



Simply Hope Safe Teen Assessment Center
1323 Oakley Ave Suite 20
(208) 679-9401

Simply Hope Safe Teen Assessment Center

Simply Hope Safe Teen Assessment Center (STAC) is a Tier 2 assessment center conducting screeners and crisis therapy. The goal of Simply Hope STAC is to create community partnerships and collaborations to assist youth and families in our community. As of August 2023, STAC has partnered with the Cassia County School District to provide the Connect program, renamed Connect Hope.

Eligibility

Simply Hope STAC accepts youth ages 5 through 17, as well as 18- year-olds that are enrolled in school. To qualify for Simply Hope STAC services, youth must be at risk. We define "at risk" as any youth who struggles or has a deficiency in biological and physiological needs, behavioral, mental health, substance abuse, educational struggles, emotional needs or by referral.

Privacy Practices

In general, HIPAA law protects the confidentiality of all communications between you and Simply Hope STAC we can only release information to others about you with written permission (in the form of a Release of Information). However, there are several exceptions where information may be shared without your written permission. Idaho is a mandatory reporting state. The limitations of confidentiality are as follows:

- Client reports a serious and foreseeable danger to self or others
- Report of Child or Elder being abused or neglect in the home
- Client requests release of information
- Court Orders or Subpoenas
- Clinical supervision/consultation
- Suspected Child Abuse

Client Rights and Responsibilities

Client Rights

- You have the right to privacy and confidentiality.
- You have the right to **not be** discriminated against or treated unfairly due to **race, ethnicity, nationality, gender, sexual orientation, religion, age, mental or physical disability, medical condition, medical history, claims experience, evidence of insurability, or source of payment.**
- You have the right to file a complaint without retaliation.
- You have the right to refuse treatment and/or any Simply Hope STAC services and be advised of the consequences of refusal.
- You have the right to obtain clear information about your records.
- You have a right to participate in the development and writing of your individualized plan of service.
- You have the right to withdraw consent at any time. This must be done in writing.

Client Responsibilities

- You are responsible for attending Simply Hope STAC
- You are responsible for participating and following through with tasks assigned or recommended by Simply Hope staff.
- You are responsible for expressing concerns or complaints.
- You are responsible for maintaining personal boundaries and respecting boundaries that may be set by others in the center.
- If you feel that your rights are being violated it is your responsibility to inform the staff or Contact Us Department of Justice @ www.civilrights.justice.or or call 1855-856-1247

Informed Consent

Participation at Simply Hope STAC is completely voluntary. Participating at Simply Hope is not "therapy," however, we will be conducting screeners. We are not a counseling facility; however, we will refer clients out who may need additional assessment or counseling services.

ACKNOWLEDGEMENT OF RECEIPT OF POLICIES

Please initial the following and sign at the bottom that you have received and understood Simply Hope privacy practices, consent for screener and case management, and the client and staff responsibilities.

___ *I acknowledge that I have received and understand Privacy Practices*

My information will be kept confidential with certain exceptions; reporting that I am going to harm myself or reporting that I plan on harming someone else.

___ *I acknowledge that I have received and understand Clients Right and responsibilities*

I understand that all efforts are being made to provide me with the best care but that I am also responsible for communicating my needs to staff.

___ *I acknowledge that I have received and understand Informed Consent Policy*

I understand that Simply Hope STAC is not a treatment facility. I will receive a screener and assistance with finding resources for my needs. The STAC center will not provide me with cash, food, or clothing.

___ I authorize Simply Hope STAC to conduct the screener on my youth.

Youth Name: _____ **Date of Birth:** _____

Parent/Guardian Information

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Relationship To Youth: _____ Primary Emergency Contact: ___ Yes ___ No

Phone: _____ e-mail: _____

Address: _____

Parent/Guardian Employer: _____ Annual Family Income: _____

Primary Language spoken in the home: _____

Number of adults in the home _____ Number of children in the home: _____

Who does the youth primarily live with? _____

Insurance? Medicaid Private Provider _____ None

Household type:

Renting Own Living with family or friend Couch Surfing Homeless Living in car

Shelter Multiple family Household

2nd Emergency Contact

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Relationship To Youth: _____ Emergency Contact: ___ Yes ___ No

Phone: _____ e-mail: _____

Youth Signature

Date

Parent Signature

Date