

CLIENT INFORMATION

Last Name: Click or tap here to enter text. **First Name:** Click or tap here to enter text.

Date of Birth : Click or tap to enter a date. **Social Security Number** Click or tap here to enter text.

Address (Including apartment, city, and zip code)

Number and Street : Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text. **Zip:** Click or tap here to enter text.

May we send you mail at the address provided? Yes No

May we call you? Yes No Phone Number Click or tap here to enter text.

May we leave a text message at this number ? Yes No

May we send an email ? Yes No Email address Click or tap here to enter text.

How did you hear about us ?

Insurance Company Family/Friend Website Outreach Other

Name of Physicians you receive care from:

Dr. Anila Kahn, D.O. Juan Mercado, D.N.P. Monica Herdrich, A.N.P.

Dr. Zeba Geloo M.D. Other: Click or tap here to enter text.

Pharmacy you use: Click or tap here to enter text.

Pharmacy Phone Number Click or tap here to enter text.

Case Manager: Click or tap here to enter text.

Behavioral Health Provider: Click or tap here to enter text.

Signature: Click or tap here to enter text.

For our funding, we must have copies of your Photo Identification, Health Insurance, and Proof of Income. You will be asked to update this information semi-annually.

Please Check All That Apply:

Medicaid **Attach Copy, both sides**

Medicare **Attach Copy**

Private Health Insurance **Attach Copy, both sides**

Veteran's Health Benefits **Attach Copy**

I have no Private Health Insurance, Medicaid, Medicare Insurance, or Veteran's Benefits.

I am requesting to apply for Open Door Health Center of Illinois' Sliding Fee Discount.
(Please include all sources of income.) We need verification of income (check stubs or tax returns). Please provide a copy of your Driver's License.

I receive the following amount of income, each month _____ from _____

I, hereby certify the above information to be correct.

Signature: _____ **Date:** [Click or tap to enter a date.](#)

What are your pronouns of choice?

She/Her/Hers He/Him/His They/Them/Their

Sex assigned at Birth: Female Male Intersex

What is your current gender identity?

Sex: Female Male Transgender ID as Female Transgender ID as Male

What sex is listed on your health insurance or government records? Female Male

How do you describe yourself?

Pansexual Homosexual Bisexual Transgender Lesbian Queer
 Heterosexual Other: _____

What best describes your race?

African American/Black Asian Pacific Islander
 Caucasian/White Hispanic/Latino Multiracial
 Native American/Alaskan Native/Inuit Other: _____

What is your country of birth? _____

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What is your primary language?

English Spanish Burmese French Russian

Other: _____

Do you need an interpreter with you during your appointments with our clinicians? Yes No

Do you need any other special services or assistance during your appointment with us? Yes No

If yes, please describe any other assistance you may need during your appointments with us:

How did you find out about Open Door Health Center of Illinois?

Website Family/Friend Insurance Company Other: _____

Do you have any other learning disabilities or problems understanding things that you may need additional assistance with? Yes No

Are you a United States Veteran? Yes No

Client Member Consent to Service Agreement

I, [Click or tap here to enter text.](#) _____ agree to actively participate in Open Door Health Center of Illinois' services outlined in the Service Plan that the staff and I have developed. This Service Plan will help to access needed resources and support.

I understand that Open Door Health Center of Illinois exists for the purpose of assisting people impacted by HIV, in receiving the level of advocacy, support, and assistance necessary to manage HIV.

I understand that program services include, but are not limited to primary care; case management; assessments, advocacy, information and referrals; linkages to external agencies; individual, couple and family counseling; support groups; dental; and educational services.

I understand that information regarding my request for services, the service I receive, or the extent of my discussions with Open Door Health Center of Illinois' staff will not be disclosed without my informed consent.

I agree to respect the confidentiality of other client member's in the agency, and will not disclose personal information discussed in-group sessions outside the agency.

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I understand that Open Door Health Center of Illinois staff, need to periodically contact client members by phone, or conduct home visits, but in these instances will not disclose the nature of their contact to unauthorized persons.

I have received a copy of “Your Rights and Responsibilities” form and the agency “Grievance Procedure.”

Confidentiality of client information is of the utmost importance in the provision of services, and Open Door Health Center of Illinois strives to protect the privacy and confidentiality of our clients. This policy is intended to ensure confidentiality of all clients’ information and to define the parameters of appropriate disclosure.

Client Information is any information that can be used to identify a client with reasonable accuracy, either directly or by other publicly available information. Client identifying information includes the following: their name (first or last); social security number; address; date of birth; physical description; or photograph.

Disclosure is revealing information the identity, HIV status, or medical condition of any client receiving services. Any release of information, formally or informally, which would identify an individual as a client, either directly or by reference to other publicly available information, is disclosure. As a publicly identified service provider for persons with HIV/AIDS, indicating to a third party that someone is a client of the agency without the client’s consent is disclosure and a breach of his/her confidentiality.

Consent for release of information, is client authorization, for disclosure of specific information to a particular recipient, for an explicit purpose. Before information about a client can be released or obtained by Open Door Health Center of Illinois the client must first be informed of the reason. Next, the client must sign a release of information to authorize staff to either release or obtain information pertaining to the client. A client may refuse to sign a release of information at any time for any reason.

Under the following circumstances, Open Door Health Center of Illinois staff may release information about a client without the client’s prior consent and approval:

- when releasing information to a judge or court of law, when the client’s records are subpoenaed by the court;
- when releasing medical information pertinent to a medical emergency (where blood is present) when the client or client’s guardian or caretaker is unable to provide consent;

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- when any other laws or regulations require disclosure, such as state reporting of HIV surveillance, without a client's consent.

Psychotherapeutic, psychiatric and other mental health services are confidential. We will not reveal any information you disclose in treatment to persons or agencies outside Open Door Health Center of Illinois without your written consent, except when required by law.

The law requires that we inform others outside the health center when one of the following conditions exists:

- When there is reason to suspect that child or elder abuse has occurred, regardless of when the abuse may have occurred.
- When there is reason to believe that a patient is likely to harm themselves, unless the service provider has taken protective measures.
- When there is reason to believe that a patient is likely to harm someone else.

Senior-level practitioners may supervise others in training at Open Door Health Center of Illinois. All supervisors adhere to the same professional guidelines as stated above. However, Open Door Health Center of Illinois cannot release any information regarding a client's HIV status under any circumstances without a signed release of information.

I have read and understand the information outlined, and I consent to treatment under these conditions. Give permission for Open Door Health Center of Illinois staff to contact me via:

- US Postal Service: (Address) [_Click or tap here to enter text.](#)
- Telephone Number: [_Click or tap here to enter text.](#)
- E-mail: [_Click or tap here to enter text.](#)
- Text : [Click or tap here to enter text.](#)

Any special provisions for ongoing contact with Open Door staff include the following:

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Click or tap here to enter text.

Click or tap here to enter text.

Client Member Signature

Click or tap to enter a date.

Date

Click or tap here to enter text.

Relationship (if signed by person other than client)

Click or tap here to enter text.

Staff Member Signature

Click or tap to enter a date.

Date

Statement of Client Rights and Responsibilities

I. Description of Services

- A. Primary Care: Early intervention medical care consisting of physician services, nutritional screening, nursing, laboratory testing (limited), Psychosocial, Mental Health, Psychosocial & Substance Abuse (assessment, treatment plan, and recommendations), Dental Services (preventative, diagnostic, and therapeutic) and referrals for other specialty care services.
- B. Case Management: Provide needs assessment, develop individualized service plans, and support and entitlement programs, resource referrals, and other services, which become part of the Case Management program.

II. Eligibility

- A. Case Management/Mental Health-Substance Abuse Treatment/Psychosocial Services/Dental Care: Persons living with HIV in Kane, Kendall, Suburban Cook, Lake, McHenry, and surrounding counties.
- B. Primary Care: Persons diagnosed with HIV unable to secure medical care from private physicians. Person must be over sixteen years old.
- C. Open Door Health Center of Illinois reserves the right to limit or withhold any services based upon need and the compliance of each client.

III. Non-Discrimination Statement

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Persons will not be denied service based on race, religion, sex, sexual orientation, handicap condition, nationality, legality, veteran status, social and/or economic status/group membership, literacy, homelessness and substance abuse, developmental disability, or mental health issue.

IV. Confidentiality

Open Door Health Center of Illinois respects your rights as an individual, and considers the protection of these rights as important to the agency. These rights include:

- A. The right to seek help through our services without danger of disclosure. We will not give out any information about you or release any information from your file without your permission.
- B. The right to have a private space for conversation, intakes, conferences, etc.
- C. Clients are responsible for respecting the privacy and confidentiality of other clients receiving services at Open Door Health Center of Illinois, including not discussing client members with people outside the health centers.
- D. Open Door Health Center of Illinois does have the responsibility to transmit electronically either by email or fax, confidential information for continuity of care, treatment, healthcare operations, and billing purposes. It is understood that all caution possible will be made to avoid email or fax information from being received in error by a third party. The use of email and fax will be limited to:
 1. Communication with Open Door Health Center of Illinois physicians for continued medical care between medical health centers;
 2. Billing purposes to 3rd party insurances, including Private insurance, Medicare, Medicaid, and Ryan White funding sources;
 3. Communication with other medical resources for continuity where releases of information have been signed.

V. Clients Rights Are:

- A. To have information kept in the strictest confidence in compliance with the laws of the State of Illinois.
- B. To decline services at any time and sever the relationship between Open Door Health Center of Illinois and yourself.
- C. To know where to register complaints and concerns.
- D. To know what information about you is being released, to whom, and for what purpose.

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- E. To receive alternative services from other organizations with or without the assistance of staff.
- F. To participate with Medical, Behavioral Health, and Case Management in formulating and executing a service plan.
- G. To be treated with respect, civility, and courtesy by the staff of Open Door Health Center of Illinois.
- H. Services will be provided in a safe and secure location.

VI. Clients Responsibilities Are:

- A. To interact with the staff of Open Door Health Center of Illinois in a civil manner, openly and honestly.
- B. To limit expectations of the programs to deliverable services as originally outlined.
- C. To comply with the service plan created and agreed upon.
- D. To participate fully and accept responsibility for tasks and actions.
- E. To assume financial responsibility for services outside those of Open Door Health Center of Illinois, when those services are requested or suggested.
- F. To inform Open Door Health Center of Illinois' staff of any changes that might affect services.
- G. Illicit drugs, alcohol, implicit or explicit weapons are prohibited on agency's premises.
- H. To not verbally or physically threaten staff.

VII. Grievance Procedure

Persons receiving services from Open Door Health Center of Illinois through Primary Care, Behavioral Health, or Support Services (DRS or Part A Case Management) have the right to file grievances with the agency pertaining to those services. The following procedure will be followed in order to address such grievances.

- A. Discuss issue with person providing the particular service. An attempt of resolution might be obtained through discussion and mutual agreement between staff and Client.
- B. If necessary, the Client will submit their grievance in writing to the Executive Director of Open Door Health Center of Illinois with specific details. The Executive Director will investigate and respond in writing within fifteen days of the receipt of the grievance.

Letters will be addressed to

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**Executive Director
Open Door Health Center of Illinois
1665 Larkin Avenue
Elgin, IL 60123**

- C. If necessary, a meeting will be arranged between the Executive Director, the pertinent staff members, the Client, and if desired, their representative. If resolution is not possible, efforts will be made by the staff of Open Door Health Center of Illinois to secure services for the Client through another provider.
- D. At any point in the grievance process you may contact the Center for Conflict Resolution (CCR) to provide to you a confidential process to discuss your concern(s) with the agency in the presence of a neutral mediator to creation options and find a mutually agreeable solution. You may contact CCR through the following toll free number 1-866-CARE-212. For Part A Case Management or Part B services grievance please contact Mike Grego at 1-312-784-9089.

I have read my rights, responsibilities, and service descriptions as listed above. They have been explained to me and I fully understand them. I certify I have received a copy of these rights and responsibilities for future reference. I give my consent for emails and faxes to be sent as outlined in section IV on Confidentiality. I absolve Open Door Health Center of Illinois of all liability in the event an email or fax is received in error by a third party.

Please initial the correct response:

- I do want a copy of the Rights and Responsibilities for my records. _____
- I do not want a copy of the Rights and Responsibilities for my records. _____

Client Signature: Click or tap here to enter text. _____ **Date:** Click or tap to enter a date.

Relationship (if signed by person other than client): Click or tap here to enter text.

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Staff Signature Click or tap here to enter text.: **Date:**Click or tap to enter a date.

Provider Notice of Information

Uses and Disclosures of Health Information

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each examination room. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Individual Rights

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you \$.15 (15 cents) for each page. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

You may request in writing that we not use or disclose your information for treatment, payment, and administrative purposes, except when specifically

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authorized by you, when required by law, or in emergency circumstances. We will consider your request, but are not legally required to accept it.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

Our Legal Duty

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice. If you have any questions or complaints, please contact:

Perry Maier
Open Door Health Center of Illinois
1665 Larkin Avenue
Elgin, IL 60123
Ph: (847) 695-1093 E-Mail: PerryM@odhcil.org

I have received a copy of this document:

Client Signature: Click or tap here to enter text. **Date:** Click or tap to enter a date.

Relationship(if signed by person other than client): Click or tap here to enter text.

Staff Signature: Click or tap here to enter text. **Date:** Click or tap to enter a date.