

Raleigh-Cary Jewish Family Services Service Agreement

Please initial each line below:	
I/We agree to allow Jewish Family Services of R	aleigh-Cary to provide services to me.
I/We will participate in developing a service plantime frames and methods to achieve these goals.	n, which will identify goal to work toward,
JFS services have been described to me/us	
All fees or costs have been explained to me/us	
I hereby acknowledge that I have received and he copy of Jewish Family Services of Raleigh-Cary Notice of have any questions regarding the notice or my privacy right.	of Privacy Practices. I understand that if I
I grant permission for JFS, and their representate agencies in the community who are involved in my care, coordinating, or managing my financial assistance, health. This includes consultation with area Rabbis and other Je information to other consultants with your authorization this document and/or revoke my consent in writing at an	, for the purpose of providing, h care treatment and/or related services. ewish agencies. JFS may only disclose your h. I also understand that I can refuse to sign
I grant permission for JFS, and their representate indicated below. I understand that email communication information. I understand that JFS does not use encrypt communication is HIPAA compliant. I confirm that the email and I release JFS from any responsibility for access authorized by me.	n to or from JFS may include sensitive ion software nor will it guarantee that email email address that I have given is a private
I authorize JFS to communicate with me via email:	Yes No
The following is my authorized email address:	
By signing below, I certify that I have answered the ques	 stions above honestly and accurately.
Signature of JFS client/guardian	Date
Signature of JFS staff member	

