

Trinity Care, LLC

Client Orientation Checklist /Form # 690

The purpose of this form is to provide the client , LAR/guardian and staff member a checklist for accountability and understanding the integration of services provided by Trinity Care, LLC. Descriptions of services on this checklist were provided in accordance to previous forms already discussed and signed by the client , LAR/guardian and Trinity Care, LLC Employee.

1. _____ Program Mission
2. _____ Confidentiality Rights and Limitations (as Mandated Reporters)
3. _____ Human Rights and Access to Advocate
4. _____ Participation In Treatment and Discharge Planning
5. _____ Fire Safety & Emergency Preparedness Procedures
6. _____ Compliant & Grievance Procedure
7. _____ Service Guidelines—Admission, Discharge, Transfer
8. _____ Hours and Days of Operation
9. _____ 24/7 On-Call Support TBA for after hours
10. _____ Participation in Group Activities (Consent and Responsibilities for Confidentiality)
11. _____ Behavior Management (Crisis Prevention Institute/CPI)
12. _____ Fees for Services

Please ask as many questions as it takes for you to understand your rights, our policy, the program, or anything else contained within our service guidelines now or at anytime in the future.

Client : _____

Date: _____

LAR/Guardian: _____

Date: _____

Trinity Care Staff: _____

Date: _____

