

# Wellness Center For Older Adults

## 2021-2022 Caregiver Counseling Admission Form

Caregiver

Senior

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Are you a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about the Wellness Center for Older Adults? \_\_\_\_\_

### Race/Ethnicity:

Do you consider yourself to be Hispanic? Yes \_\_\_\_\_ No \_\_\_\_\_ Also, please select the racial categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply :

American Indian/ Alaskan Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

Other

### **FOR CAREGIVER CLIENTS USE ONLY**

#### Person Receiving Caregiving

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ / \_\_\_\_\_

County: \_\_\_\_\_ Relationship to Caregiver: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

### In Case of an Emergency Please Notify

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ / \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ / \_\_\_\_\_

I hereby give my permission for the **Wellness Center For Older Adults** to deliver services to me (or above named adult under my guardianship). By my signature I acknowledge that all information I have provided is true and correct to the best of my knowledge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# Wellness Center for Older Adults

## Privacy Rule Notification

Dear Client:

The **HIPAA (Health Insurance Portability and Accountability Act)** 1996 mandated by Congress has created national standards to protect your medical records and other personal health information. This rule enables you to:

- ❖ Find out how your health information will be used by the Wellness Center For Older Adults.
- ❖ Examine and obtain a copy of your health records and request corrections from the Wellness Center For Older Adults.
- ❖ Control certain uses and disclosures of your health information by the Wellness Center For Older Adults.

Client records are secure and available to only those individuals who need them to carry out treatment, payment or healthcare operations and activities. Wellness Center For Older Adults' personnel have access to only the minimum client information that is necessary to do their job. Disclosure is made only to individuals who need to know the information in order to treat the client, conduct the practice's operations, or obtain payment for services. Written authorization is obtained from the client before disclosing information for any purpose other than treatment, payment or practice/facility operations.

**I have read and received a copy of the Wellness Center For Older Adults' Privacy Rule Policy.**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Consumer Rights

### How can I report abuse, neglect or exploitation by one of my providers?

If you're an older person or adult with a disability and believe that one of your paid providers is abusing, neglecting or exploiting you, you can call the Texas Department of Aging and Disability Services at 1-800-458-9858 (Texas Abuse Hotline). Reports can also be made by filing a report online through a secure website at [www.txabusehotline.org](http://www.txabusehotline.org).

This number and website can be used to report abuse, neglect or exploitation by staff members of nursing homes, assisted living centers, intermediate care facilities, home health and hospice, adult day care centers, senior centers, home delivered meal programs and transportation programs.

Agents answer calls Monday through Friday from 7 a.m. – 7 p.m. If you call outside of those hours, leave a message. An agent will call you back by the next working day. Should your report concern an emergency situation, call 9-1-1.

### Will anyone know who made the report?

No, The Texas Department of Aging and Disability Services (DADS), keeps your name and that of the other person confidential, unless required to release it by law. However, if you choose to remain anonymous, DADS has no way to let you know the results of the investigation.

### What if someone other than a paid provider is abusing, neglecting, or exploiting me?

You can report abuse, neglect or exploitation of an older or disabled person to Adult Protective Services at 1-800-252-5400.

Consumer Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Client / Caregiver Copy  
Please Keep for Your Records**

**Area Agency on Aging of North Central Texas  
Client Rights & Responsibilities and Release of Information  
for Older Americans Act Programs**

The Area Agency on Aging of North Central Texas welcomes you to our programs, made available to you through the Older Americans Act of 1965. These programs and a variety of services are administered by the Area Agency on Aging with funding provided through Texas Health and Human Services, client contributions and local funding.

Programs and services are designed for people age 60 or older, their family members, and other caregivers. Our goal is to help older people lead independent, meaningful and dignified lives in their own homes and communities as long as possible. Our program supports that goal by providing limited support services and by assisting you in finding answers when you want help. Your information will not be released to anyone, or any agency without your informed consent, with the exception of records subpoenaed by a court of law.

**Release of Information:**

Information we gather through an intake or through an assessment may be shared to plan, arrange and deliver services to meet your individual client needs. The information collected is required by your local service provider, the Area Agency on Aging (AAA), and Texas Health and Human Services. All of your information will be kept confidential and guarded against unofficial use.

**Client rights and responsibilities:**

1. You have the right to be treated with respect and consideration. You have the right to have your property treated with respect.
2. You may not be denied services on the basis of race, religion, color, national origin, sex, disability, marital status, or inability and/or unwillingness to contribute.
3. You have the right to make a complaint/grievance or recommend changes to policy or service, without restraint, interference, coercion, discrimination or reprisal. To make a complaint or grievance contact the North Central Texas Area Agency on Aging. Contact information is identified below:

Doni Green, Aging Programs Director  
Phone: 817-695-9193  
Toll free: 1-800-272-3921 ext. 7193  
Fax: 817-695-9274  
Email: [dgreen@nctcog.org](mailto:dgreen@nctcog.org)

Mailing address: NCTAAA  
P.O. Box 5888  
Arlington, TX 76005-5888

4. You have the right to participate in the development of a care plan to address unmet needs (If Applicable).
5. You have the right to be informed in writing of available services and the applicable charges if the services are not covered or are unavailable by Medicare, Medicaid, health insurance, or Older Americans Act funding (If Applicable).

6. You have the right to make an independent choice of service providers from the list furnished by the Area Agency on Aging where multiple service providers are available, and change service providers when desired (If Applicable).
7. You have the right to be informed of any change in service(s).
8. You have the right to make a voluntary, confidential, contribution for services received through the Area Agency on Aging. Services will not be denied if you are unable or choose not to make a contribution. All contributions are confidential and are used only to expand or enhance the service(s) for which a contribution was provided.
9. You have the responsibility to inform the Area Agency on Aging or its service provider(s) of your intent to withdraw from the program or any known periods of absenteeism when you will not be using services.
10. You have the responsibility to provide the Area Agency on Aging or its services provider(s) with complete and accurate information.

I hold harmless this Area Agency on Aging program, its parent organization, funders, and the sponsoring state agencies for any liability arising out of the services provided in accordance with program guidelines.

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Print Client Name

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Date

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Client Signature