

PLEASE NOTE

YOU WILL NOT BE
ADMITTED TO CLASS UNTIL
THE INTAKE PACKET IS
COMPLETED AND SIGNED.

EACH PAGE REQUIRES A
SIGNATURE AND DATE.

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2077 East Sahara Avenue, Las Vegas, Nevada 89104, Tel. 702-732-0214 * Fax 702-699-9923

OFFICE USE ONLY

EN ES

DV AD
 IC PL

INTAKE

Client Information

Last Name _____ First Name _____

Date of Birth _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Cellular _____

Language: English Spanish Sex: Male Female X

Race: White Black or African American Hispanic Asian Pacific Islander
 Other _____

Case Information

Case # _____ City of court _____

Department _____ Judge's Name _____

Return to Court Date _____ Attorney's Name _____

Office staff only

Class Assignment _____

Date _____ Rep _____



BACKGROUND INFORMATION

How were you referred to this program?

Please describe the situation which brought you to us:

Have you been involved with LRS Systems before? Yes No

If yes, when and why?

Marital Status:

Single Married Separated Divorced Living together

Nationality: U.S. Citizen Resident Alien Other _____

Primary language: English Spanish Other _____

Spouse/Partner:

Name _____

Address _____

Home phone (____) _____ Work phone (____) _____

D.O.B. _____ Age _____ Sex _____ Race _____

Children

Names _____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____

Have your children been physically abused? Yes No Don't Know

Describe your methods of discipline:

Physical Verbal Time-out All None

Have your children ever been sexually abused? Yes No Don't Know

If so, please describe:

Have the children in your household ever seen you aggressive or violent?

Yes No

Have you ever been violent when you believed children in your household were sleeping? Yes No

How do you think your violence might affect children in your household?

Examples include:

- Have they tried to stop your violence? Hiding or running away
 Copying violence They are frightened by it

Other behaviors:

FAMILY HISTORY

Briefly describe the family you grew up in. Please include the nature of your parent's relationship, birth order siblings, family climate during childhood, problem-solving patterns of your family and any other information you think would be important for us to know.

Has domestic violence been common in your family: Yes ___ or No ___ If yes, please explain:

Is domestic violence acceptable in your cultural background? Yes ___ or No ___ If yes, please explain:

ABUSE HISTORY

Please describe the victim's injuries and if medical attention was required:

Duration/description of abuse:

When you were growing up, did you hear or witness violence?
 Yes No Don't Know

If so, what period of your life did you witness violence?
 Child Teen Adult All

When you were a child, did you ever use violence against others?
 Yes No Don't Know

Please describe in detail the worst violence you have committed:

Have you ever attempted suicide? Yes No

Do you have thoughts of suicide regarding the current incident? Yes No

Do you have thoughts of murdering the victim in the current incident? Yes No

Did the experiences listed below ever happen in your relationship with your partner?

Has he/she ever tried to get outside help because of abuse?

(for example, police, shelter, counseling)?

Yes No

Have you ever hit, pushed, or shoved her while she was pregnant?

Yes No

Has he/she ever received medical treatment as a result of the violence?

Yes No

Have you ever threatened to kill him/her?

Yes No

Have you ever threatened to use a gun or other weapon against him/her?

Yes No

Have you ever used a gun or other weapon against him/her?

Yes No

Have you ever injured or killed a pet?

Yes No

- Have you ever threatened to, or tried to commit suicide? Yes No
- Have you ever pressured him/her to have sex with you? Yes No
- Have you ever forced him/her to have sex with you? Yes No
- Have you ever used pornography? Yes No
- Have you ever pressured him/her to watch pornography? Yes No

PREVIOUS TREATMENT

Have you or any of your family ever sought counseling treatment before?
 Yes No

If so, please select type of treatment:

- Drug and Alcohol Psychiatric Domestic Violence
 Marriage Mental Health Other _____

Have you used prescription medication for mental health purposes?
 Yes No

EMPLOYMENT HISTORY

Current employment _____
 How long have you been at this job? _____ Monthly Income _____
 Employment history _____

LEGAL HISTORY

Have the police been called to your home because of a violent incident with current partner? Yes No How many times? _____

Were you arrested for the most recent incident? Yes No

Were you given a ticket? Yes No

Have you been arrested in the past for a violent crime? Yes No

Are you on probation? Yes No

How long is your probation? (In months) _____

Who is your probation officer? _____

What are your probation conditions?

- Stay away from victim Fine
 Abstain from alcohol Chemical dependency/alcohol evaluation
 No same or similar offenses

Any other conditions of probation?

Is there a Temporary Protective Order (TPO) against you? Yes No

If yes: Date of order _____ Length of order _____ Judge _____

Conditions of order: CD evaluation Where? _____

- Excluded from residence No contact Contact only for visitation
 Use the Visitation Center Supervised visitation No further abuse

Any other conditions?

RELATIONSHIP HISTORY

Have you been married before? Yes No

If so, please indicate number of marriages and reason for divorce:

Have your previous relationships (whether you were married or not) been abusive? Yes No

If yes, please describe:

Have you ever or are you presently abusing, neglecting, exploiting, or isolating an older person?
 Yes No If yes, please describe:

MILITARY HISTORY

Have you ever served in the military? Yes No

If so, please describe which branch you served in, for how long and what type of discharge you received:

Client Signature

Date

Counselor

DRUG AND ALCOHOL HISTORY

RANK FAVORITE	DRUG/ALCOHOL USED	AMOUNT/ DAY	HOW OFTEN	HOW LONG USED	AGE FIRST USED	LAST USED/HOW MUCH
	Alcohol					
	Downers					
	Marijuana					
	Cocaine					
	Crack					
	Speed/Crack					
	Hallucinogen / PCP					
	Narcotic (s)					
	Inhalants					
	Prescribed drugs / other					

Client Signature

Date

Counselor



Consent for Domestic Violence Counseling

The information below provides details about some of the procedures and guidelines of the LRS Domestic Violence Program. Individuals requesting these services are asked to read this material and sign to acknowledge that they understand and accept the conditions of these services.

Eligibility for Services: Services are available to all persons adjudicated to complete court-ordered Domestic Violence counseling or have been ordered to complete Domestic Violence education by their employer or Nevada Probation and Parole.

Domestic Violence Services: LRS provides brief motivational and skill based interventions for Domestic Violence problems on an individual and group basis. Clients will be asked to complete an Intake packet, confidential questionnaires, Orientation and a One-On-One for assessment of the Domestic Violence problem severity. Individual Sessions are held according to the requirements of the court. LRS will provide group sessions for Domestic Violence Services Men's classes 7 days per week. Women's groups will be offered 5 days per week. Men's Orientation and One-On-One's will be held three times per week and Women's Orientation and One-on-One's will be held one time per week. LRS will also provide Domestic Violence classes in Spanish on a weekly basis.

Confidentiality: Your attendance and all communication between you and your counselor are confidential and are not released without your written consent. All Domestic Violence records are protected under the State regulations governing Confidentiality and Domestic Violence Offender Records, NAC 228.160, NAC 228.180, 228.195 and under the Federal regulations governing Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 C.F.R. pts. 160 & 164, and cannot be disclosed without written consent unless otherwise provided for by the regulations. Your records will be maintained in a secure and confidential location and maintained for at least 7 years from the last day of service.

Limits to Confidentiality:

- 1) When there is clear and present danger of harm to either yourself or others, we may contact the proper authorities including medical personnel.
- 2) If you disclose actual or possible current child abuse or neglect, or the abuse, neglect, or exploitation of a disabled adult in need of protection, we must report the information to the appropriate department of social services required by NRS 200.5093.
- 3) If we are ordered by a court of law to release information about you, we may do so.

Because of the confidentiality, in the event we need to reach you, which of these methods may we use to contact you:

Phone: Yes or No Voicemail: Yes or No Text Message: Yes or No



Appointments: Appointments for individual sessions can be made Monday- Thursday 10am to 5pm through the LRS main number, 702-732-0214. Voicemails will be returned in 24 hours except on weekends or holidays.

If it is necessary to change or cancel your appointment, please do so 24 hours in advance. It is often difficult to reschedule appointments, so please keep your appointment if possible. Since there are limited appointment times available, if you miss two appointments a \$100 fee will be assessed to your account.

The Domestic Violence program facilitator DOES NOT provide emergency services. If you are experiencing a life- threatening emergency contact 911. You may also call the following places for service after hours or on weekends:

- | | | |
|-------------------------------------|--------------|--|
| Sunrise Hospital ER | 702-961-5000 | Desert Parkway Behavioral 877-663-7976 |
| Safe Nest | 702-646-4981 | AA Hotline 702-598-1888 |
| National Suicide Prevention Hotline | 800-273-8255 | Westcare 702-385-2090 |

Please sign below to indicate that you have read, understood, and accept the information contained in this document.

Client

Counselor

Date



CLIENT'S RIGHTS

As a client, your rights include, but are not limited to, the following:

- You have the right to be provided treatment appropriate to your needs.
- You have the right to be informed of all program services, which may be of benefit to your treatment.
- You have the right to be informed of the name of the person responsible for coordination of your treatment and of the professional qualifications of staff involved in your treatment.
- You have the right to be informed of your treatment plan.
- You have the right to examine your bill for treatment and to receive an explanation of the bill.
- You have the right to be informed of the program's rules for your conduct at the facility.
- You have the right to receive respectful and considerate care.
- You have the right to confidential treatment. This means that, other than exceptions defined by law, such as those in which public safety takes priority, without your explicit consent to do so.
- You have the right to be informed of your rights as a client. The foregoing is to be posted in the facility in a place where they are immediately available to you.

I HAVE READ, UNDERSTOOD AND HAVE BEEN PROVIDED A COPY OF THE ABOVE CLIENT'S RIGHTS.

Client signature

Date

Counselor

PROGRAM EXPECTATIONS

The following Treatment Expectations will apply:

- You are expected to abstain from all mood-altering chemicals, including alcohol, unless prescribed by a physician.
- You are expected to be cooperative and participate in group sessions; and sign releases of information and follow all recommended treatment plans.
- You are expected to respect the confidentiality of the treatment center. Uncooperativeness or behavior that is detrimental to therapy may result in discharge from the program.
- You are expected to be on time for all group sessions.
- There are to be NO acts of violence or threats of violence or harassment against staff or other clients. You will be discharged immediately if such an act or threat occurs.
- You are expected to pay client fees as services are rendered or as agreed. Some action (a payment or arrangements to make payments) is expected from the client as they have agreed in the initial session. Evaluations will not be released until the account is up-to-date.

I understand that failure to cooperate, as agreed, or to attend sessions required, will result in my termination from treatment and referral back to the court or referring agency for appropriate action.

Client signature

Date

Counselor



NO CONTACT AGREEMENT

If there is a Temporary Protective Orders (TPO) in place in regards to your current case, please complete the following:

I, _____, have been made aware of, and understand that it is my responsibility to abide by all Court Orders, including Temporary Protective Orders (TPO). I agree not to make contact (physical, written, or verbal) with any person who has been granted a TPO against me by the court. I understand that violating a Temporary Protective Order can lead to my arrest.

I also agree not to make contact with anyone who is, or is believed to be, residing at a shelter for victims of Domestic Violence, regardless of my relationship to him/her/them.

I understand that failure to abide by the 'No Contact Agreement' can lead to my termination from treatment.

Client signature

Date

Counselor

VICTIM IDENTITY RELEASE

Part of our procedure is to contact your partner and a collateral individual to ask for descriptions of your violence. In line with this procedure, we ask that you complete the following information.

Whatever is shared with us will be completely confidential; that is, we will not relate to you what is said or even whether contact is made with us without written permission from the other person.

Named Victim/Contact Person's Name: _____

Address: _____

Client signature

Date

Counselor



NOTICE OF PRIVACY PRACTICES
(HIPAA) / NRS 42 C.F.R.

Acknowledgment of Receipt

By signing this form, you acknowledge receipt of the *Notice of Privacy* for LRS System, Ltd. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting our office at (702) 732-0214.

If you have any questions about our *Notice of Privacy Practices*, please contact us at:

2077 East Sahara Ave
Las Vegas, Nevada 89104

I acknowledge receipt of the *Notice of Privacy Practices of LRS Systems, Ltd.*

Signature: _____ Date: _____
(client)

Inability to Obtain Acknowledgment

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgment, and the reasons why the acknowledgment was not obtained.

Signature: _____ Date: _____
(provider representative)



CONSENT TO INDIVIDUAL RECIPIENT
42 CFR Part 2 and HIPAA

REMEMBER: Information disclosed pursuant to client consent must be accompanied by the notice prohibiting redisclosure.

I, [client's name], authorize LRS Systems, LTD.

to disclose attendance, progress, and/or evaluation

to [name of individual(s) who will receive the information]

for the purpose of [describe the purpose of the disclosure; as specific as possible]

I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will expire one year after last class.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Dated:

Signature of Client

Signature of person signing form, if not client

Describe authority to sign on behalf of client



CONSENT TO NON-TREATING PROVIDER ENTITY
42 CFR Part 2 and HIPAA

REMEMBER: Information disclosed pursuant to client consent must be accompanied by the notice prohibiting redisclosure.

I, [client's name], authorize LRS Systems, LTD.

to disclose attendance, progress, and/or evaluation

to the following members of [name of recipient entity, which does not have a treating provider relationship with the client]

[names of individual participants in the entity listed above]

and [names of entity participants in the entity listed above, only if the entity participants have a treating provider relationship with the client]

The purpose of the disclosure is [describe the purpose of the disclosure; as specific as possible]

I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will expire one year after last class.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Dated: _____

Signature of Client

Signature of person signing form, if not client

Describe authority to sign on behalf of client _____



WRITTEN AGREEMENT BETWEEN OFFENDER & LRS

(in conformity with NAC 228.175)

1. I acknowledge that I have turned over to LRS any reports prepared by a peace officer that bear on my present case.
2. I acknowledge that I have turned over to LRS the order of the court requiring me to participate in a program.
3. I acknowledge that I have turned over to LRS any report concerning probation prepared by my parole and probation officer.
4. I acknowledge that I have turned over to LRS the results of any psychological evaluation of me.
5. I acknowledge that I have turned over to LRS copies of any medication prescriptions I am taking.
6. I agree to be free of all forms violence including physical, verbal, psychological or sexual violence.
7. I agree to accept responsibility for my violent behavior.
8. I agree not to use sexist or racist language in the group counseling sessions.
9. I agree to pay all fees as agreed upon with LRS.
10. I agree not to use any alcohol or drugs while in the LRS program if my evaluation shows that I have abused alcohol or drugs.
11. I agree to openly express feelings and emotions in the group counseling sessions.
12. I agree not to discuss the identity of or communications made by another offender in a group counseling session.
13. I agree not to violate a court order to avoid domestic violence, not to have contact with the victim if a court has ordered this, and to obey an order of the court to support my family and to obey any conditions of probation.
14. I agree not to have any contact with the victim who resides in a shelter.
15. I agree not to visit any shelter for victims of domestic violence.
16. I agree to assist LRS in developing a Plan of Control and to follow it.
17. I agree to attend the number of treatment sessions ordered by the court and not to exceed three absences which will result in termination, referral back to the court and possible court sanctions.
18. I acknowledge that LRS will terminate me for violation of any of these provisions.

CLIENT SIGNATURE _____ DATE _____

Please Print Your Name _____

LRS Counselor _____ DATE _____



GROUP RULES

1. The completion of this domestic violence class fulfills the requirement outlined in the Nevada Revised Statute 171.137, which became effective January 1, 1998. This statute is the result of Assembly Bill No. 179, which was passed by the 1997 legislative session.
2. This revised statute requires for the first offense of domestic violence "participation in weekly group or counseling sessions of not less than 1.5 hours per week for not less than six months but no more than twelve months, at your own expense." This establishes a minimum of 26 sessions attended; however, more may be required depending on a person's participation and response to the course material.
3. For a second offense of domestic violence: "1.5 hours per week for 12 months at your own expense." This establishes a minimum of 52 sessions; however, more may be required depending on a person's participation and response to the course material.
4. The cost of the men's and women's program is as follows:
6-month program is \$780.00 + \$70.00 for the orientation and one-one-one = \$850.00
12-month program is \$1560.00 + \$70.00 for the orientation and one-one-one = \$1630.00
5. It is recommended that you pay \$30 per class so as not to get behind on your payments.
6. Absences are handled as follows: If you miss four classes, you will be suspended from the program and referred back to court. If you have a life or death emergency and need to miss a class, please notify the group facilitations as soon as possible.
7. No alcohol or drugs may be used during the enrollment in the program if the offender has abused alcohol or drugs in the judgment of LRS (NAC 228.1701(f). If it appears that an individual is under the influence of alcohol or drugs, that person will provide a fluid specimen for analysis and be scheduled and charged for both the test and an individual appointment with the counselor for treatment planning purposes.
8. Active participation in class and in completing workbook exercises and homework is required.
9. Classes start on time. If you are late, you will not be admitted to class. It will count as an absence unless you attend another class that week.
10. Confidentiality will be observed with four exceptions: elder abuse, child abuse, suicidality, and homicidality.
11. No smoking is allowed in the building. No food or chew in class.
12. No cross-talk. No shaming, blaming or other gender, racial, ethnic, religious, or slanderous comments will be tolerated.
13. No advice giving. Opinions must be expressed in an appropriate manner and in a way that does not disrupt class. No violence will be tolerated. Immediate dismissal will result for any violent act.
14. No controversial clothing, insignias, or bare midriffs are allowed.
15. No pagers or cellular phones other than those pertaining to life or death issues.
16. The class includes the possibility that there will be visitors such as judges, law enforcement personnel, or victim advocates who have a legitimate interest in the process of domestic violence intervention.
17. Class cancellations due to holidays, weather, etc.: you are expected to attend another class within the same week.
18. Certificates of completion will be issued when all course requirements are completed and your balance is paid off.
19. One person at a time to use the restroom or get water.
20. No business may be done at the front desk during group time.
21. No cursing allowed. The "F" word is a violent sex word and is not allowed.
22. Your mate may come to the same gender group for \$5 a class, if he or she wants to learn the same skills you are learning.
23. There is no automatic pass just because you have attended all the sessions and are paid in full. You must show your counselors that you have learned and are using new skills to get a good completion report. Why pay for a class and get nothing out of it?
24. The rules are subject to revision at any time.

Client signature

Date

Counselor

Fitzpatrick Living Skills Assessment

NAME _____ Male Female

Please check the boxes that apply.

1. When you feel impulsive about a risky behavior, are you able to choose a second or replacement thought instead?
2. Do you avoid complaining, criticizing others or trying to change others and think instead about how you can contribute to the solution of the problem?
3. Do you release worries as soon as they come and stay happy because you know you will get an intuitive thought that solves the issue?

4. When verbally attacked, criticized or ignored, are you able to stay restrained, polite, non-defensive, and centered in peace?
5. Are you able to avoid arguing over unimportant issues and let them bounce off you?
6. Are you able to surrender to the wishes of your loved one over non-abusive matters?
7. When upset are you able to take timeouts and not deal with the situation until you are calm?
8. When you have an important conflict or are faced with abusive behavior, are you able to negotiate solutions?
9. When another verbally attacks you, are you skilled enough to get them negotiate an answer after they are calm?
10. Are you able to set boundaries in a loving manner when a loved one insults you?

11. Are you able to heal your own loneliness without using your mate or an addiction?
12. Have you overcome your main addictions in life such as smoking, overeating, alcohol, drugs, gambling, raging, sex addiction, work addiction, whining or worry?
13. Are you able to resolve any conflict between your own freedom needs and the differing freedom needs of others in your family?
14. Do you plan some fun in your life each day?
15. Are you able to meet your survival needs by staying out of debt or living manageable debt?

16. Are you at peace because you have forgiven everyone who has offended you?
17. Have you made amends with everyone you have offended?

18. Do you meditate regularly to develop your inner peace?

19. After meeting your own family's needs in life, do you spend any time or money helping to heal others free of charge?
20. Are you able to get along with the key people in your life and find that your life is totally fulfilling and rewarding?

Client's Signature _____ Date _____



Fitzpatrick Anger Assessment

NAME _____ Male Female

Please check the boxes that apply.

- 1. When you feel upset or irritated, do you blame others for causing you to be upset?
- 2. Have others told you that you have a problem with your anger?
- 3. Have others told you that you like to get even?
- 4. Do you raise your voice in order to intimidate others?
- 5. Have others told you that you try to control or intimidate them?
- 6. Have you ever been so upset that you cannot remember what you said?
- 7. Have you ever tried to control your temper and failed?
- 8. Do you argue or rage over the same issues?
- 9. Have you ever felt guilty over your raging?
- 10. Do you always tell yourself you have a good reason for your raging?
- 11. Do you feel you would not have to get upset if the other person did the right thing?
- 12. Have you felt persecuted or attacked by others?
- 13. Was either or both of your parents angry people or ragers?
- 14. Do you have trouble forgiving your mate or others?
- 15. If the other person starts to argue with you, do you argue back?
- 16. Were you raised in the "strict parent" model rather than the "nurturing model" where obedience instead of communication was the top priority?
- 17. Do you have unresolved anger issues from your past?
- 18. Have you attracted other angry people into your life?
* * * * *
- 19. Have you damaged or lost a relationship because of your temper?
- 20. Do you find that you cannot calmly express disagreement with your mate or others?
- 21. Do you find that you enjoy the surge of power you feel when you rage?
- 22. Do you think that expressing your anger is healthy despite research that shows that venting increases aggressiveness and can lead to violence?
- 23. Do you repeat your complaints until you get out of control about them?
- 24. Do you find that you have other addictions besides raging such as smoking, alcohol, drugs, gambling, work or food?
- 25. If you changed jobs, schools, cities or mates would your temper problems end?
- 26. Are you having relationship, work or school problems because of your temper?
- 27. Do you avoid raging around certain important people in your life?
- 28. Have you found that your raging interferes with your sex life?
- 29. Have you had problems with the law because of losing your temper?
- 30. Have you thought the death of the person you are raging at would solve your problems?
- 31. Do you become angry again days, weeks or months after the event?
- 32. Do you find that you are always angry or resentful about something?
- 33. Has your angry attitude affected your health in any way?
- 34. Do you find that your children have become angry also?
- 35. Do you sometimes say nothing when you are angry and find you blow up later?
- 36. Do you think that "justice" requires you to retaliate rather than forgive?

Client's Signature _____ Date _____



Fitzpatrick Domestic Violence Assessment

NAME _____ Male Female

Please check the boxes that apply.

- 1. I blamed the other person for the problem.
- 2. I raised my voice and argued with the other person.
- 3. I swore at the other person.
- 4. I got back at the other person later.
- 5. I would not forgive the other person for at least a day.

- 6. I broke something that belonged to the other person to hurt them.
- 7. I chose insults that I thought would hurt the other person.
- 8. I raged at the other person.
- 9. I gave the other person the cold shoulder.
- 10. I remained angry and nagged the other person for at least one day.

- 11. I wanted to hurt the other person and threw something at the other person.
- 12. I pushed first or pushed back at the other person.
- 13. I slapped the other person.
- 14. I twisted the other person's arm.
- 15. I scratched the other person.

- 16. I have had prior relationships where I was verbally or physically violent.
- 17. I hit, choked, burned or pushed the other person against a wall.
- 18. The other person needed medical attention because of my violence.
- 19. The other person was bleeding or bruised because of my violence.
- 20. I was arrested because of my violence.

- 21. I did not respect my partner's right not to have sex.
- 22. I persuaded my partner to have sex though my partner did not want to.
- 23. I threatened to have sex with another if my partner did not have sex with me now.
- 24. I persuaded my partner to have oral sex when my partner did not want intercourse.
- 25. I insulted my partner's sexual abilities when my partner refused to have sex.

- 26. I used physical force to make my partner have sex with me.
- 27. I used threats to make my partner have sex with me.
- 28. I used a weapon to make my partner have sex with me.
- 29. I continued to have sex with my partner despite my partner's tears or cries.
- 30. I forced my partner to have anal sex.

- 31. I threatened or screamed at my partner in front of one or more of our children.
- 32. I threatened or screamed at one or more of our children.
- 33. I was violent with my partner in front of one or more of our children.
- 34. I was verbally or physically violent with one or more of our children.
- 35. I neglected, isolated, or exploited an older person.
- 36. I was verbally or physically violent to an older person.

Client's Signature _____ Date _____



TREATMENT PLAN
(In conformity with NAC 228.170 #2[b])

Client (please print): _____

Counselor (please print): _____

PROBLEM LIST: The most pressing issues with their goals related to Domestic Violence treatment for this client are:

- Physical Domestic Violence (violent free relationships)
- Verbal Domestic Violence (learning not to initiate or retaliate verbal abuse)
- Psychological Domestic Violence (learning not to control others)
- Child Abuse (violent free relationships)
- Sexual Abuse (respecting the choice of others)
- Elder Abuse (violent free relationships)
- Abuse of Drugs (learning abstinence)
- Abuse of Alcohol (learning sobriety)
- Divorce (learning to release the other)
- Stress (learning to stay calm in stressful situations)
- Other Legal Issues _____
- Other _____

METHODS:

- Client will attend DV group counseling at LRS once a week for _____ weeks.
- Client is subject to random urinalysis or other tests for drug or alcohol use.
- Client will abstain from any drugs or alcohol for the duration of treatment.
- Client will attend self help groups for _____ at least once a week.
- _____
- _____
- _____

Client Signature:

_____ Date: _____

Counselor's Signature:

_____ Date _____



FINANCIAL RESPONSIBILITY AGREEMENT

1. The cost of the Domestic Violence program at LRS is \$30 per class, plus \$70 for the orientation and one-on-one assessment. The total cost for the six month program is \$850 and for the 12 month program, \$1630.
2. If you pay in full within the first week of enrollment you get the following discount: 6-months \$100 off and 12-months \$200 off.
3. Even though we don't require payment of fees before attending class, we do expect regular payments and payment in full before your return to court date.
4. If you have a verifiable financial hardships; such as unemployment, serious medical issues, only income is from social security or SSI, that prevent you from paying fees in full, we encourage you to speak with one of our staff who can handle financial matters. Just ask at the front desk.
5. We receive no money from the court or any other source; your payment of fees is our only revenue. We rely on your payments to pay our employees and operate our business.
6. You can reasonably expect that you must complete your payment responsibility before the court will close your case.

I acknowledge with my signature that I understand the expectations and conditions as listed above regarding costs and payments for the classes provided by LRS.

CLIENT:

Print Name	Signature	Date
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WITNESS:

Print Name	Signature	Date
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Plan of Control

(Developed by the LRS counselor and offender in conformity with NAC 228.170 2[d])

I agree not to use violence in my life with anyone. When upset, I agree to take a timeout for at least one hour. If I cannot peacefully resolve a situation, I will bring it to the group and ask the counselor for conflict resolution help. I agree to use this plan of control for the length of time I will be attending the group sessions. At the end of my sessions, I will agree to a written violence free aftercare plan.

Additions: _____

Client's Signature _____ DATE _____

Please Print Your Name _____

LRS Counselor _____ DATE _____



LRS GRIEVANCE POLICY & PROCEDURE

Subject: Protocols for the registration of and disposition of complaints by clients and employees.

- Policy:**
- A. All clients and staff will be notified of the grievance procedure in writing at the time of admission via initial assessment and or date of hire.
 - B. To ensure notification of grievance procedure, clients and staff will sign and date grievance procedure protocol form.
 - C. All staff and clients of LRS have right to file and/or appeal grievances without threat of reprisal [458.279 (4) (F) (2)].
 - D. All grievances need to be in writing.
 - E. Once a grievance is received, it will be given to the program facilitator to resolve. If the program facilitator is unable to resolve to client's satisfaction, then;
 - F. See the Office Manager. If not resolved, see clinical director.
 - G. If still not resolved, see the Owner Operator.
 - H. You have the right to file a complaint with the State of Nevada if the facility's grievance procedure does not resolve your complaint to your satisfaction, and the right to freedom from retribution or other adverse consequence as the product of filing a complaint. Such complaints may be addressed in writing or by telephone to: State of Nevada Committee on Domestic Violence, 5420 Kietzke Lane, Suite 202, Reno, Nevada 89511, Phone 775-688-1960, Fax 775-688-1822.

Client signature

Date

Counselor



CLIENT ACKNOWLEDGEMENT

By signing this page, I agree with and acknowledge all of the documents pertaining to my intake at LRS Systems, LTD. on this _____ day _____, 20____.

CLIENT:

_____ print name _____ signature _____ Date

WITNESS:

_____ print name _____ signature _____ Date



PATIENT'S RIGHTS ADULT

As the patient of a program for treatment of domestic violence, your rights include, but are not limited to, the following:

1. You have the right to be provided treatment appropriate to your needs.
2. If you are transferred to another treatment provider, you have the right to be given an explanation of the need for such transfer and of the alternatives available, unless such transfer is made due to a medical emergency.
3. You have the right to be informed of all program services, which may be of benefit to your treatment.
4. You have the right to have your clinical records forwarded to the receiving program if you are transferred to another treatment program.
5. You have the right to be informed of the name of the person responsible for coordination of your treatment and of the professional qualifications of staff involved in your treatment.
6. You have the right to be informed of our diagnosis, treatment plan and prognosis.
7. You have the right to be given sufficient information to provide for informed consent to any treatment you are provided. This is to include a description of any significant medical risks, the name of the person responsible for treatment, an estimated cost of treatment, and a description of the alternatives to treatment.
8. You have the right to be informed if the facility proposes to perform experiments that affect your own treatment, and the right to refuse to participate in such experiments.
9. You have the right to examine your bill for treatment and to receive an explanation of the bill.
10. You have the right to be informed of the program's rules for your conduct at the facility.
11. You have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of such refusal.
12. You have the right to receive respectful and considerate care.
13. You have the right to receive continues care: To be informed of our appointments for treatment, the names of program staff available for treatment, and of any need for continuing care.
14. You have the right to have any reasonable request for services reasonably satisfied by the program, considering its ability to do so.
15. You have the right to safe, healthful and comfortable accommodations.
16. You have the right to confidential treatment. This means that other than exceptions defined by law, such as those in which public safety takes priority, without your explicit consent to do so the program may release no information about you, including confirmation or denial that you are a patient.
17. Waiver of any civil or other right protected by law cannot be required as a condition of program services.
18. You have the right to freedom from emotional, physical, intellectual, or sexual harassment or abuse.
19. You have the right to attend religious activities of your choice, including visitation from a spiritual counselor, to the extent that such activities do not conflict with program activities. The program shall make a reasonable accommodation to your chosen religious activities.
20. You have the right to grieve actions and decisions of facility staff, which you believe, are inappropriate, including but not limited to actions and decisions, which you believe violate your rights as a patient. The facility is obligated to develop a grievance procedure for timely resolution of complaints from patients and to post such a procedure in a place where it shall adverse consequences as the product of filing a grievance.
21. You have the right to file a complaint with the State of Nevada if the facility's grievance procedure does not resolve your complaint to your satisfaction, and the right to freedom from retribution or other adverse consequence as the product of filing a complaint. Such complaints may be addressed in writing or by telephone to: State of Nevada Committee on Domestic Violence, 5420 Kietzke Lane, Suite 202, Reno, Nevada 89511, Phone 775-688-1960, Fax 775-688-1822.
22. You have the right to be informed of your rights as a patient. The foregoing are to be posted in the facility in a place where they are immediately available to you, and you are to be informed of these rights and given a listing of them as soon as is practically possible upon you beginning treatment.
23. I received a copy of LRS Grievance Procedure.

Patient acknowledgement: I have read, understand, and have been provided a copy of the above Patient's Rights.

Client signature

Date

Counselor

State of Nevada
Division of Public and Behavioral Health
Bureau of Health Care Quality and Compliance
727 Fairview Dr, Suite E
Carson City, NV 89701
Phone (775) 684-1030

Confidentiality Consent Form

In accordance with NAC 228.160, offender must sign this form prior to treatment acknowledging the confidentiality provisions, and providing consent to those provisions.

NAC 228.160 Confidentiality

A provider of treatment, a supervisor of treatment who is acting as a provider of treatment, or any other staff member of the program does not disclose any confidential communications made by an offender during the course of treatment or acquired through his work with the program, except:

- a. Upon the written consent of the offender;
- b. To the extent necessary to report the status of the treatment of an offender to the court that ordered the offender to participate in the program;
- c. To the extent necessary to comply with the provisions of subsection 2 of NAC 228.180 or subsection 3 of NAC 228.195;
- d. Pursuant to an investigation or on-site inspection by the committee;
- e. To notify a person whom the provider of treatment believes may be at risk of imminent danger because of threats made or behavior exhibited by the offender;
- f. To report evidence of child abuse or neglect to an agency which provides child welfare services or to a law enforcement agency;
- g. To report evidence of abuse, neglect, exploitation or isolation of an older person to an entity described in NRS 200.5093; or
- h. As otherwise required by law

No staff member of the program discloses a confidential record or information contained in such a record to another person except:

- a. Upon the written consent of the offender;
- b. To the extent necessary to report the status of the treatment of an offender to the court that ordered the offender to participate in the program;
- c. To the extent necessary to comply with the provisions of subsection 2 of NAC 228.180 or subsection 3 of NAC 228.195;
- d. Pursuant to an investigation or on-site inspection by the committee;
- e. To notify a person whom the provider of treatment believes may be at risk of imminent danger because of threats made or behavior exhibited by the offender;
- f. To report evidence of child abuse or neglect to an agency which provides child welfare services or to a law enforcement agency;
- g. To report evidence of child abuse or neglect, exploitation or isolation of an older person to an entity described in NRS 200.5093; or
- h. As otherwise required by law.

Acknowledgement and Consent

By signing below I hereby acknowledge that I the confidentiality provisions details above and consent to these provisions.

Signature _____

Date _____

Printed Name _____

PATIENT'S RIGHTS ADULT

As the patient of a program for treatment of domestic violence, your rights include, but are not limited to, the following:

1. You have the right to be provided treatment appropriate to your needs.
2. If you are transferred to another treatment provider, you have the right to be given an explanation of the need for such transfer and of the alternatives available, unless such transfer is made due to a medical emergency.
3. You have the right to be informed of all program services, which may be of benefit to your treatment.
4. You have the right to have your clinical records forwarded to the receiving program if you are transferred to another treatment program.
5. You have the right to be informed of the name of the person responsible for coordination of your treatment and of the professional qualifications of staff involved in your treatment.
6. You have the right to be informed of our diagnosis, treatment plan and prognosis.
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11. You have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of such refusal.
12. You have the right to receive respectful and considerate care.
13. You have the right to receive continuous care: To be informed of our appointments for treatment, the names of program staff available for treatment, and of any need for continuing care.
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15. You have the right to safe, healthful and comfortable accommodations.
16. You have the right to confidential treatment. This means that other than exceptions defined by law, such as those in which public safety takes priority, without your explicit consent to do so the program may release no information about you, including confirmation or denial that you are a patient.
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20. You have the right to grieve actions and decisions of facility staff, which you believe, are inappropriate, including but not limited to actions and decisions, which you believe violate your rights as a patient. The facility is obligated to develop a grievance procedure for timely resolution of complaints from patients and to post such a procedure in a place where it shall have no adverse consequences as the product of filing a grievance.
21. You have the right to file a complaint with the State of Nevada if the facility's grievance procedure does not resolve your complaint to your satisfaction, and the right to freedom from retribution or other adverse consequence as the product of filing a complaint. Such complaints may be addressed in writing or by telephone to: State of Nevada Committee on Domestic Violence, 5420 Kietzke Lane, Suite 202, Reno, Nevada 89511, Phone 775-688-1960, Fax 775-688-1822.
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Patient acknowledgement: I have read, understand, and have been provided a copy of the above Patient's Rights.

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- a. Upon the written consent of the offender;
- b. To the extent necessary to report the status of the treatment of an offender to the court that ordered the offender to participate in the program;
- c. To the extent necessary to comply with the provisions of subsection 2 of NAC 228.180 or subsection 3 of NAC 228.195;
- d. Pursuant to an investigation or on-site inspection by the committee;
- e. To notify a person whom the provider of treatment believes may be at risk of imminent danger because of threats made or behavior exhibited by the offender;
- f. To report evidence of child abuse or neglect to an agency which provides child welfare services or to a law enforcement agency;
- g. To report evidence of abuse, neglect, exploitation or isolation of an older person to an entity described in NRS 200.5093; or
- h. As otherwise required by law

No staff member of the program discloses a confidential record or information contained in such a record to another person except:

- a. Upon the written consent of the offender;
- b. To the extent necessary to report the status of the treatment of an offender to the court that ordered the offender to participate in the program;
- c. To the extent necessary to comply with the provisions of subsection 2 of NAC 228.180 or subsection 3 of NAC 228.195;
- d. Pursuant to an investigation or on-site inspection by the committee;
- e. To notify a person whom the provider of treatment believes may be at risk of imminent danger because of threats made or behavior exhibited by the offender;
- f. To report evidence of child abuse or neglect to an agency which provides child welfare services or to a law enforcement agency;
- g. To report evidence of child abuse or neglect, exploitation or isolation of an older person to an entity described in NRS 200.5093; or
- h. As otherwise required by law.

Acknowledgement and Consent

By signing below I hereby acknowledge that I the confidentiality provisions details above and consent to these provisions.

Signature _____

Date _____

Printed Name _____