

**Johnson County Aging & Human Services
Outreach Staff-Client Agreement**

Introduction

The Johnson County Aging & Human Services Department (AHS) has an Outreach Program that staffs four Multi-Service Centers (MSCs). The centers provide essential human services that support the independence, dignity, and self-sufficiency of Johnson County residents.

Outreach clients are entitled to be treated with dignity and respect, and to receive services based on a consistently enforced set of guidelines.

Outreach staff and volunteers are entitled to work in an environment that is safe and free from threatening behavior and harassment.

Policies for Outreach Service

- Services other than food pantry are available by appointment only.
- Food pantry services are available only at the stated days and times of operation.
- Service provision is determined by:
 - program eligibility
 - fund availability
 - professional assessment and determination
- Services are meant to be used on an emergency basis. Outreach Staff expect to work with repeating clients to move them toward self sufficiency.
- If a conflict of interest exists between a client and an Outreach staff member, the client will be referred to another Outreach staff member.
- Clients may be denied service for:
 - Threatening or disruptive behavior, including: yelling, foul language, excessive numbers of phone calls or e-mails, acts of violence, and remarks that are physically or emotionally threatening, racist, discriminatory, or sexual in nature.
 - Demanding behavior, such as demanding to be seen without an appointment.
 - Not adhering to Outreach policies and procedures.
 - Exhibiting symptoms of acute mental illness indicating the need for immediate assistance from Mental Health professionals.
 - Possession of firearms or weapons without required license.
 - Excessive use of services based on client history.
 - Suspicion or discovery of provision of fraudulent information.
 - Intoxication or being under the influence of controlled substances.
 - Requiring services that exceed the Outreach scope of care.

Client Agrees to

- Provide accurate and current information regarding the household to be used in determining program eligibility.
- Schedule and keep appointments, and cancel in a timely manner if unable to keep an appointment.
 - If a client does not appear for an appointment twice or has two last-minute cancellations, Outreach staff have the right to refuse further service.
- Treat Outreach personnel and property with respect.
- Be free from acute contagious illness at the time of the appointment.
- Not loiter in Outreach facilities.
- Sign this Client Service Policies and Procedures form.

Client signature _____ Date _____

Outreach staff signature _____ Date _____

Check this box if you were unable to obtain the client's signature and verbal consent was given in its place.
Verbal consent given to _____ on ___/___/___ at _____ (Time) by Phone Email In Person

Johnson County Aging & Human Services Department Privacy Practices Notice

Johnson County Aging & Human Services Department (AHS) wants to furnish you with information about the privacy of your personal information. This document describes our policy.

Your Information Rights

The record we keep about you is the physical property of AHS. In most cases, you have the right to review the information, get copies, request corrections or amendments, and request restrictions on access. A fee may be charged for copies.

You have a right to deny access to information that is required for service delivery. If you deny access, you will be notified if services will or will not be delivered due to restricted access to information.

Our responsibilities

We are required to maintain your privacy. We will not use or disclose your personal information except for treatment, payment, business operations or as required by law or contract. We reserve the right to change our privacy practices. If our practices change, you will be notified.

Examples of Disclosures

- We will be entering your personal information into computer systems as appropriate in order to:
 - Share information with various Johnson County agencies and departments in order for caseworkers and others to improve the coordination of services,
 - Track our provision of services, and
 - Provide other regional service providers information on the services you receive from AHS.
- We may use information about you to provide services either directly or through contract or agreement with other service providers.
- We may use information to pay for the services you receive.
- We may use health information to manage our programs or activities.
- We will disclose information when required by law.
- We will disclose information when required by federal, state, or local law.
- We may disclose information for public benefits under other government programs.
- If authorized to do so based upon a signed consent form, power of attorney or similar legal document, we may disclose information to your family or other person(s) who are involved in the services we provide or payment for the services.

If you wish to ask questions about this notice, or communicate with us about privacy issues or file a complaint, you may contact: Director of Outreach Services & Administration, Johnson County Aging & Human Services Department, 11811 S. Sunset Drive, Suite 1300, Olathe, KS 66061 or by phone at (913) 715-8802.

ACKNOWLEDGEMENT

I _____ have received a copy of the Johnson County Aging & Human Services Privacy Practices Notice which describes how my personal information is used.

My signature below acknowledges that 1) I have been provided with a copy of the Privacy Practices Notice, and 2) I give my consent for my personal information to be disclosed as stated in the Privacy Practices Notice.

Client Signature

Date

AHS Representative

Date

Check this box if you were unable to obtain the client's signature and verbal consent was given in its place.

Verbal consent given to _____ on ___/___/___ at _____ (Time) by Phone Email In Person

10/2021