Silly Billies Cares

Walking beside families. Growing hope together.

sillybilliescares.org

Getting to know you

New-client intake and contact preferences | Share what feels useful. Questions are welcome.

YOUR QUESTIONS AND CHOICES MATTER

Review the forms and privacy practices with Mandy before completing or signing.

You can leave questions blank and discuss them with Mandy. This form does not enroll you in services or confirm an appointment.

Name you would like us to use

Phone number and/or email for a reply

Best way to contact you: text, phone call or email

Safe days/times; may we leave a voicemail or text? Any limits?

Preferred language, interpretation or accessibility support

What would you like support with? What matters most to you?

Your strengths, supports and anything you want Mandy to know

Please do not include Social Security numbers, insurance IDs, diagnoses or detailed health histories. Ask Mandy how to return completed forms.

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Choosing support together

Consent for peer and family support | Complete together after review.

YOUR QUESTIONS AND CHOICES MATTER

Review the forms and privacy practices with Mandy before completing or signing.

The support we agree on. Support may include listening, family peer support, education, help finding resources and goals you choose. Record the specific service, meeting format and limits below.

Your choices. Participation is voluntary. You may ask questions, decline an activity, ask for another resource or stop support. Choosing not to use Cares services does not automatically affect child care enrollment.

Understanding the role. Peer support does not include diagnosis, psychotherapy, prescribing or legal representation. Other services, including a home visit, may need a separate agreement. Website requests are not an emergency service.

Privacy and records. Before you decide, review the applicable privacy practices, record-handling information, limits of confidentiality and process for concerns with Mandy. This consent does not authorize disclosure to other providers or agencies.

Cost and coverage. Any fee, funding source or insurance arrangement must be confirmed separately in writing before the service. This consent does not authorize a charge or guarantee insurance payment.

Before deciding. Discuss the possible benefits, discomforts, available alternatives and your questions. Ask for a copy of your agreement.

Agreed service, meeting format and limits

After reviewing this consent and applicable notices, I understand the agreed support, have had a chance to ask questions and choose to participate.

Participant / authorized representative signature

Date

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Permission to coordinate support

YOUR QUESTIONS AND CHOICES MATTER

Review the forms and privacy practices with Mandy before completing or signing.

This permission is for limited peer-support coordination. Do not use it to obtain medical, psychotherapy, substance-use-treatment, genetic or HIV records; ask the provider or agency for its required authorization. Complete both pages with Mandy before signing.

Person whose information would be shared

Person / organization authorized to share information

Specific person / organization authorized to receive it

Exactly what may be shared; include relevant dates and exclusions

Purpose of sharing (for example, coordinating the support I requested)

Expiration date or specific event (must be completed)

Use one clearly described disclosure direction per authorization. Receiving information and sending information may need separate authorizations. Continue to page 4 for choices, withdrawal and signature.

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Your information-sharing choices

Optional limited release - page 2 of 2 | Keep with the completed page 3.

YOUR QUESTIONS AND CHOICES MATTER

Review the forms and privacy practices with Mandy before completing or signing.

Person whose information would be shared (same as page 3)

It is your choice. Signing this optional coordination release is voluntary. Declining it does not by itself remove your right to other available support. Without permission, some coordination you request may not be possible. This form is not a condition for treatment, payment, enrollment or benefits where conditioning is prohibited by law.

You may withdraw permission. You may revoke this authorization in writing. Give your written request to Mandy at Silly Billies Cares, or contact sillybilliescares@gmail.com to arrange its return. Also notify the organization named as the discloser on page 3. Revocation takes effect when received and does not undo information already shared in reliance on the authorization.

Understand what can happen after sharing. The recipient may share the information again, and it may no longer have the same privacy protections. Other state or federal laws may still restrict disclosure. The authorization is limited to the information, recipient, purpose and expiration written on page 3.

Review before signing. Check both pages, cross out information you do not want shared and ask questions. Obtain a copy of your completed, signed authorization. Specially protected records require the applicable provider or agency form.

After final review, I authorize only the sharing described on page 3. I understand the choices and limits stated on both pages.

Individual / authorized representative signature

Date

Representative name and legal authority, if signing for someone else

For minors or another person's records, Mandy must verify who has authority to authorize the particular disclosure before this form is used.

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My goals and next steps

A shared support plan | Start with what matters to you, and change the plan together.

YOUR QUESTIONS AND CHOICES MATTER

Review the forms and privacy practices with Mandy before completing or signing.

Name

Date

What would I like to be different? What is most important right now?

What strengths, people or resources can help?

One small, specific step I choose to try

What will Mandy help with? Who else will help, with my permission?

How will I know this step is helping?

When will we check in? What could make the step more manageable?

This is a collaborative planning worksheet, not a diagnosis, insurance authorization or guarantee of a result. You may revise your goals or ask to stop support.

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Service and payment details

Planning worksheet | Confirm the arrangement in writing before services begin.

YOUR QUESTIONS AND CHOICES MATTER

Review the forms and privacy practices with Mandy before completing or signing.

Participant name

Agreed service, meeting method, frequency and expected duration

Proposed payer / funding source and who will confirm it

Coverage, authorization or contract status; details still to confirm

Agreed client cost, if any; include what the amount covers

Scheduling, cancellation and any other terms to review

Privacy / rights notice provided, date, and safe form-return method

Before services begin: Review privacy and rights information, payment terms and the form-return process with Mandy. Do not assume that Medicaid, Medicare or another plan will pay. This worksheet does not authorize billing or waive OHP member protections.

Packet contents: intake (1), support consent (2), coordination release (3-4), goals (5), service planning (6), phone/video consent (7-8). Other services or agencies may require additional forms.

Silly Billies Cares

Mandy Johnson | Peer Support Specialist - Family Support

OHA THW Registry No. 113576 | sillybilliescares.org

Phone and video peer support

Remote support consent | Read both pages with Mandy before deciding.

YOUR QUESTIONS AND CHOICES MATTER

Review the privacy notice, meeting method and form-return process with Mandy.

What this is. We can discuss agreed peer and family support by telephone or video. This does not change Mandy's role: listening, shared goals, practical support and resource navigation. It does not include diagnosis, therapy, prescribing or emergency care.

Your choice. You may ask questions, decline remote support, stop a session or withdraw this consent. Discuss available in-person options or a referral. No particular alternative, appointment or insurance payment is guaranteed.

Possible benefits and limits. Remote sessions may reduce travel and make support easier to reach. Technology can fail, and some needs are better addressed in person. Others could overhear you or gain unauthorized access to your device or messages.

Privacy and other people. Use a private place and headphones when helpful. Mandy will explain who is present and ask about anyone joining you. Discuss any needed permission before another person participates. Review the privacy notice and limits of confidentiality; this form is not a release of records.

Recording and messages. This consent does not authorize audio/video recording, saved transcription or AI note-taking during sessions. Those activities require separate review and permission. Ordinary texts and appointment forms are for scheduling; ask for an approved method to share completed forms or sensitive details.

If we disconnect or urgent help is needed. Agree on a callback plan. At each session, confirm your current location and a number to reach you. These sessions and inboxes are not emergency services. For an immediate emergency, call 911 where you are. Mandy will review how to connect local help if needed.

Before you agree. Discuss the approved phone/video method, privacy protections, available alternatives, costs, language or disability supports, and any concerns. You may ask for a copy. Consent is separate from insurance approval and does not authorize billing.

Complete the choices and consent record on the next page. The form does not submit automatically.

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OHA THW Registry No. 113576 | sillybilliescares.org

Your choices and consent record

Keep with the preceding page | Review both pages and complete together.

YOUR QUESTIONS AND CHOICES MATTER
Review the privacy notice, meeting method and form-return process with Mandy.

Participant name

Discussion date

Agreed method(s): phone, video; approved app/account used

Device/private space readiness; language, interpreter or access supports

Other options discussed; questions, concerns or limits

Callback number and plan if the connection fails

Privacy notice/version reviewed and agreed way to receive/return forms

Consent statement: I discussed both pages, understand the remote support offered and its limits, had a chance to ask questions, and voluntarily agree to the method(s) recorded above. I understand that I can change my mind.

Participant/authorized representative signature, if written

Date

If verbal: record the person's agreement, date/time and staff name

Representative name/authority, if applicable

Next consent review due

Staff: verify consent authority and record the readiness discussion. For OHP telehealth, refresh consent at least annually; follow any stricter partner rule. Revisit sooner when the method or circumstances change. Document current location and the agreed local emergency plan in the protected service record.