



**Georgia
Public
Defender
COUNCIL**

270 Washington Street
Suite 5198
Atlanta, GA 30334
404-795-2440
www.gapubdef.org

Informed Consent for Case Management Services

Please read carefully

Welcome

We are pleased that you have chosen to be a part of the Georgia Public Defender Council's Client Support Services Unit (CSSU) or the Georgia Public Defender Foundation's Ladders Program. We are a holistic defense initiative that will help link you to services and resources. Our intensive electronic-based case management services include needs and strengths assessments, case planning to help you reach your goals, referrals to services, advocacy, and follow-up and monitoring on a month-to-month basis. After you have carefully read the below information and agree to receive services, you will be assigned to a Social Work Specialist who will work with you from beginning to end.

Participant Rights

This voluntary process requires a 3-12 months commitment for you to gain the benefits. This form is being used as your agreement to participate in the process for at least 3 months or as necessary. We are required to document and monitor all social service activities and outcomes. You have the right to refuse and terminate the services provided to you at any time.

Our Expectations

When meeting with your Social Work Specialist, we expect you to attend your scheduled meetings on time with use of an electronic device. We provide services through a secured video conferencing platform and require that you turn on your camera when meeting with your Social Work Specialist.

You are encouraged to log into your session at least 5 minutes prior to the start of meetings with your Social Work Specialist. If you have technical issues or if you cannot attend a session, you are required to call your assigned Social Work Specialist as soon as possible. Otherwise, you must reschedule your session within 48 hours of the original meeting. You will be provided with a unique identifier prior to receiving our services. We will use your unique identifier to verify your identity at each contact with your Social Work Specialist to honor privacy and confidentiality standards.

If you are late to a meeting, your meeting will still end at the originally scheduled time. Missing two or more meetings without proper notice may result in an automatic termination from the case management process and your file will be closed.

We will make any necessary adjustments at any point in the process to better serve your needs, please let us know. We expect your full cooperation and participation in our case management process.

Confidentiality

Our case management services are confidential. We cannot disclose any of your personal information without your consent. If you are receiving guidance or support from a Probation Officer, Psychiatrist, Psychologist, Social Worker, or a Behavioral Health Clinician—your information will not be shared with your assigned Social Work Specialist until after we have received your consent. We will only request your consent for information that is necessary to help improve your situation. Please understand that we want to provide you with the best care possible and to do so, we collaborate with a team of professionals to ensure that you get what you need.

There are exceptions to confidentiality where our Social Work Specialists have a legal duty to take action. Each specialist will do their part to consult with the responsible parties if one of these situations occurs:

1. If your Social Work Specialist becomes aware of any abuse or neglect happening to you.
2. If you disclose imminent thoughts of harm to yourself or someone else.
3. If your Social Work Specialist notes get subpoenaed by the court.

Risks and Benefits

Your Social Work Specialist may discuss sensitive information with you, which may result in you having unexpected emotions such as feeling upset, annoyed, tired or angry following a session. Although this may affect you in the short-term, the hope is that the long-term outcome will be positive. Our goal is to partner with you to improve your quality of life by assisting you with being actively involved in your own wellness.

Participant Consent to Social Services

- I have had sufficient time to consider the above information and have asked necessary questions.

- I understand the social service process, my rights, the expectations, the limits to confidentiality, and the risks and benefits of participation.

- I understand that the social services through the Georgia Public Defender Council's Client Support Services Unit or the Georgia Public Defender Foundation's Ladders Program are voluntary and that I may terminate case management services at any time with notice.

- I agree to attend meetings/trainings to the best of my ability, talk openly and honestly with my Social Work Specialist and provide feedback about how I think the case management services are working.

- I agree to participate in 30-60 minute case management sessions if required by the Social Work Specialist.

Print Name

Sign

Date

Social Work Specialist

I have discussed the above information with the participant. To the best of my knowledge, the participant understands this information and is able to provide informed consent to receive case management services.

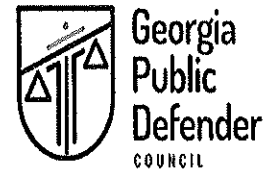
Print

Sign

Date

Program Type: Ladders Program OR Client Support Services Unit (CSSU)

Client Intake Sheet
GPDC Client Support Services Unit



Client Information			
Client's Full Name:		Today's Date:	
Client's Phone/Contact Info:		DOB:	
Current Situation: <input type="checkbox"/> Out on Bail <input type="checkbox"/> Pending Release (within next 30 days) <input type="checkbox"/> Released			
<input type="checkbox"/> Incarcerated at (location):			
Name of Jail:		Date of Arrest:	
If incarcerated, are video visits or email options available? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW			
Client's primary address/living arrangements:			
Do you have health insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Education History			
Educational Level (select one):		<input type="checkbox"/> Some college or tech school	
<input type="checkbox"/> less than 12 years – enter grade completed			
<input type="checkbox"/> None	<input type="checkbox"/> High School Grad/GED	<input type="checkbox"/> College Graduate	
Client Social Support Contacts			
<i>Name</i>		<i>Relationship Type</i>	<i>Contact</i>
Court Information			
Court Date(s)	Court Time(s)	Judge Name	Type of Hearing
Brief Needs Assessment **Required** (check all that apply)			
<input type="checkbox"/> Food		<input type="checkbox"/> Shelter	
<input type="checkbox"/> State ID		<input type="checkbox"/> Toiletries (soap, toothpaste/toothbrush, tissue, deodorant, etc.)	
<input type="checkbox"/> Transportation (for doctor appointments/treatment, etc.)			
<input type="checkbox"/> Social Security Card		<input type="checkbox"/> Medical/Dental	
<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Mental health treatment	
<input type="checkbox"/> Substance abuse treatment		<input type="checkbox"/> Childcare	
<input type="checkbox"/> Other:			



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270 Washington Street

Suite 6079

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Permission to Share Information

Client Support Services Unit

Client's Full Name: _____

Date of Birth: _____

This will authorize (*name of agency*) _____

To **Release** or **Obtain** the requested information To or From:

Name and Address of Agency: _____

Please **check all** information you authorize for full disclosure or release:

- Criminal system information
- Employment history
- Financial history
- Housing history
- Medical history
- Medications (current & past)
- Mental health records
- School records
- Substance treatment records
- Other information (please specify): _____

The authorized information will only be used to provide support services related to developing your case plan and connecting to appropriate services. This information is confidential and will not be released by GPDC's Client Support Services Unit without your signed permission. You may cancel this authorization at any time by submitting a written request to GPDC's Client Support Services Unit at 270 Washington Street, Suite 6079, Atlanta, GA 30334.

Client Acknowledges

- I understand I have the right to refuse to sign this form and that I may revoke my consent at any time (except to the extent that the information has already been released).
- I understand I have the right to receive a copy of this authorization upon request.

Client's Signature: _____

Today's Date: _____

