

South Park Senior Center Social Services: Introduction to Services and Forms to Authorize Services

The following information is intended to orient you to the services provided at the South Park Senior Center. We hope that you will find it helpful. In addition to the weekly meals and Enhance Fitness exercise programs, the South Park Senior Center has a staff of social service workers who are trained and prepared to provide services to seniors in office and home visits. The social workers are able to meet with seniors to provide the following types of services: counseling, advocacy, family support, crisis intervention, education and assistance about employment and housing, referrals for health and social services including benefits, assistance for transportation, and support to attend events at the Center and at other local agencies.

A staff member can explain the following policies to you if you have any questions. We hope that you will feel free to ask questions, and go over these policies. All of the information you share with us is protected, meaning that we cannot share it without your permission except in certain cases of emergencies.

After you have met with a social services worker, you can fill out a very brief survey (which should take only a few minutes) to let us know whether the services are helpful. You can share information about your experience beyond the few questions we ask.

Thank you for looking over these materials, and please keep us informed of your social service needs.

This page, with the confidentiality policy for Senior Center services and the complaint procedure, is for your records. Please feel free to ask about these policies if you have any questions.

Confidentiality Policy

All material shared is confidential, which means it will not be shared with anyone without your written permission. If it would be beneficial to your services, we will obtain your written permission to collaborate with a third party (for example, a family member, a doctor, another social service worker). There are certain **exceptions**, in which it may be necessary to share information without your consent, including:

1. In the event of a serious threat to harm oneself or someone else, the proper individuals and/or authorities must be contacted. This includes the person against whom the threat is made.
2. In the event of suspected child or elder abuse or neglect, the proper authorities must be notified. The actions do not have to be witnessed to be reported.
3. In the event that you bring a complaint against me with the State of Washington Department of Health, information will be released.
4. In the event that your records are subpoenaed by a judge or a judicial officer, information must be released.
5. In the event that your records are subpoenaed by a lawyer in the State of Washington, they will be released unless you file a Protection Order.
6. In the event of a medical emergency, emergency personnel will be given necessary information.
7. In the case of a minor client, information indicating that the client was the victim of a crime may be released.
8. In the case of death or disability, information may be released if your personal representative or the beneficiary of your life insurance policy signs a release authorizing disclosure.

Complaint Procedure

As required by RCW 18.19.060, you may file a complaint with the Department of Health at any time you believe a licensed professional has demonstrated unprofessional conduct. Social workers must be registered or licensed with the Department of Health for protection of the public health and safety. Registration of an individual with the Department does not include recognition of any practice standards, or necessarily imply the effectiveness of any treatment. It is your right to discontinue services at any time, with or without notice to the provider. Questions or complaints may be directed to Department of Health, Health Professionals Quality Assurance, P.O. Box 47868, Olympia, WA 98504-7869, (360) 236-4700.

**AGREEMENT OF SERVICES, AUTHORIZATION TO
RELEASE INFORMATION AND ACKNOWLEDGMENT OF
PRIVACY/CONFIDENTIALITY POLICY**

I authorize _____ of the South Park Senior Center to assist me with the following:

I have received the confidentiality policy and the complaint procedure for services through the Senior Center. Initial here: _____

I give permission for this staff person to contact and share information with the following agencies on my behalf:

This agreement ends on _____(date) or until I terminate services with Senior Services.

I understand I have these rights: a) to receive a copy of this form, and b) to refuse to sign this form.

CLIENT NAME (PRINT)	CLIENT DATE OF BIRTH
CLIENT OR PERSONAL REPRESENTATIVE'S SIGNATURE	DATE
STAFF SIGNATURE	DATE

Client Address: _____