



Client Name: _____

Date of Birth: _____

Consent to Bread for the City Services

Welcome to Bread for the City (BFC). We hope we can help. Here's some important information about our relationship. Specific services may require additional consent. Please ask questions, if anything doesn't make sense here.

1) General Consent

Please note that with respect to the sharing of confidential information, this section does not apply to the Legal Clinic, which is obligated to protect attorney-client privilege and keep your information confidential according to rules of legal ethics.

We are going to ask you for information about yourself, and we will do everything we can to keep that information safe and private. BFC will try to help. No information about you or your case will be released without your consent, except in the ways outlined in BFC's Notice of Privacy Practices (attached) OR in the event that you or someone else may be in danger – such as real or suspected abuse or neglect of a child or vulnerable adult OR you threaten to hurt yourself or another person. We also participate in an electronic Health Information Exchange and share medical and social service visit information with participating hospitals and clinics in order to best coordinate your care (information and opt-out information attached). BFC is here to support you in doing what is best for you.

When appropriate, BFC staff will talk to each other about your situation to try to get you the most complete help. You can refuse any service recommendations made by staff. You should always ask questions about anything you do not understand, and BFC staff should explain things in ways that you understand. BFC staff may leave you phone messages, text messages, and send mail to your address, unless you tell us not to. BFC may also send you text messages and emails about resources, helpful information, and events but will never try to sell you anything or share your contact information with anyone for the purpose of marketing. You can opt out of text messages by replying STOP to any text from us.

2) Client Complaints

To ensure effective care and service, BFC takes client complaints seriously. BFC maintains policies and procedures to resolve client complaints in a timely and equitable manner. All complaints are considered confidential.

If you are not satisfied with the services you receive from the BFC staff or volunteers, you have the right to make a complaint. You may make a complaint to a BFC staff member orally or via a written summary of the issue. Blank copies of the BFC Complaint Form are available at the reception desk or may be printed by request from a staff member. You may also submit a complaint via the Client Comments Form on the BFC website.

The Board of Directors (BOD) and the Chief Executive Officer (CEO) have ultimate responsibility for the patient complaint policy. The BOD delegates oversight of this policy to the Quality and Risk Management Committee (QRM) for adherence monitoring and policy review. A client *complaint* is any oral or written expression of dissatisfaction made by a client or someone acting on behalf of the client. If severe and urgent in nature, a complaint may be elevated to the level of *grievance* as decided by the QRM.

3) Healthcare Treatment (if applicable)

BFC has a medical clinic. If you are at BFC to receive healthcare (including behavioral health, dental, and eye care), by signing below you authorize, and give your consent to, all appropriate healthcare evaluation, testing, and treatment (including medications, immunizations, HIV testing and family planning methods) that in the judgment of your provider are necessary to keep you as healthy as possible. However, even after you sign below, your provider(s) must explain everything they are doing, and you always have the right to refuse any evaluation, treatment, or test your provider suggests.

As a Federally Qualified Health Center (FQHC), BFC receives HHS funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.

4) Representative Payee Program Participation (if applicable)

BFC has a Representative Payee Program. If you are a RPP client, by signing below you authorize, and give your consent for us to contact, request, receive and exchange any information from any and all landlords, mortgage companies, utilities, and other accounts or lenders related to accounts included on your personal budget for the duration of your participation in our program.

Please Initial Below:

_____ I consent to all services, including healthcare treatment if applicable), at BFC and for my information to be shared as outlined here.

_____ I have reviewed the HIPAA Notice of Privacy Practices attached), CRISP Information Exchange (attached), Client Rights & Responsibilities page (attached) and the Client Grievance Procedure (above).

_____ I consent to receive text messages and emails from BFC as described in the General Consent section.

_____ I understand that I may ask questions about and request copies of any of the notices above.

Client or Guardian Signature: _____

Witnessed by: _____

Relationship to Client: _____

Today's date: ____ - ____ - ____