



**SOLUTIONS**  
Community Counseling and Recovery Centers

**Client Orientation and Handbook Checklist**

Form 024

Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_

Solutions Community Counseling and Recovery Centers values you as a client and wants to ensure that you are involved in and understand exactly what will happen as services are delivered. By signing below I acknowledge that I have received a copy of the Client Handbook and I have read it and the content has been fully explained to me. Also by signing, I agree to comply with all regulations as stated in the handbook.

<b>AREAS OF ORIENTATION</b>	
1.	Hours of operation
2.	Code of Ethics
3.	Rules, Regulations and Expectations – copy received
4.	Client rights and responsibilities of person served – copy received, reviewed with client
5.	Client Fee System explanation, financial arrangements, fees, obligations
6.	Grievance and appeal procedures/Complaint Process – copy received
7.	Full disclosure on all levels, types and duration of services and activities
8.	Access to after-hours services
9.	Identification of counselor/service coordinator
10.	Ways in which client input is given re: quality of care, outcomes, and satisfaction
11.	Copy of program rules to client specifying and restrictions the program may place on a person, events, behaviors or attitudes that may lead to a loss of privileges and the means by which the lost rights/privileges can be regained by the client
12.	Developing feasible goals and achievement of outcomes
13.	Confidentiality policies 42 CFR Part 2 and Part B, paragraph 2.22 - copy received
14.	Reports to Referral Sources for mandated persons served
15.	Site and Safety organization (Familiarization with premises, emergency exits and/or shelters, fire suppression equipment, first aid kits, etc.)
16.	Tobacco policy
17.	Purpose and process of assessment
18.	Description of how the Individual Plan is developed and client participation in it
19.	Information on discharge/transition criteria and procedures
20.	Aftercare and Discharge/Transition Planning
21.	Person responsible for service coordination
22.	Policy on seclusion and restraint
23.	HIV, Hepatitis B and C, Tuberculosis – copy received Policy re: informing primary provider of a communicable disease
24.	Education on Advanced Directives, as appropriate
25.	Policy re: illicit/licit drugs/weapons brought on the premises
26.	Policy re: Transportation (consent to transport)
27.	Policy re: No Show/Late Cancellation

\_\_\_\_\_  
Client Signature (If minor, parent or legal guardian)

\_\_\_\_\_  
Date