



2015
Referral Packet

Diakon Bridge Program

**Diakon Bridge Program
Referral Information Form**

Youth Name: _____
Address: _____
DOB: _____
Phone Number: _____
Parent(s)/Guardian(s) Name: _____

Projected Start Date: _____ **Anticipated End Date:** _____

Referring Worker/Agency/County: _____
Contact Number: _____
E-mail Address: _____

- Requested Services:**
 Bridge Male Alternative Program
 Bridge Female Alternative Program

Consequence if youth fails to comply with Bridge Program: _____

Please mark and write additional comments on competency issues you would like addressed:

- Phase 1: Competency Development** Moral Reasoning Pro Social Skills
 Taking Responsibility for your Actions Communication
 Respect for Rules and Authority

Additional Comments:

- Phase 2: Life Skills** Independent Living Skills Credentials / Documents (ID's, SS Card)
 Organization Parenting
 Money Management Goal Planning

Additional Comments:

Phase 3: Accountability (BARJ) Community-Service Victim Awareness Decision-Making
 Apology Letter Community Retribution

Additional Comments:

Phase 4: Career Exploration Education Employment Resume Building / Interview Skills
 Career Exploration (College, Tech School, Military)

Additional Comments:

Phase 5: Additional-Outreach Mental Health & Substance Abuse Support
 Family Development
 Creating a Vision/Plan of Action
 Scholarship Application

Additional Comments:

- **W.A.P Referral should be made separately to Anthony Stukes/Kit Fensterbush at 717-960-6734.**

COUNTY AUTHORIZATION FOR SERVICES & TERMINATION OF SERVICES

Client Name: _____ Placed by County: _____
 under the supervision of **Diakon Child Family & Community Ministries**.

The rate checked below is approved to begin on ----- Start Date: _____

Level I Foster Care - Traditional (Contract Rate)
Level II Foster Care - Specialized (Contract Rate)
Level III Foster Care - Treatment (Contract Rate)
Center Point Day Treatment Program (Contract Rate)
Turning Point Evening Program - (Contract Rate)
Turning Point Day Program - (Contract Rate)
Weekend Alternative Program (min. 10 weekends)
_____ Contract Rate per day
_____ Contract Rate (with transportation) per day
Weekend Alternative Program Short Term (Contract Rate)
Wilderness Challenge Program (30 days) Contract Rate per day Male
Bridge Program - (Contract Rate) per day (anticipated length of stay--) _____ days
GPS Monitorng for Traditional Bridge Sat-Sun (Contract Rate)
GPS 7 day a week (Contract Rate)
GPS Intake (Contract Rate)
Other

A. Implementing Services

Please sign the authorization for services and fax or email to the client's case manager or appropriate Diakon staff. If you have any questions or concerns, do not hesitate to contact me at:

Diakon Staff	Phone Number	E-Mail
--------------	--------------	--------

Thank you for your timely attention to this matter.

I, authorize services to begin for the this client on the date and level determined above.

County CYS/JPO Authorized Signature (please print & sign name) _____ Date: _____

B. Termination of Services

Please sign to authorize termination of services for the above client to be effective on _____
 _____ Date

I, authorize services to end for this client on the date listed above.

County CYS/JPO Authorized Signature (please print & sign name) _____ Date _____

Youth Services		Adoption & Foster Care Services		
PO Box 10		Topton:	Mechanicsburg:	York:
Boiling Springs, PA 17007		One South Home Avenue	960 Century Drive	836 S. George Street
Phone 717-960-6700		Topton, PA 19562	Suite 101	York, PA 17403
Fax: 717-258-9408		Phone - 610-682-1504	Mechanicsburg, PA 17055	Phone - 717-845-9113
		Fax - 610-68 2-1169	Phone - 717-795-0320	Fax - 717-852-8439
authorization9-18-14updated/par		or 610-682-1582	Fax 717-795-0445	

BRIDGE PROGRAM CENTRAL REGION

Empowering children and adolescents to make positive life choices...

Goal...

Provide a community-based alternative to adjudicated and dependent male and female youth by working collaboratively with juvenile probation departments, children and youth services, schools, youth, parents, families, and the community. The Bridge Program provides community-based support and accountability through mentoring and positive adult role modeling. Traditional Bridge services include:

- Accountability
- Family
- Utilizing gender specific programming
- Positive adult role modeling and mentoring
- Support to establish strong relationships for our community-based approach

Objective...

To develop relationships with each individual student that participates in the program through face to face contact with Diakon case managers who are diverse in their experience, education, and culture. The Bridge Program promotes positive behaviors through constant feedback and tireless encouragement. For youth that struggle at home, school, and in the community, positive adult role modeling builds confidence and self-esteem. Diakon Youth Services five pillars of **Respect, Responsibility, Effort, Trust,** and **Courage**, encircle youth and families. Core objectives of the Bridge Program are:

- Provide intensive community-based services to male and female students
- Increase self-esteem
- Motivate students for success
- Educate
- Prepare male and female students for young adulthood
- Role model, support, and mentor
- Improve family involvement

Program Overview...

The Diakon Bridge Program has three distinct offers to serve male and female youth with an age range from 11 to 18 years of age. The three offers are defined as:

- **Bridge Female Alternative Program**
- **Bridge Male Alternative Program**
- **Bridge Prep Program (17-18 years of age)**

Female Alternative Program

The Diakon Bridge Female Alternative Program is our community-based female component of the Bridge Program. The program outline incorporates 4 Phase competency development objectives. Such competencies are relevant to an adolescent female's future success. Each phase would operate for a period of 25 days or until complete.

Students will transition from one phase to the next. The program will utilize a point-based behavior modification system to reinforce positive behavior. Students earn points for participating in scheduled appointments and completing activities/assignments. **Students must meet both phases' criterion in order to advance to the next phase. If not met, student will start phase over.**

A score of 25-30 points, per month, along with meeting that phase's criterion will determine their successful completion of each phase. A total of the 4 phases will equal 110 points. **Students will be expected to earn a program total of 90 points to successfully complete the program. Students earning 100 points or above will successfully graduate from the program.** Program participation would average 100 days and can be extended on a case-by-case basis.

Program Activities Would Include:

- Family meetings
- Individual contacts with assigned case manager at least 2x a week
- Incorporated lessons / activities that meet individual's IGP
- Established relationships / communication with community agencies

Phase 1: Self-Awareness

- Criterion: Phase 1 Goals and Nutrition Logs
- Self-Esteem Building
- Female Health Issues
- Healthy Relationships
- Body Image
- Respect for Rules and Authority
- Outdoor Experiential Activity

Phase 2: Life Skills

- Criterion: Phase 2 Goals and Curfew Checks
- Independent Living Skills
- Organization / Money Management / Time Management
- Credentials / Documents: Photo ID's, SS Cards, Birth Certificates
- Parenting
- Goal Planning

Phase 3: Accountability

- Criterion: Phase 3 Goals and Break Bad Habits
- Community Service Projects
- Apology letters / Community retribution
- Financial arrangements for restitution, fines, and court costs
- Decision Making

Phase 4: Career Exploration

- Criterion: Phase 4 Goals and Drug Tests
- Education / Employment
- Resume Building / Interview skills
- Career Exploration: Trade school, Tech school, College, and the Military

Male Alternative Program

The Diakon Bridge Male Alternative Program is our community-based gender specific component for male Bridge students. The program outline incorporates 4 Phase competency development objectives. Such competencies are relevant to an adolescent male's future success. Each phase would operate for a period of 25 days or until complete.

Students will transition from one phase to the next. The program will utilize a point-based behavior modification system to reinforce positive behavior. Students earn points for participating in scheduled appointments and completing activities/assignments. **Students must meet both phases' criterion in order to advance to the next phase. If not met, student will start phase over.**

A score of 25-30 points, per month, along with meeting that phase's criterion will determine their successful completion of each phase. A total of the 4 phases will equal 110 points. **Students will be expected to earn a program total of 90 points to successfully complete the program. Students earning 100 points or above will successfully graduate from the program.** Program participation would average 100 days and can be extended on a case-by-case basis.

Program Activities Would Include:

- Family meetings
- Individual contacts with assigned case manager at least 2x a week
- Incorporated lessons / activities that meet individual's IGP
- Established relationships / communication with community agencies

Phase 1: Competency Development

- Criterion: Phase 1 Goals and Nutrition Logs
- Moral Reasoning
- Taking Responsibility for your Actions
- Respect for Rules and Authority
- Communication
- Pro-Social Skills
- Outdoor Experiential Activity

Phase 2: Life Skills

- Criterion: Phase 2 Goals and Curfew Checks
- Independent Living Skills
- Organization / Money Management / Time Management
- Credentials / Documents: Photo ID's, SS Cards, Birth Certificates
- Path to Fatherhood
- Goal Planning

Phase 3: Accountability

- Criterion: Phase 3 Goals and Break Bad Habits
- Community-Service Projects
- Apology letters / Community retribution
- Financial arrangements for restitution, fines, and court costs
- Decision Making

Phase 4: Career Exploration

- Criterion: Phase 4 Goals and Drug Tests
- Education / Employment
- Resume Building / Interview skills
- Career Exploration: Trade school, Tech school, College, and the Military

Bridge Prep Program

The Bridge Prep Program serves male and female clients with an age range from 17-18 years of age. The program outline incorporates 2 Phase competency development objectives. Such competencies are relevant to a young adult's development and practice of life skills and career planning activities. Each phase would operate for a period of 25 days or until complete.

Students will transition from one phase to the next. The program will utilize a point-based behavior modification system to reinforce positive behavior. Students earn points for participating in scheduled appointments and completing activities/assignments. **Students must meet both phases' criterion in order to advance to the next phase. If not met, student will start phase over.**

A score of 25-30 points, per month, along with meeting that phase's criterion will determine their successful completion of each phase. A total of the 2 phases will equal 55 points. **Students will be expected to earn a program total of 45 points to successfully complete the program. Students earning 50 points or above will successfully graduate from the program.** Program participation would average 50 days and can be extended on a case-by-case basis.

Program Activities Would Include:

- Family meetings
- Individual contacts with assigned case manager at least 2x a week
- Incorporated lessons / activities that meet individual's IGP
- Established relationships / communication with community agencies
- WAP weekends in conjunction with Bridge services if referred by agency.

Phase 1: Life Skills

- Criterion: Phase 1 Goals and Curfew Checks
- Independent Living Skills
- Organization / Money Management / Time Management
- Credentials / Documents: Photo ID's, SS Cards, Birth Certificates
- Path to Fatherhood / Parenting
- Goal Planning

Phase 2: Career Exploration

- Criterion: Phase 2 Goals and Drug Tests
- Education / Employment
- Resume Building / Interview skills
- Career Exploration: Trade school, Tech school, College, and the Military
- Community Service / Retribution

**DIAKON YOUTH SERVICES
PARENTAL CONSENT AND RELEASE FORMS**

Part I Authorization and Medical Insurance Information

I, _____, give my consent for _____
Parent/Guardian Youth

to participate in the Diakon Youth Service’s Bridge Program.

I give permission for the following:

- A. Release of School, Dental and Health records to Diakon Youth Service’s Bridge Program regarding said child.
- B. I understand that my child may be photographed, video or audiotaped while participating in Diakon Youth Service’s Bridge Program, activities or events. I understand the use of these materials may be for internal and external communication or publicity purposes. If you **do not** give permission for your child to be photographed, audio or videotaped, please initial here:
_____.
- C. Transporting my child out of state on trips relating to the Diakon Youth Service’s Bridge Program.
- D. I also understand that there may be times that my son/daughter may need medical attention. To assist with reducing possible medical costs, I **will provide** the Diakon Youth Service’ Bridge Program with **current medical insurance information**. I understand that adequate medical attention **cannot** be provided for my child without current medical insurance information.

** Please initial when finished reading Items A & D: _____.

Part II Information

My son/ daughter’s:

- 1. Date of birth _____
- 2. Social Security Number _____
- 3. Primary spoken language _____(Does youth speak/understand English? (Yes / No)

Parent’s information:

- 1. Primary spoken language of parent/guardian:_____ Does parent speak/ understands English? (Yes / No)
- 2. Religious preference/affiliations_____

Parent/Guardian Signature _____

Date _____



**DIAKON LUTHERAN SOCIAL MINISTRIES
NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003
(updated July 2007)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Protected health information is any health information that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we refer to all protected health information as medical information. This notice will inform you about how we may use and disclose your medical information. This notice will also inform you about your rights and our duties with respect to your medical information and how to file a complaint if you believe we have violated your privacy rights.

Diakon Lutheran Social Ministries and its programs and facilities (listed on Exhibit A) are required by law to maintain the privacy of your medical information, provide you with information about your individual rights and to abide by the terms of this notice. Diakon and its programs and facilities will be collectively referred to in this notice as "we," "us" or "Diakon." Diakon reserves the right to change this notice at any time. Any change in the terms of this notice will be effective for all medical information that we are maintaining at that time. We will always post a copy of our current notice at our service locations and facilities and on our website at <http://www.diakon.org> and will make additional copies available to you upon request. If any change is made to this notice, we will provide you with a written revised notice upon request.

When you receive this notice and each time you receive a revised copy of this notice, please sign the Acknowledgment on the last page and return it to your caseworker, counselor or facility administrator.

CONTACT INFORMATION - QUESTIONS, COMMENTS OR REQUESTS

If you have any questions or comments about this notice or if you wish to obtain further information, please contact our Privacy/Contact Officer:

Richard Reed R.N., Esquire
Chief Compliance Officer
Diakon Lutheran Social Ministries
798 Hausman Road, Suite 300
Allentown, PA 18104-9108
(610) 682-1266

All communications to our Privacy/Contact Officer must specify your name and contact information, as well as the facility or program in which you are a patient, resident, client or otherwise receiving our services, in order for us to efficiently address your request.

I. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We may use or disclose your medical information as necessary for your treatment, payment and our healthcare operations. We have provided examples of the types of uses and disclosures listed below. Not every use or disclosure in these categories will be listed; however, all of the ways in which we are permitted to use and disclose your medical information will fall within one of the categories listed in this notice.

A. For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, therapists, counselors or any of our personnel who are involved in taking care of you at the facility in which you reside or the program from which you receive services. We may also disclose medical information about you to people outside of our facilities or programs who may be involved in your medical care while you are receiving services from us or when you are transferred to a hospital or other facility or when you are discharged from any of our facilities or programs. For example, we may disclose your medical information to a pharmacy to fill a prescription or to a hospital, hospice or home health agency or other type of health care provider to which you are transferred for treatment.

B. For Payment. We may use and disclose medical information about you so that the treatment and services you receive from us and other providers may be billed and payment may be collected from you, an insurance company or another third party such as Medicare and Medicaid (Medical Assistance). For example, we may disclose your medical information to your health insurance company or to Medicare and Medicaid (Medical Assistance) to determine whether a particular service is covered or if you are eligible for Medicaid (Medical Assistance). We may also need to disclose your medical information to your health insurance company or for Medicare or Medicaid reimbursement to demonstrate the medical necessity of the services provided to you or for your stay at one of our facilities or for any other service provided to you. We may also disclose your medical information to another health care provider involved in your care for that provider's billing. For example, we may disclose your medical information to a doctor who provided your care so that the doctor may obtain payment for those services.

C. For Health Care Operations. We may use or disclose your medical information for our own health care operations in order for us to provide quality care to our residents, clients, patients or other persons receiving our services. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many residents, clients or other persons receiving our services to decide what additional services we should offer. We may disclose information to doctors, nurses and other facility personnel for review and learning purposes.

II. OTHER USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION

In the event that state or other federal law affords more protection with respect to disclosing your medical information, we are required to follow such state or other federal law.

A. Business Associates. We may disclose medical information to "business associates" who provide contracted services such as accounting, legal representation, claims processing, accreditation,

and consulting. If we do disclose medical information to a business associate, we will do so subject to a contract that provides that such information will be kept confidential by the business associate.

B. Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps to pay for your care. We may also inform your family or friends about your general condition, location or death.

C. Appointment/Visit Reminders. We may use and disclose medical information to contact you for a reminder about your scheduled home health or hospice visits, counseling services or for any other scheduled appointment with any of our facilities or with any of our personnel.

D. Fundraising Activities. We may contact you to request financial support for our facilities and our services and programs. We will use only information such as your name, address, telephone number and the dates of treatment in our program or dates of your stay at our facility. If you do not wish to be contacted for fund-raising efforts, please notify the Privacy/Contact Officer, in writing, at the address identified on the first page of this notice. We will not share your information with anyone else for another entity's fundraising purposes.

E. Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

F. Workers' Compensation. We may release medical information about you for Workers' Compensation or similar programs.

G. Public Health Activities. We may disclose information about you for public health activities. These activities generally include, but are not limited to: prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; or report reactions to medications or problems with products.

H. As Required by Law. We will disclose medical information about you when required to do so by federal, state or local law.

I. Research. We may allow your medical information to be disclosed for research purposes, provided, however, that the person or entity performing the research adheres to certain privacy practices.

J. Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure actions or other legal proceedings. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

K. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

L. Victims of Abuse, Neglect or Domestic Violence. We may disclose your medical information to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. We will only make this disclosure if we are required or authorized to do so by law or if you agree to such disclosure.

M. Judicial and Administrative Proceedings. We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only if efforts have been made to notify you about the request or to obtain an order protecting the information requested.

N. Law Enforcement. We may release medical information if asked to do so by a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, reporting criminal conduct in our facility or program, complying with a court order or subpoena and other law enforcement purposes.

O. Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of your death. We may also release medical information about our residents, clients, hospice or home health patients or any other recipients of our services to funeral directors as necessary for them to carry out their duties.

P. National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Q. To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when we determine it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

R. Military and Veterans. If you are a member of the Armed Forces, we may use and disclose your medical information as required by military command authority. We may also use and disclose your medical information about foreign military personnel as required by the appropriate foreign military authority.

S. Treatment Alternatives/Health Related Benefits and Services. We may use or disclose your medical information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

T. Disaster Relief. We may disclose your health information to an organization assisting in a disaster relief effort.

U. Facility Directory. If you are a resident of one of our residential communities, unless you object, we will include certain limited information about you in our internal facility directory. This information may include your name, your location in the facility, your general condition and your religious affiliation. Our directories do not include specific medical information about you. We may release information in our directories, except for your religious affiliation, to people who ask for you by

name. We may provide the directory information, including your religious affiliation, to any member of the clergy.

III. OTHER USES OF MEDICAL INFORMATION REQUIRING AUTHORIZATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and we are required to keep records of the care that we provided to you.

IV. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

A. Right to request restrictions.

You have the right to request that we restrict the uses or disclosures of your medical information to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or (b) to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister. We are not required to agree to any requested restriction, but will tell you in advance if we cannot comply. However, if we do agree, we will follow that restriction unless the information is needed to provide you with emergency treatment.

You must submit your limitation or restriction request in writing to your caseworker, counselor, or facility administrator. In your request, you must tell us (1) what information you would like to limit or restrict, (2) whether you wish to limit the use or disclosure, or both, and (3) to whom you would like the limits to apply, for example, disclosures to your spouse. Your request must also specify your name and contact information as well as the facility or program in which you are a patient, resident, client or otherwise receiving our services in order for us to efficiently address your request.

We may terminate your restriction if: (a) you agree or request the termination in writing; (b) you orally agree to the termination; or (c) if we inform you that we are terminating our agreement to your restriction, except that such termination will only be effective for your medical information that is created or received after you receive our notice of termination.

B. Right to receive confidential communications.

We will accommodate reasonable requests to receive communications about your medical information from us by alternative means or to alternative locations. For example, you may ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communications. If you want to request confidential communications, you must make your request in writing to your caseworker, counselor or facility administrator. Your request must also specify your name and contact information as well as the facility or program in which you are a patient, resident, client or otherwise receiving our services in order for us to efficiently address your request.

C. Right to inspect and copy protected health information.

With a few very limited exceptions, you have the right to inspect and obtain a copy of your medical information. To inspect or copy your medical information, you must submit your request in writing to your caseworker, counselor or facility administrator. Your request should specifically state what medical information you want to inspect or copy. Your request must also specify your name and contact information as well as the facility or program in which you are a patient, resident, client or otherwise receiving services in order for us to efficiently address your request. We will ordinarily act on your request within 30 days of our receipt of your request. In the event that state or other federal law requires us to act on your request within a shorter time frame, we will comply with such law. We may charge a fee for the costs of copying, mailing or other supplies associated with your request and will tell you the fee amount in advance.

We may deny your request to inspect and copy in limited circumstances. If you are denied access to your medical information, you may submit a written request that such denial be reviewed to the Privacy/Contact Officer at the address indicated on the first page of this notice. In certain circumstances you will not be granted a review of a denial. Otherwise, your denial of access will be reviewed by a licensed health care professional designated by us who did not participate in the original decision to deny access. We will ordinarily act on your request for review within 30 days.

D. Right to amend protected health information.

You have the right to request an amendment to your medical information for as long as the information is kept by or for us. Your request must be submitted in writing to the Privacy/Contact Officer and must specifically state your reason or reasons for the amendment. Your request must also specify your name and contact information as well as the facility or program in which you are a patient, resident, client or otherwise receiving our services in order for us to efficiently address your request. We will ordinarily act on your amendment request within 60 days after our receipt of your request.

We may deny your request to amend medical information if we determine that the information: (1) was not created by us; (2) is not part of the medical information maintained by us; (3) would not be available for you to inspect or copy; or (4) is accurate and complete.

If we grant the request, we will inform you of such acceptance in writing. We will make the appropriate amendment to your medical information and we will request that you identify and agree that we may notify all relevant persons with whom the amendment should be shared: (a) individuals that you have identified as having medical information about you and (b) business associates that we know have your medical information that is the subject of the amendment.

E. Right to receive an accounting.

You have the right to request an "accounting of disclosures" for disclosures of your medical information that are made after April 14, 2003. The list of disclosures does not include disclosures: (a) for treatment, payment and healthcare operations; (b) made with your authorization or consent; (c) to your family member, close relative, friend or any other person identified by you; or (d) for national security or intelligence purposes. Additionally, under certain circumstances, government officials can request that we withhold disclosures from the accounting.

To request an accounting of disclosures, you must submit your request in writing to your counselor, caseworker or facility administrator. Your request must state the time period for which you would like an accounting which may not be longer than 6 years and cannot include dates before April 14, 2003. Your request must also specify your name and contact information as well as the facility or program in which you are a patient, resident, client or otherwise receiving our services in order for us to efficiently address your request. Your first accounting request within any 12-month period will be provided to you free of charge. For additional accounting lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

We will ordinarily act on your accounting request within 60 days of your request. We are permitted to extend our response time for a period of up to 30 days if we notify you of the extension. We may temporarily suspend your right to receive an accounting of disclosures of your medical information, if required to do so by law.

F. Right to a paper copy of this notice.

You have the right to a paper copy of this notice. You may request a copy of this notice at any time from any Diakon facility or program or on our website at <http://www.diakon.org>. Even if you have previously agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

V. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Diakon Lutheran Social Ministries or with the Department of Health and Human Services, Office of Civil Rights. Complaints to Diakon Lutheran Social Ministries must be submitted in writing to the Privacy/Contact Officer at the address specified on the first page of this notice.

To file a complaint with the United States Secretary of Health and Human Services, send your written complaint to: Region III, Office for Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia PA 19106-9111.

You will not be penalized for filing a complaint.

Exhibit "A"

The following are owned, operated, and/or managed by Diakon Lutheran Social Ministries and are bound by the terms of this Notice of Privacy Practices:

Corporate Entities

Diakon Lutheran Social Ministries Diakon Housing and Development, Inc.

Family and Community Ministries

<u>Diakon Adoption & Foster Care</u>	<u>Diakon KidzStuff Child Care</u>	<u>Diakon Pregnancy Services</u>
<u>Diakon Adult Day Services</u> Manatawny Manor Mountain Glade Ravenwood	<u>Diakon Home Health</u> <u>Diakon Hospice Saint John</u> <u>Statewide Adoption Network</u>	<u>Diakon Family Life Services</u> <u>Diakon Youth Services</u>
<u>Community Outreach Services</u> The Brandywine Program Congregational Ministries	Diakon Community Services for Seniors Diakon Volunteer Home Care	RSVP Diakon Help at Home

Senior Living Services

Buffalo Lutheran Village Nursing Care Center Assisted Living The Cottages and The Villas	Cumberland Crossings Retirement Community Nursing Care Center Assisted Living Cottages
Frey Village Nursing Care Center Assisted Living Apartments	Luther Crest Nursing Care Center Assisted Living Apartments
The Lutheran Home at Topton Henry Health Care Center Breidegam and Buehrle Assisted Living Luther Haven, Tower Court, Koch-Knauss Apts.	Manatawny Manor Nursing Care Center Assisted Living
Ohesson Manor Nursing Care Center Cottages	Pocono Lutheran Village Assisted Living
Ravenwood Lutheran Village Nursing Care Center Assisted Living Cottages	The Village at Robinwood Assisted Living Cottages
Twining Village Nursing Care Center Assisted Living Apartments	<u>HUD Housing</u> Frostburg Heights Heilman House Luther Meadows Lutherwood

DIAKON LUTHERAN SOCIAL MINISTRIES

Acknowledgment of Receipt of Notice of Privacy Practices

I have received a copy of Diakon's Notice of Privacy Practices (effective April 14, 2003, updated July 2007).

Name of Facility or Program providing you with services: **Diakon Bridge Program – Central Region**

Name (print)

Date

Signature

Please return this Acknowledgment to your caseworker, counselor, or facility administrator.