



CHART SCHEMATIC

Harm Reduction Case Management

Client Name: _____

REVIEW ITEM		Y/N	COMMENTS
PROOF OF RESIDENCY	Annual		
PROOF OF INCOME	Annual		
IDENTIFICATION CARD	As Needed		
INSURANCE CARD	As Needed		
CONSENT FOR SERVICES/LIMITS OF CONFIDENTIALITY	Once		
HIPAA CONSENT FORM	Once		
CONSENT TO RELEASE MEDICAL INFORMATION	5 yrs		
RIGHTS AND RESPONSIBILITIES	Once		
GRIEVANCE PROCEDURE	Once		
CLIENT INTAKE/ ASSESSMENT	Annual		
INDIVIDUALIZED SERVICE PLAN	6 mo		
PROGRESS NOTES	Monthly		

ALL FORMS ARE FILED FROM CURRENT TO PREVIOUS