



Crossroads Counseling Center, Inc.

Required Notices - Acknowledgements

Client Name: _____ Date: _____

Date of Birth: _____ Medicaid No. _____

By my initials and signature below, I acknowledge that a representative from CCC has reviewed and provided a copy of the following required notices to me and I have been given the opportunity to ask questions. I also understand that I may contact my designated CCC Office with any further questions at any time.

Freedom of Choice of Service Providers

I have freely chosen Crossroads Counseling Center, Inc. as the provider of services based on the needs and interest of myself, my child and/or my family. I am aware that I have the option to change providers at any point in the future.

Client/AR initials: _____

Notice of Appeal to Medicaid

I understand that any decision that affects my, my child's and/or my family's receipt of Medicaid-covered services may be appealed to the Department of Medical Assistance Services. I may appeal a decision by written notification to the Appeals Division, Dept. of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219. Written appeals must be filed within 30 days of notification. If I file an appeal before the effective date of the action, services may continue during the appeal process. However, if the decision is upheld, I will be required to reimburse the Medical Assistance Program for services provided after the effective date.

Client/AR initials: _____

Notice of Client's Rights (Human Rights)

I acknowledge that I have reviewed and received a copy of my, my child and/or family's rights as a client of CCC. I have been provided with the CCC Clinical Director's and the Human Rights Advocate's contact information should I feel my (our) rights have been violated at any time.

Client/AR initials: _____

Notice of Information Privacy Practices (HIPAA)

I acknowledge that I have reviewed and received a copy of CCC's *Notice of Information Privacy Practices* that describes how my confidential information may be used or disclosed and how I can get access to that information.

Client/AR initials: _____

Client or Authorized Representative (AR) signature Relationship to client Date

CCC Representative signature Title Date