



Care Coordination Program – NH
State Military Reservation
1 Minuteman Way
Concord, NH 03301
Intake Line: 1-888-989-9924

Informed Consent for Participation at Care Coordination Program – New Hampshire

Care Coordination Program - New Hampshire (CCP-NH) is free of cost and assists Members of our Armed Forces who live, serve or work in New Hampshire, as well as their loved ones. Clients participate in deployment support services, work on challenging life circumstances and life transitions/adjustments, and in some cases, improve their existing quality-of-life through Care Coordination, Financial Counseling and Crisis Counseling. **Participation is at Will.**

CCP-NH is a HIPAA compliant program. Client information remains Private and Confidential. We use a secured electronic system for filing and documentation. No Client information is disclosed to entities outside of CCP-NH without the Client's prior written permission. Staff at CCP-NH are, however, mandated reporters, thus we have to adhere to these exceptions:

- Suspected child abuse or dependent adult or elder abuse, for which CCP-NH staff are required by law to report this to the appropriate authorities immediately.
- If a client is threatening serious bodily harm to another person/s, the staff must notify the police and inform the intended victim.
- If a client intends to harm himself or herself, the staff will make every effort to enlist their cooperation in ensuring their safety. If they do not cooperate, the staff will take further measures, without their permission, that are prescribed by law in order to ensure their safety.

In accordance with Army Regulation 40-501 Chapter 9-3, if a Service Member shares information relative to a significant change in their medical status that compromises their ability to perform military duties and/or carry a weapon, the CCP-NH Staff will make a plan with that Service Member to report this information to the Office of the State Surgeon according to military regulations. If the Service Member does not follow through with this plan, the CCP-NH Staff may have to share this information to protect the Client or others.

Also, CCP-NH reserves the right to compile anonymous client data and demographic information to identify trends and calculate statistics for compliance of the program contract.

Consent to Release Information

Under HIPAA your personal information is protected. We are not allowed to disclose information you share with other family members/entities without your explicit consent.

Furthermore, due to the nature of CCP-NH, releases will be required for collaboration of care with the following entities: Office of the State Surgeon General, Director of Psychological Health, and the Chaplain's Office. The necessity of these releases is on a case-by-case basis to be



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able to provide collaborative care with the above identified programs in an effort to maximize resources and ensure safety. Exchange of information under these releases is on a “need to know basis”. At any time, a Client can revoke releases and choose to no longer collaborate with an agency or a personal contact.

Consent to Leave Messages on Answering Machines, and E-mail

Under HIPAA, we cannot leave e-mails or voicemails for Clients without consent. When you provide your e-mail address or telephone number, either during the intake process or to your Care Coordinator (CC) or Personal Financial Counselor (PFC), this will be viewed as consent for CCP-NH to utilize them for communication. If you are concerned that your e-mail address or telephone number are not secure (others may have access to them), please refrain from providing these as a resource to reach you.

Surveys

In order to maintain funding for this program your feedback is necessary. You will periodically be requested by the program Staff to complete short surveys (anonymous or eponymous according to your choosing) with your feedback on the value of CCP-NH and how to best improve it.

Grievances

The staff at CCP-NH is truly committed to providing a great service to our Clients. If at any time you are not satisfied with the services that you are receiving at CCP-NH, we encourage you to try and resolve your dissatisfaction with the Staff member that you are working with. If you continue to remain dissatisfied with that approach, we encourage Clients to file a formal Grievance with the Program Manager. Grievance Forms can be found on the CCP-NH website <http://www.ccpnh.com> or can be mailed to you at your request. Following a formal Grievance, an internal investigation will be conducted and you will be contacted by the program manager within 72 business hours for resolution of your grievance.

Referral Source

At CCP-NH we work collaboratively with other military and community entities, as well as families, to accommodate all eligible referrals. By providing your initials below, you give permission to CCP-NH to contact your referral source.

I give permission for CCP-NH to inform my referring source of the status of my participation in the program.



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By signing below, I acknowledge that I have reviewed this form, understand the scope of Care Coordination Program - New Hampshire and consent to my active participation.

Client Printed Name: _____

Signature: _____ Date: _____

Care Coordinator/Witness Printed Name: _____

Signature: _____ Date: _____
