain infringement guidelines has been developed to protect the rights of all individuals/ families served. Individual rights are reviewed at time of intake and signed off by an individual over the age of 18 and their parent/guardian or correspondent along with who to contact regarding complaints or concerns in regard to rights or other areas of concern.

Program Contact Information:

For information about sending referrals, referral status, intake appointment scheduling, waitlist status, and general program inquiries- those can be directed to a shared email inbox- cftssreferrals@vanderheyden.org

Supervisor Team Contact Information:

Name	Title	Email	Phone Number
Anna Carey	Director of CFTSS/CMHRS	acarey@vanderheyden.org	O-518-286-7630
Linda Priest	Administrative Assistant	lpriest@vanderheyden.org	C- 518-960-4761
Kimberly Rivera	Clinical Supervisor	krivera@vanderheyden.org	C- 518-805-9466
Marissa Italiano	CFTSS Supervisor	mitaliano@vanderheyden.org	C-518-833-2507
Claire Francis	CFTSS Supervisor	clfrancis@vanderheyden.org	C-518-960-0714
Crystal Stutz	FPA/YPA Supervisor	cstutz@vanderheyden.org	C-518-687-4101

Vanderheyden is a Sanctuary certified organization through the Sanctuary Institute. The Sanctuary Model promotes safety and recovery from adversity through the active creation of a trauma informed community. The Sanctuary Model consists of Four Pillars: Shared Knowledge, Shared Values, Shared Language, and Shared Practice.

What is the Sanctuary Model?

Dr. Sandra Bloom developed the model for over the last 23 years. The model was developed for traumatized adults in inpatient hospital settings and has been adapted for residential treatment, school, group homes, foster care, juvenile justice, outpatient and community-based settings.

The Sanctuary Model consists of Four Pillars: Shared Knowledge, Shared Values, Shared Language, and Shared Practice.

Shared Knowledge: This is the underpinning for the model. It is our understanding of what makes human beings “tick” and what stress, adversity and trauma do to us as individuals.

Shared Values: These values tie directly to developmentally grounded, trauma-informed treatment goals as well as the overall health of the organizational culture. This pillar also includes the Seven Sanctuary Commitments:

- Nonviolence
- Emotional Intelligence
- Social Learning
- Open Communication
- Democracy/ Shared Governance
- Social Responsibility
- Growth and Change

Shared Language: it is a “compass” that allows everyone to navigate interventions. In this pillar, S.E.L.F. is used so that the organizations speaks the same language throughout

- Safety
- Emotions
- Loss
- Future

Shared Practice: The way we organize our agency to maintain organizational culture and guide leaders, staff, children and families to share the same values and language.

Why do we use Sanctuary?

Sanctuary is based on an understanding of trauma and how it affects individual individuals as well as whole systems or organizations.

We believe that most individuals who come for treatment in our settings have experienced trauma and can benefit from trauma-informed care.

We believe that using this approach, not only benefits individuals, but also families, the community, and the agency as a whole.

Service Information: Below you will find information about the services offered under the CFTSS/CMHRS umbrella of services.

OLP- Other Licensed Professional (1 Hour)

The clinical services provided under OLP are intended to help prevent the progression of behavioral health needs through early identification and intervention and may be provided to children/youth in need of assessment for whom behavioral health conditions have not yet been diagnosed, including but not limited to children ages birth-5.

Services are also intended to provide treatment for children/youth with an existing diagnosis for whom flexible community-based treatment is needed to correct or ameliorate conditions identified during an assessment process, such as problems in functioning or capacity for healthy relationships. In addition, an assessment of needs may result in the recommendation of further medically necessary services, such as rehabilitative services. Services are delivered in a trauma informed, culturally and linguistically competent manner.

Service components include:

- **Licensed Evaluation (assessment)**
Psychotherapy

CI- Crisis Intervention

If the child-youth experiences psychiatric, behavioral, or situational distress in which the OLP is contacted as the treatment provider to conduct the following crisis services:

- **Licensed Evaluation (Assessment)**
- **Psychotherapy**
- **Crisis Triage(by telephone)**
- **Crisis Off-Site(In person)**
- **Crisis Complex Care (Follow-Up)**

CPST- Community Psychiatric Supports and Treatment **(1.5 hours)**

Designed to provide community-based services to children and families who may have difficulty engaging in formal office settings but can benefit from home and/or community based rehabilitative services.

CPST allows for delivery of services within a variety of permissible settings including, but not limited to, community locations where the child and youth lives, works, attends school, engages in services, and/or socializes. Activities provided under CPST are intended to assist the child/youth and family/caregiver to achieve stability and functional improvement in daily living, personal recovery and/or resilience, family and interpersonal relationships in school and community integration. The family/caregiver, therefore, is expected to have an integral role in the support and treatment of the child/youth's behavioral health need.

Service components include:

- **Intensive Interventions (Counseling)**
- **Crisis Avoidance**
- **Intermediate Term Crisis Management**
- **Rehabilitative Psychoeducation**
- **Strength Based Service Planning**
- **Rehabilitative Supports**

PSR- Psychosocial Rehabilitation (2 hours)

Designed to restore, rehabilitate, and support a child's/youth's developmentally appropriate functioning as necessary for the integration of the child/youth as an active and productive member of their family and community with the goal of achieving minimal ongoing professional intervention.

Services assist with implementing interventions on a treatment plan to compensate for, or eliminate, functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs. Activities are "hands-on" and task-oriented, intended to achieve the identified goals or objectives as set forth in the child/youth's individualized treatment plan. These services must include assisting the child/youth to develop and apply skills in natural settings.

Service components include:

- **Personal and Community Competence (PCC)**
- **Social and Interpersonal Skills (SIS)**
- **Daily Living Skills (DLS)**
- **Community Integration (CI)**

FPSS- Family Peer Support Services (2 hours)

An array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community.

FPSS provides a structured, strengths-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth. Services are delivered in a trauma informed, culturally and linguistically competent manner. Family is defined as the primary caregiving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

These service types include:

- **Engagement, Bridging, and Transition support**
- **Self-Advocacy, Self-Efficacy, and Empowerment**
- **Parent Skill Development**
- **Community Connections and Natural Supports**

YPS- Youth Peer Support Services (2 hours)

Formal and informal services and supports provided to youth, who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services.

These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Services are delivered in a trauma informed, culturally and linguistically competent manner. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy skills, and to support their transition into adulthood.

Service components include:

- **Skill Building**
- **Coaching**
- **Engagement, Bridging, and Transition support**
- **Self-Advocacy, Self-Efficacy, and Empowerment**
- **Community Connections and Natural Supports**

Program Characteristics:

Child Centered: Services are planned to meet the individual needs of the child, rather than to fit the child into an existing service. Services consider the child's family and community contexts, are developmentally appropriate and child- specific, and build on the strengths of the child and family to meet the mental health, social and physical needs of the child.

Family Focused: The family is the primary support system for the child and it is important to help empower the family to advocate for themselves. The family participates as a full partner in all stages of the decision-making and treatment planning process including implementation, monitoring and evaluation. A family may include biological, adoptive and foster parents, siblings, grandparents, other relatives, and other adults who are committed to the child.

Community Based: Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the child's successful participation in the community. Community resources include not only mental health professionals and provider agencies, but also social, religious, cultural organizations and other natural community support networks.

Multi System: Services are planned in collaboration with all the child-serving systems involved in the child's life. Representatives from all these systems, the child and the family collaborate to define the goals, develop a service plan, identify the necessary resources to implement the plan, provide appropriate support to the child and family, and evaluate progress.

Culturally Competent: Culture determines our worldview and provides a general design for living and patterns for interpreting reality that are reflected in our behavior. Therefore, services that are culturally competent are provided by individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.

Least Restrictive/ Least Intrusive: Services take place in settings that are the most appropriate and natural for the child and family and are the least restrictive and intrusive available to meet the needs of the child and family.

General Service Information and Expectations

- Guardian must be at home at the point of pickup and drop off, unless otherwise arranged or agreed upon with Guardian and their Provider.
- Please send individuals with a snack (or full belly) and water bottle to session.
- If client refuses to listen to direction during session, and provider is unable to get them home safe, it is the guardian's responsibility to come pick up at point of contact.
- PSR funds are \$20 a month. PSR funds are:
 - Not to be used outside of services. Money and receipts will stay in your assigned provider's possession.
 - To be used on goal related purchases.
 - To be avoided to be used for food.
 - PSR funds cannot be used to purchase Gift Cards.
- If a client comes to a session with their personal money, it is the guardian's responsibility to let the provider know if a guardian prefers its usage to be for specific things.
- Please be aware of the "goals" we have on file for your child. Sessions should be goal-focused.
- Providers are not able to provide transportation outside of session needs.
- Please let your provider know if you would like a copy of our Program Descriptions.

Program Components/Service Delivery Methods:

Vanderheyden is committed to providing services that are accessible to individuals and their families. CFTSS services will be provided face to face, in person and in the individual's natural environment. As part of the intake safety questions are asked to ensure the safety of staff, individual/ family. We recognize that, in certain circumstances, in-person face-to face visits may not be the preferred or most optimal modality for therapy visits to occur. As an alternative, Vanderheyden is able to offer Telehealth visits via a secure HIPAA-compliant platform (Zoom for Healthcare or Doxy.me). All persons receiving services must be afforded the opportunity to provide informed consent to participate in any services utilizing Telehealth Services.

The Telehealth services will be offered as a means of service delivery via "clinic" operations as an integrated service of the CMHRS program to enhance care and not as a replacement for face-to face service delivery. Telehealth is not the first resort but is used when the individual cannot meet in-person, as through Zoom, etc. or by individual request.

Vanderheyden will take reasonable steps to ensure that persons whose primary language is something other than English will have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. (include those documents applicable to your facility). All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

Vanderheyden will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

Vanderheyden's Protocol for Intervention during an Emergency or Crisis:

Medical Emergency: A medical emergency is defined as a severe injury or illness that is threatening to one's health or might cause permanent harm. They can be physical and psychological in nature with symptoms that include but are not limited to:

- Unconscious or lack of response
- Skin or lips that look blue, purple, or gray
- Difficulty breathing
- Chest pain or pressure
- Acting strangely or becoming more withdrawn and less alert
- Difficulty speaking clearly or garbled speech
- Weakness, numbness or incoordination on one side of the body
- Sudden loss of eyesight
- Rhythmic jerking movements or seizures
- Neck stiffness or rash with fever
- Increasing or severe, persistent pain
- Physical trauma involving the head, chest or abdomen

- Bleeding from large or deep cuts that does not stop after applying pressure for 5 minutes
- Burns that are large or involve the hands groin or face,
- Head Injuries accompanied by a loss of consciousness, confusion, headache or vomiting.

How Vanderheyden will respond in a medical emergency:

- Remain calm and call 9-1-1 if you need immediate help. Following a call to 9-1-1, the service provider should call the parent/guardian/caregiver to notify them of the medical emergency and the next steps that would be taken.
- If the person is not breathing, have someone who is properly trained in CPR
- Call Poison Control if a person has swallowed a suspected poison or another person's medications, even if there are no signs or symptoms. Bring any suspected poisons or other medications the person might have taken to the hospital.
- Place the person on the floor with his or her head turned to the side if he or she is having a seizure. Do not put anything in his or her mouth.
- Do not move an injured person unless there is immediate danger.
- Apply continuous pressure to the site of bleeding with a clean cloth
- Stay with individual until help arrives

Mental Health Emergency:

A mental health emergency is a life-threatening situation that an individual is threatening harm to themselves or others, severely disoriented or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control. Some examples of a mental health emergency include but are not limited to:

- Acting on a suicide threat
- Homicidal or threatening behavior
- Self-injury needing medical attention
- Severely impaired by drugs or alcohol
- Highly erratic or unusual behavior that indicated very unpredictable behavior and/or an inability to care for themselves.

How Vanderheyden will respond to a Mental Health Emergency? In the event of a mental health emergency, CFTSS/CMHRS staff will notify 9-1-1 immediately as a safety measure. Following the call to 9-1-1, staff will notify the parent/guardian of the situation. CFTSS/CMHRS staff will notify their immediate supervisor.

Mental Health Crisis:

A mental health crisis is a non-life-threatening situation in which an individual is exhibiting extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, has a compromised ability to function, or is otherwise agitated and unable to be calmed. Some examples of a mental health crisis include but are not limited to:

- Suicidal Ideation
- Talking about threatening behavior
- Self-injury, but not needing immediate medical attention
- Alcohol or substance abuse
- Highly erratic or unusual behavior
- Eating disorders
- Not taking prescribed psychiatric medications
- Emotionally distraught, very depressed, angry, or anxious

How Vanderheyden will respond in a Mental Health Crisis?

- Provider will attempt to co-regulate with the youth to ensure immediate safety.
- If the youth/family is connected to a therapist in the community or an Other Licensed Professional (OLP) and during normal hours of operation, the individual can contact them to attempt to de-escalate and regulate emotions to ensure immediate safety.
- If the therapist or OLP is not available and the youth is unable to de-escalate and self-regulate, the family or service provider can utilize Northern Rivers Mobile Crisis- 518.292.5499
- When their mobile crisis teams are unavailable, you will be prompted to reach out to the nearest emergency responders, including 911, local hospital emergency room, or local mental health agency in your county for support.

Authorization for Release of Information

Name: _____

DOB: _____

This authorization must be completed by the individual or his/her personal representative to use/disclose/obtain protected health information (for treatment, payment, or health care operations purposes), in accordance with State and Federal laws and regulations. A separate authorization is required to use or disclose confidential HIV related information.

I, _____ authorize Vanderheyden to:

Obtain Information

Disclose Information:

Information to be obtained/disclosed:

	Treatment goals		Discharge summary/discharge plan		Complete medical records
	Safety plans/behavior management plans		Description of progress and prognosis		Medical history and physical consultation reports.
	Psychiatric evaluation		Assessment/Screening		Individualized Education Plan
	Medication management		Educational/psychological testing		Psychosocial Assessment
	Other:				

The purpose of obtaining or disclosing information:

	To provide ongoing communication with referring agency		To convey treatment recommendations and progress		To complete an evaluation (alcohol/drug, psychiatric, psychological, etc.)
	To contact in case of emergency		To maintain continuity of care		To provide ongoing treatment aftercare
	For treatment planning purposes		Other:		

This consent will remain in effect until discharge from Vanderheyden's CFTSS program. In order to revoke this authorization, a request must be completed in writing.

I hereby permit the use or disclosure of the above information to the person/organization/program(s) identified above. I understand that:

- Only this information may be used/obtained/disclosed as a result of this authorization.
- This information is confidential and cannot be legally be disclosed without my permission.
- If this information is disclosed to someone who is not required to comply with federal privacy protection regulations, then it may be redisclosed and would no longer be protected.
- I have the right to revoke this authorization at any time. My revocation must be in writing on the form provided to me by Vanderheyden. I am aware that my revocation will not be effective if the persons I have authorized to use and/or disclose my protected health information have already acted because of my earlier authorization.
- I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment from Vanderheyden, nor will it affect my eligibility for benefits.
- I have the right to inspect and copy my own protected health information to be used and/or disclosed as stated by law and or regulation.
- I have the right to receive a copy of this release of information.

Signature of Individual

Parent/Guardian/Authorized Rep

Signature of Witness

Date:

CFTSS Authorizations

In the course of providing the best possible care for your child when receiving services in Vanderheyden's Children Family Treatment Support Services (CFTSS) Program. Many situations arise where parental consent is advisable or necessary. Please check the box next to each of the following paragraphs and sign your name at the end.

Youth Name: _____

Date of Birth: _____

I hereby give my consent for emergency medical care to the child listed below while under the care of Vanderheyden, or any person or agency acting as the agent of Vanderheyden. This medical care includes emergency room treatment which in the opinion of the physician, or psychiatrist treating the child listed are deemed necessary or advisable and/or is prescribed by such physician or psychiatrist. This includes the right, in case of an emergency to admit for hospitalization and to administer necessary treatment, including surgery whenever such treatment is deemed medically necessary. Parent/Guardian/Representative would be notified immediately should emergency medical care be necessary.

YES

NO

I hereby grant permission for use of any photograph or videography of my child to appear in website, public relations brochures, pamphlets, video tapes, booklets, and exhibits compiled and used by Vanderheyden. The identity of my child will not be disclosed but he/she may be identified as a service recipient.

YES

NO

Having a shadow provides new Vanderheyden staff with the opportunity to observe and learn about the fundamentals of CFTSS services. Through this on-the-job training, the shadowing staff builds work-based experience. All Vanderheyden programs acquaint staff with working conditions and give new staff the opportunity for continued individual growth and of the CFTSS program.

YES

NO

I hereby give permission for my child to participate in any police agency investigation of assault, sexual abuse, or other crime committed against my child or other persons/property. I understand that such information concerning any such investigation will be made available to me by Vanderheyden.

YES

NO

I hereby give permission for my child to participate in recreational programs including activities in the community.
Swimming Troy Boys/Girls Club YMCA Library

YES

NO

I understand that this authorization will remain in effect until discharge from Vanderheyden's CFTSS program. In order to revoke this authorization, a request must be completed in writing.

Parent/Guardian/Representative Signature:

Date:

Acknowledgement of Receipt of Notice of Privacy Practices

By signing this form, I acknowledge that I have been provided with a copy of the Notice of Privacy Practices for Vanderheyden

Name of Individual Served

Signature (Individual, parent or personal representative and relationship)

Date: _____

This document may be mailed or faxed to Vanderheyden Fax number is 518-283-7156

CFTSS Cancellation Policy

Updated 1/2025

A cancelled appointment affects three people: you, the service provider, and another client who could have potentially used your time slot. CFTSS services are scheduled in advance and are reserved exclusively for our clients. When a session is cancelled without adequate notice, we are unable to fill the time slot by offering it to another client on the waiting list.

It is likely, at some point, you might forget about an appointment, or something will come up in your schedule that will result in you missing a scheduled appointment, such as being on vacation, your car breaking down, or getting stuck at work. You or your child may suddenly become sick, and have a to go to a doctor's appointment. There are many unavoidable things that present themselves.

Should a youth or family miss/cancel three scheduled appointments within a two-month period (8 weeks), the therapeutic relationship for the missed/cancelled service will be terminated. If a youth/family is engaged in other CFTSS services, full discharge from the program will be evaluated on a case-by-case basis. If a youth/family are discharged from the Vanderheyden CFTSS program, Vanderheyden can offer contact information for local agencies that provide an array of CFTSS services.

If you have any questions or concerns about this policy, please feel free to reach out to Anna Carey, Director of CFTSS. She can be reached by phone (518-308-9633 or 518-286-7630) or by email acarey@vanderheyden.org

Your signature below indicates you have read and understand this policy. Failure to adhere to the policy could result in your discharge from Vanderheyden's CFTSS program. Your signature below indicates agreement with this policy and as an acknowledgement that you have been offered a copy of this document.

Client Name

Client Signature

Date

Parent/Guardian/Representative Signature

Date

Vanderheyden Telemental Health Services Informed Consent

Vanderheyden is committed to providing services that are accessible to clients and their families. We recognize that, in certain circumstances, in-person face-to-face visits may not be the preferred or most optimal modality for therapy visits to occur. As an alternative, Vanderheyden is able to offer Telemental Health visits via a secure HIPAA-compliant platform (Zoom for Healthcare or Doxy.me). All persons receiving services must be afforded the opportunity to provide informed consent to participate in any services utilizing Telemental Health Services.

This informed consent includes the following:

1. Telemental Health is defined as the use of two-way real-time interactive audio and video equipment to provide and support mental health services at a distance. Such services do not include a telephone conversation, electronic mail message, or facsimile transmission between a provider and a recipient, or a consultation between two professionals or clinical staff.
2. Clients have the right to refuse Telemental Health Services.
3. Clients who decline treatment via Telemental Health will need to travel to an authorized Clinic location to receive in-person services. Every effort will be made to provide clients with a timely in-person appointment. However, depending on availability, a delay in service delivery may result.
4. During certain circumstances (i.e. a public health emergency), there may be risks associated with receiving services in a Clinic setting. Clients who opt to receive in-person services under these circumstances will be doing so at their own risk.
5. Clients who wish to verify a Telemental Health Practitioner's professional license may do so by visiting the NYSED Office of the Professions website: <http://www.op.nysed.gov/opsearches.html>
6. Telemental Health sessions will not be recorded.
7. Clients receiving Telemental Health services will be billed in accordance with the rates and fees established by their insurance provider. This may require the payment of a co-pay or deductible.

Clients receiving Telemental Health services have the following rights:

1. Clients have the right to be made aware of the role and license information of the Telemental Health Practitioner at the distant/hub site, as well as qualified mental health professional staff at the originating/spoke site who are responsible for follow-up or on-going care (if applicable).
2. Clients have the right to be made aware of the location of the distant/hub site and to have all questions regarding the equipment, the technology, etc. addressed. The home addresses of practitioners who are operating remotely from an approved site will not be disclosed.
3. Clients have the right to have appropriately trained staff immediately available to him/her while receiving the Telemental Health Service to attend to emergencies or other needs.
4. Clients have the right to be informed of all parties who will be present at each end of the Telemental Health transmission.
5. If the recipient is a minor, the recipient and his or her parent or guardian shall be given the opportunity to provide input regarding who will be in the room with the recipient when Telemental Health services are provided.
6. Clients receiving Telemental Health services have the same right to confidentiality as required by Mental Hygiene Law Section 33.13 and 45 CFR Parts 160 and 164 (HIPAA Security Rules). This right to confidentiality includes, but is not limited to, written clinical/medical records, the actual transmission of the service, and any other electronic records, as well as the spaces occupied by the recipient at the originating/spoke site and the practitioner at the distant/hub site.
7. All Telemental Health services will be performed on dedicated secure transmission linkages, and will employ acceptable authentication and identification procedures by both the sender and the receiver

Telehealth Acknowledgement and Agreement

By signing below, clients are acknowledging that they have received notice of informed consent and recipient rights, and that they are voluntarily agreeing to receive services via Telemental Health, as deemed appropriate and as agreed upon between the client and the practitioner.

Client Name: _____

Signature: _____ **Date:** _____

For clients under the age of 18, the parent or guardian acknowledges that they are giving consent for the youth to receive services via Telemental Health, as noted above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Acknowledgement of Receipt of CFTSS/CMHRS Youth & Family Handbook

By signing this form, I acknowledge that I have been provided with a copy of the CFTSS/CMHRS Youth and Family Handbook for Vanderheyden.

Individual Served in CFTSS Program

Parent/Guardian/Representative Printed Name:

Date:

Parent/Guardian/Representative Signature:

Date: