



# FAMILY TEAM CONFERENCE HANDBOOK

Brevard Family Partnership  
and its Family of Agencies  
(321) 752-4650



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# Locations

<b>Brevard Family Partnership</b> <b>2301 W. Eau Gallie Blvd., Suite 104</b> <b>Melbourne, FL 32935</b>	<b>Main #</b>	<b>(321) 752-4650</b>
	<b>Fax</b>	<b>(321) 752-4659</b>

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<b>Family Allies</b> <b>Central Care Center</b> <b>4050 Riomar Drive, Suite 120</b> <b>Rockledge, FL 32955</b>	<b>Main #</b>	<b>(321) 634-6047</b>
	<b>Fax</b>	<b>(321) 634-6527</b>

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<b>Family Allies</b> <b>South Care Center</b> <b>1591 Robert J. Conlan Blvd., Suite 128</b> <b>Palm Bay, FL 32905</b>	<b>Main #</b>	<b>(321) 837-7500</b>
	<b>Fax</b>	<b>(321) 837-7517</b>

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<b>Brevard C.A.R.E.S.</b> <b>4085 S. US Hwy. 1</b> <b>Rockledge, FL 32955</b>	<b>Main #</b>	<b>(321) 632-2737</b>
	<b>Fax</b>	<b>(321) 633-1977</b>

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<b>National Center for</b> <b>Innovation and Excellence</b> <b>2575 N. Courtenay Pkwy. Suite 224</b> <b>Merritt Island, FL 32953</b>	<b>Main #</b>	<b>(321) 419-1082</b>
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<b>Brevard County Court House</b> <b>2825 Judge Fran Jamieson Way #2C</b> <b>Viera, FL 32940</b>	<b>Phone</b>	<b>(321) 637-5497</b>
	<b>Fax</b>	<b>(321) 433-1701</b>

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- ♥ *All offices are open Monday thru Friday 8am to 5pm, excluding most holidays.*
- ♥ *For assistance after hours, holidays, and weekends, please call: (321) 752-3226*



# Welcome

Brevard Family Partnership and its Family of Agencies was formed in 2003 with the purpose of developing a local System of Care for the children and families in Brevard County who are in need of support and community-based services. Our vision for community-based care includes protecting children, maintaining, and strengthening ties between children, families, and communities, and empowering families to take steps to create desired change in their lives. We look forward to working with you and your family.

This handbook provides information about Brevard Family Partnership (BFP) and its Family of Agencies (FOA), the services offered, and how we will work with you and your family. Your Care Coordinator or designated staff member will go over this handbook with you to answer any additional questions you may have. You will be asked to sign a paper stating that you have received this handbook and understand your rights and responsibilities.

BFP and its FOA has developed a continuum of care for children and families that is committed to promoting prevention and providing the support you and your family need to live successfully after exiting the child welfare system.

BFP and its FOA uses a Wraparound Family Team Conferencing approach to address the strengths and needs of families served in the child welfare dependency system. The goal of the family team process is to enable children to safely remain in their own homes with their families, whenever possible, while ensuring families have voice and choice in the planning process. In incidences where the child is placed in out-of-home care, the focus is for the child to safely return home with their family. Family Team Conferences are used for case planning and the periodic utilization (progress) reviews of the Care Plan tasks and goals. The goal of the BFP and its FOA System of Care is to foster access, voice, and ownership of families by way of the Family Team Conference/Wraparound process and to continually increase the systems capacity to provide family teams for all families with a goal of reunification. The purpose of Family Team Conference is:

- 1) To ensure successful engagement of families occurs early in the process with the identification of the families vision, strengths and potential barriers to success;
- 2) To clarify with the family the reasons for DCF/BFP and its FOA involvement;
- 3) To focus on the safety and permanency needs of the child;
- 4) To ensure the family drives the process in identifying needs;
- 5) To ensure the family has access, voice, and ownership of their plan;
- 6) To clarify expectations for behavioral change with all persons involved;
- 7) To acknowledge the family's strengths and commitment to their child;
- 8) To document the families' accomplishments;
- 9) To form community-based, culturally sensitive informal and natural supports that will provide on going support to the family;
- 10) To identify community resources that assist the family.

# Our Beliefs, Mission, Vision and Values

**We believe that every child needs a home with a heart** and that all children deserve to grow up safe, healthy, and whole in families that love and nurture them. Brevard Family Partnership (BFP) and its Family of Agencies (FOA) believes in family-driven care; as such families are partners in the planning process. It is our goal to assist and strengthen families by creating access to community-based resources and natural supports that promote safety, build trust, and ensure permanency for children. We believe that mobilizing resources for children and families is the responsibility of the entire community and will help families' access the necessary supports to meet their ongoing needs throughout Brevard County.

## **Our Mission**

It is our mission to *protect children, strengthen families and change lives* through the prevention of child abuse and the operation and management of a comprehensive, integrated, community-based system of care for abused, abandoned, and neglected children and their families.

## **Our Values**

Our System of Care is family-centered, strength-based and community driven. We believe that all children have the inalienable right to grow up safe, healthy, and fulfilled in families that love and nurture them.

## **Our Vision**

It is the vision of Brevard Family Partnership and its Family of Agencies and stakeholders to manage a System of Care for children and families committed to the following:

- ♥ Safety of children is the foremost concern;
- ♥ Services are customized to meet the unique needs of each child and family and are provided by a community-based network of providers who are dedicated to delivering a family-centered and responsive service delivery system;
- ♥ Resources will efficiently and effectively managed to achieve better outcomes for children with the ultimate goal of child safety;
- ♥ Financial support is available from diverse federal, state and local sources and flexibly managed at the local level to meet child and family needs in a timely and appropriate manner; and
- ♥ The system collects and uses data to accurately forecast what services and supports are needed, at what level of intensity and duration, and at what cost to achieve desired outcomes for each child and family in need.

# Why is Care Coordination Important to You?

## **Because, together, we...**

**Build** a child and family team consisting of a natural network of people that you choose to be on your family team.

**Work** hard to find out what is needed to help your family be successful and create necessary changes.

**Find** out what is needed to help your family manage and eliminate the stressors you are facing.

**Follow** the process called “Wraparound,” which means that supports and services are “wrapped around” the child and family to support and sustain you beyond discharge from our program.

**Find** creative solutions based on your family’s strengths, needs, culture, values, and community.

**Will** decide when you have achieved your goals and are ready for graduation.

# What is the Wraparound Process?

Wraparound is a planning process that follows a series of steps to help children and their families realize their hopes, dreams, and meet their family goals. This enables families to be free of child welfare and other systems involvement and increase skills to navigate community resources. The steps are outlined in more detail, as follows:

## **STEP ONE: Getting Started and Hearing the Family's Story**

The initial conversation with the child and family, and others who are close to them, establishes a partnership with the family and the Brevard Family Partnership and its Family of Agencies staff, and determines team membership and an initial set of strengths and needs from which the team can work.

## **STEP TWO: Starting the Meeting with Strengths**

At the initial Family Team Conference (FTC), the team reviews each member's perspective and issues relating to strengths and needs. The "strengths focus" is established and is central to the team's operation.

## **STEP THREE: Developing a Team Vision**

Through consensus and the process of normalization, the team identifies a vision; a unified picture developed by the FTC team of how things will be for the child and family when involvement with Brevard Family Partnership and its Family of Agencies is completed.

## **STEP FOUR: Identify Needs Across Life Domains.**

The team participates in a thorough exploration of the family's needs across life domains. Life domains are areas of the family's life such as a place to live, mental health, cultural, social, spiritual, educational, vocational, financial, safety, etc. BFP and its FOA staff leads the conversation, assuring family voice, while checking with team members for other needs and a shared understanding of the needs held by the family.

## **STEP FIVE: Prioritize Needs**

The team, using family voice and perspective, selects the most important needs to work on during the time frame of the meeting. While family needs are critical, system needs, if necessary, are also considered and prioritized.

## **STEP SIX: Develop Action Strategies**

The team brainstorms strategies that will help the family move to the better life they defined in the vision statement. These actions must be tied to the strengths and culture of the child, family, team, and community.

## **STEP SEVEN: Assign Tasks and Solicit Commitments**

Team members commit to tasks with specific follow-up dates.

## **STEP EIGHT: Document the Plan, Evaluate, Refine and Monitor Progress**

The team documents the plan and develops mechanisms for knowing when it is working and makes plans to change it as necessary. As time goes on, the team determines strategies for transition to more informal, responsive supports, fading-out system involvement.

The wraparound process is a planning process that brings people together from different parts of the whole family's life. With help from a Care Coordinator, people within the family's life, work together, coordinate their activities, and blend their perspectives of the family's situation in order to create desired change and help strengthen children, families, and communities. The family decides how often they would like to schedule their FTC meetings. These can be scheduled as often as weekly or as infrequently as every 90 days. Life circumstances will occur outside of the FTC and the family might decide they want to call a FTC. The family and team members can determine at any time that a FTC needs to be convened to discuss new circumstances or information that warrants additional planning.

### **10 Principles of the Wraparound Process**

- ♥ **Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
- ♥ **Team-based.** The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
- ♥ **Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.
- ♥ **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.
- ♥ **Community-based.** The wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.
- ♥ **Culturally competent.** The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
- ♥ **Individualized.** To achieve the goals outlined in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.



- ♥ **Strength-based.** The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
- ♥ **Persistence.** Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.
- ♥ **Outcome-based.** The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

### **How is the Wraparound and the Family Team Conference Approach Different?**

- ♥ It is based on the strengths of you, your family and your community.
- ♥ It is something your family does; it is not something you are told to do.
- ♥ It is a team effort with you, your child, service providers and other people or supports that are important to you.
- ♥ It is a process that respects who you are.
- ♥ It is a process where every team member decides to never give up and provides the care, support and commitment necessary.
- ♥ It values the importance of social networks or “natural supports.”

### **What is the role of the Parent / Caregiver?**

With the partnership, support and help of other team members, you will:

- ♥ Identify your family vision of *Life will be better when...*
- ♥ Help to identify and recruit family team members.
- ♥ Discuss your family’s strengths and needs in your team meetings.
- ♥ Ask questions when you do not understand.
- ♥ Let the team know if your plan needs to change.
- ♥ Call your Care Coordinator if you are unable to attend a Family Team Conference.

### **What is the role of the Care Coordinator?**

Brevard Family Partnership’s Director of Wraparound Fidelity and Training, Care Coordinators and Family Partners oversee the authorization and utilization of services for each family in the dependency system. They also coordinate the Family Team Conference process as described above. Once you have a Strength/Cultural Discovery or Family Team Conference scheduled, your Care Coordinator is the person you will want to call to change or cancel the meeting. When

you have questions about the Wraparound process or want to discuss your FTC, either one you have had or one that is upcoming, please call your Care Coordinator for further discussion. Care Coordinators approve service referrals received from a Care Manager (CM) and send these referrals to providers, monitor weekly usage of services, receive weekly progress notes from providers, and distribute these progress notes to the CM. If your child is in out-of-home care, then your Care Coordinator will attend all Clinical Review and Permanency Staffings related to your case.

### **What is the role of the Case Management Agency (CMA)?**

Brevard Family Partnership, serving as the Lead Agency, contracts with a Case Management Agency (CMA), Family Allies, to provide for the day-to-day oversight of child welfare case management activities for families in the dependency system. Services, referrals, and participation in the Family Team Conference process are two roles in which a Case Manager (CM) fully participates. A CM addresses case management activities such as monthly home visits, scheduling visitation, ensuring children's medical needs are met, completing required paperwork for court hearings, attend Permanency Staffings, and reviewing weekly progress notes, to name a few. A CM also completes referral paperwork for any service referral Brevard Family Partnership and its Family of Agencies is funding. If you have questions about your legal case, your CM is the person to contact. If a service referral is not working for you because the provider is either not a good match for you or a family member, or the service is not what supports you in meeting your needs, then you can call your CM. The CM and Care Coordinator will speak about this and either hold a Family Team Conference or call you and work to identify a service or provider that will be a better fit for your family.

### **What is the role of Providers?**

BFP's Family of Agencies provides an array of services designed to assist families in regaining optimal functionality and to alleviate family crises that may lead to placement disruption or out-of-home placement of children. These services are a resource for families that want to prevent the removal of their children or to support the smooth transition back to their family, after reunification. The services, within the System of Care, are family-focused, responsive to the unique needs of each family, and are delivered as close to the family's home and community as possible.

Once a referral has been sent to a provider, the provider has two business days to call you to set up your first appointment with them. Providers will meet with you or your family member at your convenience. They will submit a weekly progress report to Brevard Family Partnership and its Family of Agencies that lists actions taken to assist you or your family in meeting your goals. Providers may ask you to sign a document each time they work with you or your family to verify they met with you. Except for an evaluation or assessment, all providers will work with you each time they meet with you to increase your support system and connect you with community resources. This is critical so that when you exit the child welfare system you will have resources to support you in the future; we call this long-term sustainability. If this does not occur, please let your CM or Care Coordinator know immediately.

### **What is the Role of My Child?**

Depending on your child's age, he, or she, with the support of team members, will be involved in the following areas:

- ♥ Identifying and communicating their strengths, needs and interests.
- ♥ Identifying natural supports and potential members of the team.
- ♥ Setting goals.
- ♥ Motivating him/herself.
- ♥ Trusting parents and the family team.
- ♥ Finding hope.
- ♥ Being persistent.
- ♥ Never giving up.
- ♥ Knowing his/her limits.
- ♥ Asking questions in the team process.
- ♥ Asking for help from the team.

# Brevard Family Partnership and its Family of Agencies Programs

## **C.A.R.E.S.**

C.A.R.E.S., a child abuse prevention model credentialed by the California Evidenced Based Clearinghouse (CEBC) offers a full array of support services and wraparound/family team conferencing to families experiencing stressors that often lead to abuse, abandonment and neglect. The success of this model is due to the proactive participation of the families in need who openly engage in this strength-based program, building upon the successes and skills within their family unit.

## **Foster Care, Adoption and Kinship Care Programs**

Brevard Family Partnership and its Family of Agencies manages foster care and adoption services for children who have been removed from their homes each year due to abuse, neglect and/or abandonment. These children represent all races and ethnicities and range in age from birth to 17 years. While most of these children will return home to their parents, many will become available for adoption. Brevard Family Partnership and its Family of Agencies provides support for relative and non-relative caregivers (Kinship Care) as well as foster and adoptive parents.

### **Foster Care Program**

Foster care is a service provided by the State of Florida, through the Department of Children and Families (DCF), for children that the Dependency Court finds cannot return home and cannot be placed with relatives or other safe adults. DCF, or agencies with whom they contract, find families in the community to serve as foster parents. However, in some cases, the child or children will live in a group home setting. The benefit of a foster home is the security and comfort of a family setting. If you are interested in foster parenting, please call Brevard Family Partnership and its Family of Agencies at (321) 752-4650 or visit [www.brevardfp.org](http://www.brevardfp.org).

### **Adoption Program**

If you are interested in providing a “forever home” for a child in the foster care system, please visit our Heart Gallery at [www.heartgallerybrevard.org](http://www.heartgallerybrevard.org). The Heart Gallery represents many of the children available for adoption; however, it does not include all of the children available in Brevard County or in the State of Florida.

### **Kinship Care (Relative and Non-Relative Caregiver)**

Monthly financial support is available to relatives who meet eligibility requirements and have custody of a child, under the age of 18, who has been adjudicated dependent by a Florida court and placed in their home by Brevard Family Partnership and its Family of Agencies or the DCF. The monthly payment is more than the Temporary Cash Assistance for one child, but less than the amount paid for a child in foster care. Only the needs, income, and assets of the child or children are considered when determining eligibility and payment amounts. Payments are based on the child's age and any countable income. There may also be other assistance options available for non-relatives.

For more information on the relative caregiver program at Brevard Family Partnership, please contact (321) 752-4650 or visit [www.dcf.state.fl.us/ess/tanf.shtml](http://www.dcf.state.fl.us/ess/tanf.shtml)

## **Independent Living**

BFP and its FOA and our providers offer Independent Living services to youth and young adults in the foster care system. These services prepare them for adulthood and life after foster care. It is a requirement that those young adults have the basic life skills to function successfully on their own. Training in skill areas include: financial literacy, household management, and education and career planning, to name a few.

Once a youth exits the foster care system, there are several services that he/she can access, if certain requirements are met. These services include: transportation and housing assistance, emotional support, and financial assistance.

## **Extended Foster Care**

Any youth who is residing in licensed care on his or her 18<sup>th</sup> birthday (and whom has not achieved permanency) is eligible to remain in licensed care under the jurisdiction of the court and in the care of the department if he or she is not yet 21 (or 22 if the youth has a documented disability) and is:

- a. Completing secondary education or program leading to an equivalent credential;
- b. Enrolled in an institution that provides postsecondary or vocation education;
- c. Participating in a program or activity designed to promote or eliminate barriers to employment;
- d. Employed for at least 80 hours per month; or
- e. Unable to participate in program or activities listed in a.-d. full time due to physical, intellectual, emotional, or psychiatric condition that limits participation.

The young adult must reside in a supervised living environment that is approved by the DCF or Brevard Family Partnership and its Family of Agencies and participate with ongoing case management supervision and judicial reviews and permanency hearings.

# Rights and Responsibilities

## *Family & Children*

It is important that you understand your rights and responsibilities and are satisfied with how your family is being treated. If you have any questions, please ask your Care Manager to explain these rights to you.

### ***You have the right to...***

- ♥ Receive services regardless of your race, religion, ethnicity, cultural background, and sexual orientation.
- ♥ Be treated with respect.
- ♥ Be assured that all records and information are secure and confidential (as per the Health Insurance Portability and Accountability Act (HIPAA) standards).
- ♥ Receive a written copy of these rights.
- ♥ Have your rights explained to you in a manner which is clear.
- ♥ Understand the documents that you are asked to sign.
- ♥ Contact the Florida Abuse Hotline (1-800-96-ABUSE) and/or any other professional involved with you to report allegations of abuse or neglect.
- ♥ Refuse services, unless the law states otherwise, and the right to be informed about the consequences of such a refusal, which can include discharge.
- ♥ Submit a complaint if you are unhappy with the services you are receiving and receive a response within a reasonable time frame.
- ♥ Services and supports that are individualized, built on strengths, resources, values, and preferences, and that take your family's culture into consideration.
- ♥ Services and supports that meet the needs of you and your family, and reflect your priorities, goals, and vision.
- ♥ Make decisions regarding the types of services that are provided and the person/agency who will provide the service.
- ♥ Participate as full and active partners in the process and have a voice and a choice in decision making.
- ♥ Work together with a team to develop, implement, and evaluate your care plan.
- ♥ Invite others you view as supporters to participate with you in your Family Team Conference.

- ♥ Have services and supports which are sustainable, flexible, and unconditional, and change as the needs of you and your family change.
- ♥ Receive copies of your Care Plan, court paperwork and any other relevant documents.
- ♥ Receive fair and equitable treatment.
- ♥ Receive services in a non-discriminatory manner; and the freedom to express and practice religious and spiritual beliefs.
- ♥ Request an in-house review of your Care Plan and service authorizations.

***You also have the right to.....***

- ♥ Be heard.
- ♥ Have a say in what happens to you and your family.
- ♥ Have a safe and secure environment.
- ♥ Receive services in your community.
- ♥ Receive services that are the least restrictive to meet your needs.
- ♥ Receive copies of your plan and court documents.
- ♥ Visit with one another unless otherwise ordered by the Court.
- ♥ Have legal representation.
- ♥ Have prompt and fair answers to questions.
- ♥ Attend meetings.
- ♥ Have the relevant facts available to you to make an informed choice.
- ♥ Have input in all phases of service planning.
- ♥ Live in a safe place.
- ♥ Privacy.
- ♥ Have your property protected.
- ♥ Live with your parents or caregivers unless a judge determines that you must be removed.
- ♥ Be heard in court.
- ♥ Medical care.
- ♥ Education.
- ♥ Permanency.
- ♥ Have the same rights of everyone else.

Your responsibilities include:

- a. Families involved with BFP FOA have a responsibility to:
  1. Provide relevant, factual and complete information as a basis for receiving services and participating in service decisions;
  2. Provide a safe and nurturing environment for the children;
  3. Provide notice of any change of residence;
  4. Inform the appropriate BFP FOA staff if there are any concerns or problems with the services they are receiving;

# Informed Choice

All direct service staff are responsible for encouraging consumers of Brevard Family Partnership and its Family of Agencies to take the most active role possible in choosing the direction of their services and treatment plan. Staff should always be working to assist consumers in the process of seeking their personal path of Self Determination. This means using the tools provided to them to identify interests, strengths, and the direction for services. These services shall be individually tailored, incorporating goals and objectives based on the unique needs and preferences of each client we serve. The services shall be coordinated and integrated in a manner that addresses personal growth and reflects the individual's informed choice.

## **Staff should seek ways to help consumers:**

- ♥ Express who they are;
- ♥ Express their vision in terms of where they are now versus where they would like to be;
- ♥ Share how they plan to achieve that vision;
- ♥ Take responsibility for their choices and understand the risk inherent in their choices in terms of health and safety; and,
- ♥ Feel confident that they are taking control of their life choices.

In addition, through the use of the Strengths Discovery and Family Team Conferencing process, the person and their family are encouraged to actively participate in making decisions about services and supports including:

- ♥ The expected results of services and supports;
- ♥ How the design of the services and supports employed meet their needs;
- ♥ How services will be delivered, the expected duration of services and possible alternatives for services; and,
- ♥ How services will be evaluated, along with any other information that is requested by the consumer or family.

During the Strengths Discovery and Family Team Conferencing Process, any health or safety risk will also be identified. Suggestions on how to minimize those risks will be provided. It will be up to the individual and caregiver to share in the responsibility for their choices.

Furthermore, discussion will also include the qualities of staff that would best work with a particular individual. Input from the individual and their caregiver will be utilized in the selection of the direct services staff.



All consumers will have input in all phases of service planning for that individual and/or family at the time of admission and subsequent reviews such as but not limited to monthly reviews, during team meetings, and at discharge or when circumstances are requiring informed choice.

The Strengths Discovery and Family Team Conferencing Process shall be the primary but not the exclusive way of soliciting the active involvement of persons served and their family and/or advocate in planning and implementing program services.

### **Informed Consent for Photos and Video/Voice Taping**

To protect your privacy, if you are asked to be photographed, video/audio taped, or to be viewed through a one-way mirror, you must first be told of this and you must agree to it. If you do not agree, the activity cannot be done.

If you agree, you will:

- ♥ Receive a written description of the request and the reasons for it;
- ♥ Not be encouraged, given payment, or other incentives to agree to the request; and
- ♥ Be asked to sign a form giving your informed consent.

# Complaints and Grievance Procedure

Brevard Family Partnership and its Family of Agencies is dedicated to providing the highest quality service delivery system to the children and families of Brevard County. Our system is designed to be family-centered, strength-based, culturally sensitive, and inclusive. In order to ensure our services meet your satisfaction, Brevard Family Partnership and its Family of Agencies has outlined avenues for you (and your family) to give feedback that will assist us in continuously improving our processes.

We hope to gain your feedback in many ways. We will conduct surveys to solicit your input and suggestions and, at times, may request to convene meetings with you to ensure you have access to the services and supports that will be most helpful to you and your family. Brevard Family Partnership and its Family of Agencies also wants to ensure that you and your family have voice and choice in the planning process as well as ownership of your plan.

## Procedure for Filing a Complaint

The procedure was developed to provide another method of addressing concerns or barriers that are unable to be resolved through the FTC team.

1. A "Complaint" is an informal verbal or written report of dissatisfaction with a program, service, decision, or staff member of the BFP FOA or network provider agencies.
2. A Complaint Form can be obtained at [www.brevardfp.org](http://www.brevardfp.org) or upon request from the BFP FOA Client Relations Specialist or other BFP FOA staff. A Complaint Form can also be found in this FTC Handbook.
3. If the client is not satisfied with the results of the outcome of the Complaint, the client will have the right to request a Grievance.

## What Is a Grievance?

A grievance is a formal process that has been established to address a particular concern you may have that has not been successfully resolved through the complaint process or other methods. This procedure is applicable to:

- ♥ Families receiving services through Brevard Family Partnership and its Family of Agencies or through our Provider Network.
- ♥ Other interested stakeholders.

Issues regarding authorizations for services should be addressed through the Director of Utilization Management at Brevard Family Partnership (321) 752-4650. Staff will provide you with information about the appropriate grievance/appeal process that you should follow.

You have the right to bring your complaint forward at any time without interference or fear of retaliation. Brevard Family Partnership and its Family of Agencies will ensure that your services are continuous and consistent while a resolution regarding your grievance is formulated.

### **When Issues or Concerns Arise**

When an issue arises regarding services provided through Brevard Family Partnership and its Family of Agencies, individuals who are dissatisfied with any decision regarding their services are encouraged to meet with the appropriate Brevard Family Partnership staff and/or the Community Partner who provide the services in order to resolve these concerns. If an issue has risen to a level where it cannot be resolved through this process, then you may want to consider filing a formal complaint.

### **Your First Step**

You may wish to put your concerns in writing by using the form included in the handbook. You may also call our Client Relations Specialist (CRS) at (321) 752-4650 to voice your concerns. The BFP FOA CRS will help you complete the necessary paperwork over the phone. Once the form is completed, either through an interview over the phone or by receipt of this form, which has been completed by you, the CRS will review the complaint and determine the action to be taken in order to best address your concerns.

If the complaint being filed has to do with decisions made by Brevard Family Partnership and its Family of Agencies staff regarding eligibility and/or denial of services, appropriateness of services, timeliness of service decision or provision of services by BFP and its FOA staff, or other issues regarding BFP or its staff, then the CRS may assign the complaint to the appropriate BFP and its FOA manager/director and/or officer as appropriate, based on the nature of the concern. This level of review will not involve the person about whom the complaint has been made or the person who reached the decision under review.

Complaint timelines are subject to modification which is determined by the critical nature of the complaint and whether a child or client 's safety and well-being is a prevailing concern. It is the intent of Brevard Family Partnership and its Family of Agencies to address all complaints in a timely manner. All complaints will be closed no later than twenty (20) business days from the date received by the CRS.

### **What Happens if My Complaint Is Not Resolved to My Satisfaction?**

If the complaint remains unresolved or you feel the response to the complaint is still unsatisfactory following receipt of the response provided, you have the right to file a complaint that will be reviewed by the Compliance Committee and/or the Chief Executive Officer of Brevard Family Partnership by contacting the CRS within thirty (30) days from the closure date of the complaint. The Compliance Committee and/or Chief Executive Officer will have twenty (20) days to respond to this grievance request. A copy of the final response to this grievance by the Compliance Committee and/or Chief Executive Officer will be mailed to you within this time frame.

Brevard Family Partnership's Chief Executive Officer is designated as the final authority to address concerns that were not resolved through the Grievance and Appeal Resolution Process.

### **Procedures for Grievances Regarding Our Community Partners**

Brevard Family Partnership and its Family of Agencies is responsible for creating and managing a comprehensive network of quality child welfare services for Brevard County. As part of this responsibility, we require all of our providers to have a process to address complaints and/or grievances. When an issue arises with one of these Community Partners who directly provide a service, you are encouraged to meet with them in order to resolve your concerns.

If issues cannot be resolved through this informal method, you should follow the specific agency's complaint and grievance procedure. If you do not have their grievance procedure, you may request this at any time either directly from the agency, through your Care Manager/Care Coordinator or by contacting Brevard Family Partnership and its Family of Agencies' CRS. Once the written response has been received from the respective community agency, if you still feel the issue has not been resolved you may contact BFP and its FOA's. Brevard Family Partnership and its Family of Agencies will follow our respective timelines for resolving this complaint as described above.

You may contact Brevard Family Partnership's Client Relations Specialist at (321) 752-4650 at any time to directly file your complaint or grievance. Brevard Family Partnership and its Family of Agencies strives to ensure customer satisfaction and seeks timely resolution of all concerns raised by consumers.

At any time during this process, you have the right to contact the Florida Department of Family and Children regarding this or any grievance and make a complaint through their website.

**Acknowledgement of Complaint and Grievance Procedure:**

My signature below indicates that I have received and understand the Grievance Procedure and Points of Contact at Brevard Family Partnership and its Family of Agencies.

---

Signature

---

Date

# Partners and Providers/211 Information

Brevard Family Partnership and its Family of Agencies offers a large continuum of flexible support services through a variety of providers.

BFP added Aunt Bertha, a social care network that connects people seeking help with social care providers that serve them. Aunt Bertha can be used to find local services in the community, for nonprofits to coordinate their efforts, and for customers to integrate social care into the work they already do.

Often called “Flex Support” these providers are contracted with Brevard Family Partnership and its Family of Agencies to provide an array of services. BFP and its FOA Provider Network provides services to families, flexibly and individually, that are tailored to meet the needs of the child or children and family. Services that are predetermined and prescribed in a “one-size-fits-all” approach are bundled. Bundled services are not flexible or responsive to the changing needs of the family. In the Brevard Family Partnership and its Family of Agencies model, services are unbundled and specific to the family being served.

This means that each service request is customized, based on the family need and centrally authorized by Care Coordinators who have “real-time” access to services and community resources as alternatives to “paid” services. The frequency and duration of services are authorized by the team and reauthorized, as needed, during the ongoing Family Team Conferences and Utilization Reviews, which are scheduled according to acuity for close monitoring. This promotes efficient use and maximization of resources that tailors the level and type of support as progress or needs indicate. Restructured payment methodologies and authorizations, and centralized, flexible, fund management will ensure all available alternative funding streams and community resources are accessed. Brevard Family Partnership and its Family of Agencies has executed contracts and rate agreements with a variety of providers to offer the following services:

- ♥ Assessments and Evaluations
- ♥ Trauma Education and Training
- ♥ Behavior Management
- ♥ Parent Education Classes
- ♥ Parenting Groups
- ♥ Reunification Support
- ♥ Family Mentoring Services
- ♥ Parent Support and Advocacy
- ♥ Family Preservation
- ♥ Individual Therapy
- ♥ Family Therapy
- ♥ Clinical Intervention Programs
- ♥ Social Skills Building Groups
- ♥ Anger Management
- ♥ Psychological Evaluations
- ♥ Psychiatric Evaluations
- ♥ Medication Management
- ♥ Certified Behavior Analyst
- ♥ Psychosexual Evaluations
- ♥ Sexual Abuse Counseling Services

No person shall on the grounds of age, color, handicap, national origin, race religion or sex be excluded from participation in, be denied benefits or be subject to discrimination under any program or activity receiving or benefiting from federal assistance. Additionally, all clients and applicants for services who have impaired sensory, manual, or speaking skills are entitled to equal opportunity to use and benefit from programs and services of Brevard Family Partnership and its Family of Agencies. Auxiliary aids will be provided, free of charge, to the client or applicant; these may include but are not limited to brailled and taped materials, interpreters, or other aids.

For more information about our Partners and Providers, please visit our website at [www.brevardfp.org](http://www.brevardfp.org) or contact your Brevard Family Partnership and its Family of Agencies representative.



Every hour of every day, someone in the United States needs essential services, from finding an after-school program to securing adequate care for a child or an aging parent. Faced with a dramatic increase in the number of agencies and help-lines, people often don't know where to turn. In many cases, they end up going without these necessary services because they do not know where to start. 2-1-1 helps people find and give help.

2-1-1 is an easy-to-remember telephone number that, where available, connects people with important community services and volunteer opportunities. The implementation of 2-1-1 is being spearheaded by the United Way and comprehensive and specialized information and referral agencies in states and local communities. United Way of America (UWA) and the Alliance for Information and Referral Systems (AIRS) strongly support federal funding so that every American has access to this essential service.

# Management and Protection of Personal Health Information

Brevard Family Partnership and its Family of Agencies is required by law to maintain the privacy of Protected Health Information (PHI). This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

***Please review the following, carefully.***

## **Our Duties as They Relate to Your Protected Health Information (PHI)**

Our records about clients contain health information that is very personal. The confidentiality of this personal information is protected by federal and state law. We have a duty to safeguard our client's PHI, which includes individually identifiable information about:

- ♥ A consumer's past, present, or future health or condition.
- ♥ Consumer's provision of health care to you.
- ♥ Consumer's payment for the health care considered PHI.

We are required to:

- ♥ Safeguard the privacy of a client's PHI;
- ♥ Give consumers this Notice, which describes our privacy practices; and
- ♥ Explain how, when, and why we may use or disclose your PHI.

Except in very specific circumstances, we must use or disclose only the minimum PHI that is necessary to accomplish the reason for the use or disclosure.

We must follow the privacy practices described in this Notice; however, we reserve the right to change the terms of this Notice at any time and to make the new Notice provisions effective for all PHI that we receive, disclose, or maintain. Should our Notice change, we will post a new Notice at Brevard Family Partnership. You may request a copy of the new notice from Brevard Family Partnership.

## **Why We May Need to Use or Disclose Your PHI**

We use or disclose PHI for a variety of reasons. For some of these uses or disclosures, we must have your written authorization. For some, the law permits us to make some uses or disclosures without your authorization.

Generally, these uses, or disclosures are related to treatment, payment, or health care operations. Some examples of these uses or disclosures are:

- ♥ For Treatment: Your PHI will be shared among members of your treatment team.
- ♥ To Obtain Payment: We may release portions of your PHI to Medicaid to get paid for services that we have given or provided for you.

## **Uses and Disclosures for Which We Require Your Authorization (consent)**

When the use or disclosure goes beyond treatment, payment, or health care operations, we are required to have your written authorization. There are some exceptions to this rule, and they are listed below.

Authorizations can be revoked by you at any time to stop future uses or disclosures, except where we have already used or disclosed your PHI in reliance upon your authorization.

### **Uses and Disclosures for Which We Do Not Require Your Authorization**

The law permits us to use or disclose your PHI without written authorization in the following circumstances:

- ♥ When a law requires disclosure: We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or in response to a court order, or to a law enforcement official. We must also disclose PHI to authorities who monitor our compliance with these privacy requirements.
- ♥ For public health activities: We may disclose PHI when we are required to collect information about diseases or injuries, or to report vital statistics to a public health authority.
- ♥ For health oversight activities: We may disclose PHI for health oversight activities such as audits, inspections, and civil or criminal investigations, or actions.
- ♥ Relating to decedents: We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors.
- ♥ For organ, eye or tissue donation purposes: We may disclose PHI to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
- ♥ For research purposes: In certain circumstances and under supervision of a privacy board or institutional review board, we may disclose PHI for research purposes.
- ♥ To avert a threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or others persons who can reasonably prevent or lessen the threat of harm.
- ♥ For specialized government functions: We may disclose PHI of military personnel and veterans, in certain situations to: correctional facilities, government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.
- ♥ For workers' compensation: We may disclose PHI to comply with workers' compensation laws.

### **Uses or Disclosures for Which You Must Be Given an Opportunity to Object**

Sometimes, we may disclose your PHI if we have told you that we are going to use or disclose your information and you did not object.

Some examples are:

- ♥ Patient directories: Your name, location, general condition, and religious affiliation may be put into our patient directory for use by clergy and callers or visitors who ask for you by name.
- ♥ To family, friends, or others involved in your care: We may share information with these people directly related to your family's friends' or other persons' involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.



If there is an emergency situation and we do not have time to allow you to object to the disclosure, we may still disclose your PHI if you have previously given your permission and disclosure is determined to be in your best interests. If we do this, you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

### **Your Rights as They Relate to Your Protected Health Information (PHI)**

You have the following rights relating to your PHI:

- ♥ Request restrictions on uses or disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use or disclosure of your PHI, we will put the agreement in writing and abide by it, except in emergency situations. We cannot agree to limit uses or disclosures that are required by law.
- ♥ Choose how we contact you: You have the right to ask that we send you information at an alternate address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.
- ♥ Inspect and copy your PHI: Unless your access is restricted for clear and documented reasons, you have a right to see your protected health information if you put your request in writing. We will respond to your request within 30 days for PHI we keep on-site and within 60 days for PHI that is not kept on-site. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed.
- ♥ Request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is:
  - Correct and complete;
  - Not created by us or not part of our records; or,
  - Not permitted to be disclosed.

A denial will state the reasons for denial. It will also explain your rights to have your request or denial, and any statement in response that you provide, added to your PHI.

If we approve the request for amendment, we will change the PHI and inform you, as well as others who need to know about the change in the PHI.

- ♥ Find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released, except for instances of disclosure that were made for treatment, for payment, for health care operations, to you, per a written authorization, for national security or intelligence purposes, to correctional institutions or law enforcement officials, or for the facility directory.

We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

- ♥ Receive a copy of this Notice: You have a right to receive a paper copy of this Notice or an electronic copy by email, upon request.

**How to Complain About Our Privacy Practices**

If you think we may have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section IV below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the following address:

United States Department of Health and Human Services (HHS)  
Attention: Office for Civil Rights  
Sam Nunn Atlanta Federal Center, Suite 3B70  
61 Forsyth Street SW  
Atlanta, Georgia 32303-8909

No retaliatory action will be taken against you if you make such complaints.

**Contact Person for Additional Information, or to Submit a Complaint.**

If you have questions about this Notice, need additional information or have any complaints about our privacy practices, please contact the Client Relations Specialist:

Client Relations Specialist  
c/o Administration Department  
Brevard Family Partnership  
2301 W. Eau Gallie Blvd., Suite 104  
Melbourne, FL 32935

Phone: (321) 752-4650

# Title VI of the Civil Rights Act of 1964

Brevard Family Partnership and its Family of Agencies complies with Title VI of the Civil Rights Act of 1964, regarding Auxiliary Aids Plan for Persons with Disabilities or Limited English Proficiency (LEP).

To ensure compliance with Title VI of the Civil Rights Act of 1964, Statutory Citation: 42 U.S.C. Section 2000d et seq., and to appropriately serve our clients for service, Brevard Family Partnership and its Family of Agencies has implemented this policy. While this ensures compliance with the “letter of the law,” it is Brevard Family Partnership and its Family of Agencies’ intent to also comply with the “spirit of the law” and to that end intends to ensure that clients have access to our services.

Brevard Family Partnership and its Family of Agencies and its contracted providers will make auxiliary aids available to persons with disabilities and interpreters for clients who are limited in their ability to speak, read, or understand English. Provision of these accommodations is mandated by Federal Civil Rights Laws to ensure that all clients, applicants, and employees have an equal opportunity to participate in or benefit from programs, services, and employment, regardless of disability or national origin.

Auxiliary Aids may include, but are not limited to: brailled and taped material, interpreters (sign and foreign language), readers, listening devices and systems, television decoders, visual fire alarms, captioned films and other assistive devices. This procedure applies to all Brevard Family Partnership and its Family of Agencies offices and programs. Clients include potential clients seeking services from Brevard Family Partnership and its Family of Agencies or its contract providers.

## **Requests for Auxiliary Aids:**

1. All services available to clients are equally available to clients with disabilities. To ensure equal accessibility of programs and services to clients with disabilities, Brevard Family Partnership and its Family of Agencies and subcontracted staff assess client needs by consulting with the client. As applicable, staff will consult with counselors, parents, guardians, other family members, and/or other representatives who may be able to assist the client.
2. All Brevard Family Partnership and its Family of Agencies-related requests for auxiliary aids and reasonable accommodations are to be directed to the BFP Contract and Compliance Manager. This contact shall be made directly by calling (321) 752-4650.
3. The communication options for hearing impaired persons may include but not be limited to TDDs (Telecommunication Devices for the Deaf), FAX (telephone facsimile transmittal), phone amplifiers, sign language interpreters, flash cards, lip-reading, written notes, supplementary hearing devices, charts, signs or a combination of these. TDDs will be available for use by clients and employees who are deaf or hearing impaired within two (2) business days of a request. This request is directed to the Brevard Family Partnership and its Family of Agencies Intake line at (321) 752-3226. Clients in need of TDD equipment may obtain this free of charge through Florida Telephone Relay.

The Regional Distribution Center for hearing impaired equipment is located at:

Resource Center for Disability Solutions  
571 Haverty Court Suite W  
Rockledge, FL 32955  
Voice: (321) 633-6011  
TTY: (800) 955-8771  
Relay: 771

The Florida Telephone Relay service is also available. To call Florida Relay, dial 7-1-1, or use the toll-free numbers:

1-800-955-8771 (TTY)  
1-800-955-8770 (Voice)  
1-800-955-1339 (ASCII)  
1-877-955-8260 (VCO-Direct)  
1-800-955-5334 (STS)  
1-877-955-8773 (Spanish)  
1-877-955-8707 (French Cr)



Brevard Family Partnership
2301 W. Eau Gallie Blvd., Suite 104
Melbourne, FL 32935
Office (321) 752-4650
Fax (321) 752-4659

Complaint Request Form

CLIENT INQUIRIES AND CONCERNS

Please provide your contact information and mail to: 2301 Eau Gallie Blvd., Ste. 104, Melbourne, FL 32935. You may fax the completed form to: 321-752-4659. Our Client Relations Specialist will contact you within five (5) business days of receipt of your request.

For immediate assistance you may contact our Client Relations Specialist at 321-752-4650 Ext. 3082.

Your Contact Information

Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_ - \_\_\_\_ Cell: ( ) \_\_\_\_ - \_\_\_\_ Work: ( ) \_\_\_\_ - \_\_\_\_ Ext.: \_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Care Manager or Care Coordinator: \_\_\_\_\_

Select BFP Location: W. Eau Gallie Blvd. Central Care Center South Care Center

Name of Child(ren), if Applicable: \_\_\_\_\_

Your Relationship to Child(ren): Self Parent Foster Parent Guardian Other Family
Non Relative Caregiver Relative Caregiver Service Provider State Agency Other

Please write your questions and/or concerns below. Please be as detailed as possible:

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Thank you for taking the time to provide constructive feedback. We appreciate your comments and look forward to speaking with you to address your concerns. This form will be processed in our administrative offices in Melbourne, Florida. Note that under Florida law email addresses are public records. If you do not want your email address released in response to a public-records request, do not provide or send electronic mail to this entity. Instead, contact this office by phone or in writing.

## HIPAA Acknowledgement Form

Brevard Family Partnership and its Family of Agencies' Policy complies with 45 C.F.R. Parts 160, 162, and 164, federal regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable Florida Statutes.

As defined by the Act, *protected health information* is information which can be used to identify an individual and which relates to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

As defined by the Act, *disclosure* means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.

HIPAA Privacy Notice: The federal Health Insurance Portability Act and Accountability Act (HIPAA) of 1996 provides privacy protection of an individual's verbal, written and electronic health information. Brevard Family Partnership and its Family of Agencies will comply with all HIPAA requirements in order to protect your health information. By signing below, you are acknowledging receipt of the Federal HIPAA policy.

**Client Name and Signature:**

Name (printed): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**BFP Program Staff Signature:**

Name (printed): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# Authorization for Release of Information

I, \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_ hereby authorize  
(client name) (Date of Birth)

\_\_\_\_\_ to  
Name of Agency

OBTAIN and/or  RELEASE the following confidential information to

\_\_\_\_\_ consisting of:  
Name of Agency

**My entire record**

**Or only the following information:**

- |   |   |
|---|---|
| <input type="checkbox"/> Treatment Plan(s)                                | <input type="checkbox"/> Assessments/Screenings |
| <input type="checkbox"/> Psychiatric Evaluation                           | <input type="checkbox"/> Diagnosis              |
| <input type="checkbox"/> Medication Management                            | <input type="checkbox"/> Attendance             |
| <input type="checkbox"/> Medication History                               | <input type="checkbox"/> Abstract of Record     |
| <input type="checkbox"/> Labs   | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Alcohol and Drug Screening Results               |   |
| <input type="checkbox"/> Inpatient/Detox Discharge Instructions/Summaries |   |

**For the purpose of:**

- assisting with diagnosis, treatment, rehabilitation and/or delivery of other services to CBC of Brevard.
- continuity of care
- Determine need/eligibility for additional services
- Confirm my status in the program
- To bill/process any claims related to my care
- Other \_\_\_\_\_

**Regarding (check one or both):**  myself  the following minor children:

Minor Child \_\_\_\_\_ (Date of birth)  
(Print child's name)

Minor Child \_\_\_\_\_ (Date of birth)  
(Print child's name)

Minor Child \_\_\_\_\_ (Date of birth)  
(Print child's name)

Minor Child \_\_\_\_\_  
(Print child's name)

\_\_\_\_\_  
(Date of birth)

I am requesting a copy of these records:

Yes  No

I understand that this consent may be revoked at any time upon written notice to the agency, except to the extent that the program or agency has already taken action in reliance on this authorization. I also understand that this consent will last no longer than reasonably necessary to the purpose for which it is given.

If not previously revoked, this consent will terminate upon: (Expiration date or Event not to exceed 12 months) \_\_\_\_\_

The date of consent expires 90 days from when the consent is given, if no date is listed, or as law requires when a contractor or cooperating service provider requires a new release of information for ongoing service provision.

I understand that only specific information can be disclosed and only to the above mentioned agency. Psychiatric, Alcohol/Drug Abuse, or HIV/AIDS information disclosed from records whose confidentiality is protected by state and federal laws (Title 42, Code of Federal Regulations Part 2 and Public Law 91-646, Sec. 33, amended by Public Law 93-282, Sec. 333; 45 CFR, Parts 160 and 164; and Florida State Statutes Chapter 394,397 & 381) may be subject to re-disclosure by the recipient and therefore no longer protected by federal law. A general authorization for releases of medical information or other information is not sufficient.

Signing this form is voluntary. Treatment, payment, enrollment, or eligibility is not contingent upon authorization.

I acknowledge that this Release of Information has been fully explained to me and this consent is given of my free will.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date





Brevard Family Partnership  
2301 W. Eau Gallie Blvd., Suite 104  
Melbourne, FL 32935  
Office (321) 752-4650  
Fax (321) 752-4659

## Acknowledgement of Receipt

This Acknowledgement of Receipt form will be filed in your record and indicates that you have read and understand the following information:

- ♥ Brevard Family Partnership and its Family of Agencies' Mission Statement
- ♥ Definitions
- ♥ Client Rights and Responsibilities
- ♥ How to file a Grievance
- ♥ Confidentiality and Release of Information
- ♥ Informed Consent

Note: The original, signed "Acknowledgement of Receipt" form is to be filed in the client's record to document receipt of the above information.

_____	_____	_____
Client Name	Date	Signature

_____	_____	_____
Client Name	Date	Signature

My signature above indicates that I have received the Brevard Family Partnership and its Family of Agencies Handbook. I was given time to ask questions and I understand the answers that were given to me.

**My Care Coordinator is:**

---

**My Care Coordinator can be reached at:**

---

**My Care Manager is:**

---

**My Care Manager can be reached at:**

---

**Meeting Date / Time:**

---

**Meeting Date / Time:**

---

**Other Team Members:**

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Sponsored by Brevard Family Partnership  
and its Family of Agencies and the  
State of Florida Department of Children and Families



Brevard Family Partnership and its Family of Agencies is a  
Council on Accreditation (COA) accredited agency.



CREDIBILITY • INTEGRITY • ACHIEVEMENT