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MANUAL FOR SERVICE PROVIDERS

CLIENT'S CASE MANAGEMENT

The EU-supported Project "Strengthening the Capacity of Non State Actors (NSAs) for HIV Counseling and Testing for Most-at-risk Adolescents and Youth"

Case Management Definition

While presenting the case management (CM) as a successful model of working with vulnerable groups of people, CM is commonly understood as a set of actions that should be executed only by social services (and not by healthcare services or non-state actors). The reason for this kind of attitude might be found in the name. In western countries "Case Management" is also known as a "Client Management" and means individual working with a client in order to help and support him/her.

Case Management method has a longer history of use in the treatment of patients with mental disorders. Though forms and scopes were quite different in different places, the method was considered to be effective generally in the field of psychic health in the USA, Canada, Australia and in number of European countries.

From 1980-ies, the method was started to be adapted to help people with mental disorders caused by psychoactive substance use. In some countries now the method is generally used to help drug addicts, while in others it is mostly practiced in vulnerable population including especially complicated clients, who have multiple problems and/or face specific barriers in access of needed services, such as pregnant women, HIV-infected patients with dual psychiatric diagnosis and other serious chronic diseases, disabled, prisoners, homeless and socially vulnerable people, commercial sex workers, etc.

The methodology of Case Management implementation and some of its specific features vary by countries, but the basic principles remain common: client-orientation, basing on community resources, multilateralism, pragmatism, flexibility, cultural specifics taken into account. The main results obtained through the use of the method are also similar: improved access to various services, increased client involvement and retain in programs, optimized results and high effectiveness.

Case Management – set of activities focused on resolution of the social needs of certain individuals or groups of people.

The role of Case Management in HIV prevention programs

Working with vulnerable groups such as injecting drug users, commercial sex workers and men who have sex with men (MSM) revealed that positive changes in their behavior are caused not only by providing them with information and needed resources.

As a rule, representatives of vulnerable groups have complex problems: medical, legal, psychological and others. At the same time, problems that are related to health support and maintenance often are not the high priority for these groups – more important are individual safety requirements, desire to get free of constant stress and solitude, etc. For effective discussion of HIV prevention measures, first, it is necessary to create appropriate conditions for such discussion. By ignoring other, more important for the client problems, we are preparing ground for our defeat, because in such case all talks about HIV related problems will be in vain.

This thesis lays at the basis of using Case Management concept in HIV prevention. Case Management helps clients to solve their most important problems. Over time consultant gets the opportunity to review health related issues together with the client. It should be noted, that when the client receives support in solution of most important problems, then he/she usually takes independent decision to change risk behavior to a safe one.

Prevention Case Management (PCM) **-** is the client-centered HIV prevention activity aimed at control and reduction of HIV infection related risk behavior among clients, who suffer of multiple problems and need a complex approach to the solution of these problems. Complex social approach combines the features of both counseling and traditional case management, providing intense and long-term services to clients such as counseling and support; it also plays the role of a mediator between the client and the facility providing those services.

Over the recent years Prevention Case Management (PCM) in western countries has being called the Comprehensive Risk Counseling and Services (CRCS)– this is an intense, individual, client-centered risk reduction intervention for most-at-risk people in relation to HIV infection and/or HIV transmission to others.

Main objectives of Case Management in relation to HIV/AIDS:

1. Assess the client's status and needs and develop a complex care plan, which refers to the client's main areas of life: medical, psychological, financial, etc.
2. Offer services responding to the client's needs
3. Help clients to make easier their access to services
4. Support clients at all stages of receiving services
5. Reduce the probability of duplication of services
6. Support clients and their families to act independently
7. Inform clients about HIV infection, risk behavior and the need of health care

Client-centered services

Client-centered services – help the client to use his/her strengths to identify main goals and reach objectives. This approach makes the case management staff adapt services to the client's needs and does not force the client to adapt himself/herself to existing services.

Reliance on strengths – Very often, when we are trying to improve the overall state of the clients, our efforts are mostly focused on solution of their immediate problems. Despite being driven by best intentions, we neglect appreciating clients' strengths and successes, which might have become the basis for more long-term and sustainable changes in their lives. Moreover, positive approaches facilitate client's retain in the program and cooperation with service provider.

Why do we do it? The purpose of our work – It is not disputed that if people clearly realize the purpose of their work, they perform their job better. The purpose of the work includes both - what a person wants to achieve through applying own efforts and what are the expectations from this work. If we ask consultants working with the drug-addict clients: "what is the final result of your work with the clients?", the majority of them will reply: "help the client to achieve and maintain sobriety". Undoubtedly, this is a very important factor, but in case of strengths-based, person-centered approach, this result is not enough. Sobriety here is considered more as a tool rather than the purpose.

The purpose of help within the framework of strengths-based model implies working with certain individuals and families through partnership based on mutual respect in order to identify, reinforce and maintain resources needed for normal functioning in the community.

Strengths-based, person-centered model	Instead of	Traditional, disease-centered model
Help another person		Patient's or client's treatment
Consider people as active participants of the process		Passive, dependent service receiver
Unified plan based on the negotiation and compromise		Unilateral offer of a prescription or a plan
Power with others (sharing power)		Power upon other
Main emphasis on person's social, external wishes and needs (taking in view that internal and external demands are in constant interaction)		Emphasis on internal or "intra-psychic" wishes and needs
Results are assessed by observable, measurable behaviors and achievements in everyday life		Results are assessed by abstract constructions – self-actualization, independence, self dignity, etc.

While using the strengths-based, person-centered approach, achievement of a main goal is measured according to how much the client's behavior reflects normal interdependence of community members. Basically, it means that people undertake behaviors, which are socially acceptable and permissible in society. There is also an opinion that laws are nothing but codified social norms.

Integration of medical/biological perspective into strengths-based, person-centered model

We shall review this approach on an example of a substance abuse. As professionals, we are guided by opinions and sentiments about human behavior in community. As it is widely known, biological component plays a significant role in formation of behavioral addiction. Besides, as it is agreed, human biology including brain functions, is strongly affected by environmental factors. There was an intention to consider disease-model and strengths-based model as mutually exclusive polar extremes. However, a person-centered philosophy proves these two outlooks can coexist and it helps us in clear understanding of and intervention in a complex problem like chemical dependence is.

Medical/Biological	Strengths-based
Problematic behavior (regular alcohol consumption) is a symptom of the disease. A person cannot control own behavior due to the disease with neurobiological involvement. Only life-term and complete abstinence will give person an opportunity to deal with alcoholism, because it is a chronic, incurable disease.	A decision whether to drink or not is a matter of permanent, daily personal choice, while brain biochemistry is a given reality and not a subject for choice. It is highly important to clear up what is the behavioral addiction for each unique person and review the problematic behavior in a social context.
When a person has double diagnosis including drug-addiction and mental illness, views differ whether which of two diseases is initial and should be focused on. Simultaneous treatment of both conditions is a widely spread practice.	When a person has double diagnosis including drug-addiction and mental illness together, main emphasis is made upon a person rather than an illness. Client support program is based on social results announced by the client, his/her wishes and aspirations.
Basic concepts include restrictions, confrontations, instructions and full abstinence as the main task of treatment.	Basic concept includes cooperation, sharing of power and responsibilities, mutual dependence, social/behavioral outcome (stronger motivation, change of behavior and attitudes), harm reduction and recovery.

Motivation definition

- → **Motivation** - is considered as a process that compels the initiation, management and sustainability of an action towards a desired goal.
- → **Motivation** - internal and external factors stimulating people's wishes and energy to pursue their efforts for achieving the goal.

Motivation definition ***according to the strengths-based model:*** applying efforts to achieve what one wishes or thinks he/she needs.

Within the strengths-based, person-centered model case manager does not judge or scold the client. Every human while alive is considered somehow motivated. Our task is to help the client to acknowledge that disease affects decision he/she makes (physical/psychological discomfort, strong desire to act in particular direction), but disease does not make decision instead of him/her. If a man wants to feel relief, to relax and be happy, there are alternative ways to achieve these goals. In the broad sense, it will be easier to offer alternatives to the clients.

As a part of a Case Management, the following rights of the client must be ensured:

- → right of private life and confidentiality;
- → right to be treated with respect;
- → right to make decisions independently;
- → right to receive high quality medical and social assistance.

Case Management models

Several models of HIV/AIDS related Case Management described in literature are intended to various target audiences and environment and therefore, include different roles of a case manager and different types of services.

Broker model – is focused on ways of connecting clients with centers that possess needed resources. Usually, these centers are located outside the agencies providing case management services to the clients. According to this model, relations between case manager and the client is limited as consultant's tasks including only assessment of client's needs and his/her referral to the service provider. Use of this model, as a rule, allows quite a wide outreach of clients. Case manager is responsible for assessing client's needs and carrying out the developed plan.

Rehabilitation model - relationship between case manager and the client is based on reception of services by client. Assessing the strengths and weaknesses, case manager tries to overcome barriers hindering client's independent functioning in community. When barriers are successfully overcome, client's relations with case manager are terminated or get less intense.

Full supportive model – is based on key principles of a rehabilitation model and multidisciplinary team, which provides integrated services. Difference lies in fact that within this model client is not redirected to other services – all services are being provided at a single place. Case manager's role in this case includes not only a process coordination but also providing certain assistance to the client and developing various skills.

Strengths-based model - is based on identification of the client's strengths. Case manager's role is to help clients in setting clear goals and then pursue these goals.

Case Management for most-at-risk youth

It is necessary to take in view special features of target groups and relevant social environment when organizing Case Management for most-at-risk youth.

Assistance to this group should not be limited to provision of certain services to adolescents and youth. Necessary point is an engagement of important for clients persons in Case Management, namely parents, caregivers and those, who communicate with youth: teachers, psychologists, social workers, doctors, representatives of law-reinforcement bodies.

Each participant must be actively involved in Case Management process and play an important role in individually structured Case Management program. Responsibilities for Case Management consequences lie on case managers, clients and people around them.

Case Management System

Case Management System is a structure that includes case management services and network of partners, whose work is based on a mutual agreement.

Case Management Services (Social Bureau) – is a specialized body providing Case Management services to the clients.

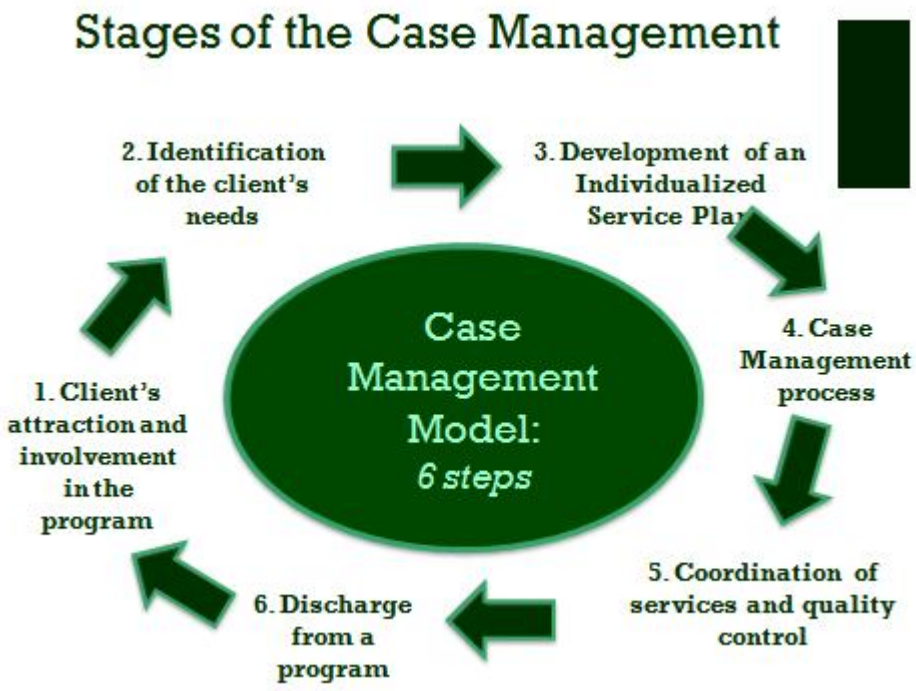
objectives of the Social Bureau:

1. Provide counseling on client's social services;
2. Ensure the accessibility of legal services;
3. Ensure psychological aid in crisis situations;
4. Facilitate receiving of medical care;
5. Help client in reduction of risks related to HIV infection

Stages of Case Management: six steps to achieve success in working with a client

Case Management is a well-designed system, in which one stage consequentially transits to another. Case manager helps clients understand the current situation, identify most significant problems and determine ways to solve them. Case manager explains to client what kind of services are accessible for them and assists in receiving those services.

There are six stages in a Case Management cycle:



Step1. Client attraction and involvement in the program

Questions to be answered first:

1. Whom are you going to work with? (target audience)
2. How will you attract clients?
3. What should be done at the fist contact? How will you act if you are addressed by a client not belonging to the target audience?

In our case target audience includes most-at-risk adolescents and youth.

Since the target group is defined, the next question is: how to make the program attractive for the clients? There are several mechanisms. Each case management program should have its own plan for clients' attraction and involvement. The plan must contain a strategy for informing the target group, program goal, location and clients' eligibility criteria.

Clients can be involved in the program through:

- → the outreach;
- → the helpline;
- → other medical and social services;
- → advertisements (printed, visual, etc)

Potential sources of information about case management program include the following:

- → medical facilities
- → non-state actors (NSAs)
- → youth organizations
- → voluntary counseling and testing services (VCT)
- → religious organizations
- → asylums
- → schools and colleges
- → probation services

At the first contact case manager faces the following tasks:
1. Determine whether a client belongs to the target group or not. At the first contact information is collected about the client in order to define the range of client's needs, his/her requirements and expectations with respect to the Case Management as well as compliance of these requirements with competence of the Social Bureau.

2. Provide clients with comprehensive information about Case Management services, specific character of Social Bureau operations and confidentiality protection.

In case the client addressing the Bureau, does not belong to the target population or by some reason cannot be involved in the program, he/she should be provided with information about services and place, where can he receive proper care.

Step2. Assessment of the situation and identification of the client's needs

Case manager needs the following information to provide appropriate assistance to the client:

- → information about the health status (chronic diseases, trauma or severe diseases in past, mental disorders, being under doctor's care, taking of any medication on a regular basis)
- → information about the family (family members, living conditions, family relations)
- → tobacco, alcohol and drug use history
- → information about HIV-related risk behavior
- → information about the level of education and work experience (education so far, currently studying or working/worked or not)
- → information about entertainment/leisure
- → information about conflicts with law (arrest, detention, probation)

During evaluation, case manager must identify the complex of problems that should be solved in the process of Case Management and define the ways of problem solution. For this purpose they have to determine:

- → how relevant are the requirements of the client addressing you
- → how well are the client's problem-solving skills developed
- → what is the client's motivation to participate in the program

After that case manager suggest the client to sign a contract and work out a social adaptation plan together with him/her.

Step3. Development of an Individualized Service Plan

This is the third stage of a Case Management, at which the service delivery plan is developed and bilateral obligations of case manager and the client are determined. The plan must be in compliance with client's and his/her household's needs that had been preliminarily identified. The plan includes main goals and objectives that must be achieved in a certain period of time as well as steps to undertake and possible results. Agreement on participation of a client in the program is a mean for formalization of relations between case manager and the client.

Signing the Agreement– realization of the main Case Management program starts after signing the Agreement between clients and the services. Agreement regulates relations in case management process on basis of meeting requirements of both parties. Before signing, it is important to explain the essence of the Agreement to the client and requirements imposed with participation in the program. Before signing the Agreement you have to:

- → explain the essence of the Agreement to the client;
- → introduce the assistance program, main directions and methods of the work;
- → explain that client takes the obligation to be actively involved in the program and fulfill his/her obligations.

In addition, Agreement has a therapeutic function as well. It is also an instrument regulating relations between clients and the program personnel. In case of the break of an Agreement, it allows forecasting future situation and ensures the stability of relations between clients and the program personnel. Agreement is an important tool in creating motivation for client to participate in the program and provides an opportunity to assign responsibilities between clients and specialists. Agreement is a confidential document.

It is noteworthy, that from a formal, legal viewpoint Agreement imposes no obligations on the client, but it may be used as an instrument for a Social Bureau staff to avoid being manipulated by clients.

Developing a plan – Coming to the Social Bureau, many people do not clearly understand, what kind of services, in what sequence and for what period they can receive. To clarify this issue and avoid unreasonable expectations, the Individualized Service Plans are being developed. Individualized Service Plan of working with the client is based on the information gained at assessment stage. It includes short-term and long-term objectives and description of phases for achieving those objectives.

Objectives should be specific and achievable. The plan should include necessary actions to achieve goals, expected outcomes, responsibilities and timelines of implementation. Individualized service plan is a document, in which changes are introduced on a regular basis; plan is now getting refined and necessary data are being added.

If the client does not agree with proposed rules of cooperation or if requirements are not adequate, case manager has the right to refuse the client in cooperation. Additionally, case manager must explain the reasons for refusal and provide the client with information about other services.

Confidentiality or anonymity? The Social Bureau services are confidential, but not anonymous. Signing Agreement means that client gives the personal information to case manager if only this information is not disclosed without the consent of the client. If the client insists on anonymity, we should explain to him/her that it significantly limits the range of case manager's assistance. Agreements will not be signed with these clients, but it does not mean they won't get help in the Bureau. Anonymous clients are provided by single service. In this process they should be motivated to be involved in the program.

Step4. Case Management process

Implementation of a plan of working with client and various coordinating activities are case manager's prerogative and it begins immediately as soon as an individualized service plan is developed. Case manager and other Bureau employees help clients and their family members; they also get in touch with other experts and organizations able to provide necessary services to the clients. In the process of implementation, through agreement with the client, the plan may include changes that are recorded in the card.

In addition, case management includes psychological counseling and support. Psychological support is essential to enhance the client's motivation. Supportive counseling aims at assessing the client's status, identification of his problems, provision of recommendations and useful information, psychological support.

Step5. Coordination of services and quality control

Another important element of the Case Management program is a smooth system of client's referral to different organizations focusing on various problems and requirements of clients that ultimately facilitates risk behavior changes and HIV-infection individual risk reduction. These services include healthcare and social services, drug treatment facilities, harm reduction programs, legal assistance and other services.

In order to make these services available to all clients, Bureau employees preliminarily conclude certain agreements with them (agreement on cooperation, a memorandum of understanding, etc). Case manager not only sends the client to different facilities, but afterwards checks whether they have really used the services. Sometimes, case manager accompanies the client to some facilities.

Service availability is efficiently coordinated and controlled only if case manager possesses complete information about the service provider (address, phone number, list of services, service delivery terms).

The greatest problem in Case Management is a client's retain in ***Case Management*** program. As a consequence of problems resolution, the demand for Case Management program decreases. Client feels as if "everything is settled" and sees no reason for staying in the program. What should the case manager do in this case?

First of all, he/she must carefully examine the reasons for such decision; if a client is convinced that he got an aid in problem solution, if he is satisfied with services and is able to solve problems independently in the future, it will be considered as a normal result of Case Management. However, if the client leaves the program for other reasons, it is necessary to further analyze the situation and apply an individual approach in each particular case.

Step6. Discharge from a program

While working out the individual plan of prevention, case manager and the client determine together the time period for plan implementation. This period depends upon the client's personal features, his/her needs, demands as well as on objectives and activities that should be carried out during the case management process.

Case management is a time-limited prevention program intended to help clients in assessing and planning process to achieve certain behavioral objectives by means of counseling, referrals and program implementation monitoring. Case Management will not replace the complex social and psychological assistance. Since the individual plan objectives are met, case manager and a client jointly make decisions about the completion of a program. At discharge from the program client should be informed about availability of this resource for him/her again in future.

Client chart N [__ | __ | __]

In order to help you we need information about your health status and behaviors. These data will be entered into special forms – client charts. Filling-in the chart takes 10-15 minutes. To protect anonymity, you will be assigned a special code. You can refuse filling-in the chart or do not answer certain questions. Do you agree to fill-in the chart?

☐ Yes

Client's identification code: [__ \| __] [__ \| __] [__] [__ \| __]

First two letters of mother's full name | *First two letters of father's full name* | *gender (1-male 2-female)* | *last two numbers of the year of your birth*

Date	Case manager working with the client

(The first line is filled-in at opening of the client's chart. New lines are filled in case a new case manager starts to work with a client)

From whom did you learn about the case management services?

☐	At the outreach	☐	Employee of a probation services
☐	Medical facility personnel	☐	Mass media
☐	Client of a Social Bureau	☐	Other (please, specify) ----------
☐	Member of an youth organization		
☐	Friend/acquaintance		
☐	Printed information materials		

1. CLIENT'S STATUS

School student	☐	Drug-addict	☐
School-age child, who does not attend school	☐	Young people in conflict with a law	☐
University student	☐	Young man who have sex with the men	☐
Child without parental care	☐	Commercial sex worker, girl	☐
Street child	☐	Young people, victim of sexual assault	☐
Children's house child	☐	Transsexual	☐
Representative of a national minority	☐	HIV-infected young people	☐
Internally displaced person (IDP)	☐	*Other (please, specify)* ----------	☐

2. STATUS IN THE PROGRAM

□ initial	date:	□ Discharge from a program	date:	Reason for discharge:_____ (*please, describe – see below)*
□ secondary	date:	□ discharge from a program	date:	Reason for discharge:_____ (*please, describe – see below)*

Possible reasons of discharge:

1. successful completion of a program
2. client's wish
3. client's death
4. move to other place to live
5. inability to fulfill an agreement terms during 1 month
6. risk behavior of a client
7. transition to other case management system
8. transition to the treatment/rehabilitation program
9. Other (please, describe) ----------

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3. DEMOGRAPHIC DATA

Living conditions

- □ not available
- □ lives alone
- □ lives with parents
- □ lives with a spouse/partner
- □ lives with parents and a spouse
- □ other (describe) ----------

Marital status

- □ married
- □ in unregistered marriage
- □ single
- □ divorced
- □ widow

Education

- □ non
- □ initial
- □ incomplete secondary
- □ secondary
- □ secondary special education
- □ incomplete high
- □ high

Permanent partner

- □ yes
- □ no

Children

- □ yes

(how many, age ----------)

- □ no

4. DOCUMENTS, EMPLOYMENT

☐ ID card ☐ passport ☐ health insurance police ☐ driver's license ☐ other ---------- ----------	**Employment** ☐ yes ☐ no ☐ needs a job	**Profession/specialty** ---------- ---------- **Work experience** ---------- ---------- ----------

5. **HEALTH STATUS** (chronic diseases, trauma or severe diseases in past, mental illnesses, being under a doctor's care, taking medication on a regular basis)

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6. TOBACCO AND ALCOHOL USE

Tobacco use	☐ yes ☐ no	Alcohol use	☐ yes ☐ no
If yes, since what age, how often ---------- ---------- ---------- ---------- ---------- ----------		If yes, since what age, what kind of drink, how often ---------- ---------- ---------- ---------- ---------- ----------	

7. DRUG USE

Ever used illicit drugs	□ yes □ no	*if yes, continue (7.1, 7.2)*	if no, go to 8

7.1 HISTORY OF DRUG USE

Age of first drug use	
Reasons for starting drug use	
Age of first injection drug use	
Duration of regular drug use	
Grug/drugs used for recent period, frequency of use, dosing	
Drug use alone/in a group	
Last use (when, what drug)	

7.2 HISTORY OF TREATMENT

How many times was treated, where, in outpatient clinic, in inpatient clinic	
What methods of treatment were used?	
Have ever used psychologist's/psychotherapist's services	
Results of treatment	
Independent efforts to terminate drug use (how many times, how)	
Reasons for termination of drug use	
Maximum duration of abstinence from drugs (remission). What was the abstinence related to?	
The reasons for renewal of drug use after abstinence (relapse)	

8. HIV INFECTION

Client was tested for HIV before involvement in the program		☐ yes	☐ no
Date of the last HIV testing (before involvement in the program)			
According to the assessment results, client needs the HIV testing		☐ yes	☐ no
Date of testing for HIV infection (in the program)			
Does the client currently need ART therapy?		☐ yes	☐ no
Is the client receiving currently the ART therapy?		☐ yes	☐ no
Was the client receiving ART therapy in past?		☐ yes	☐ no
Client is registered in the AIDS center	☐ yes	☐ no	☐ N/A

9. VIRAL HEPATITIS

Hepatitis B/C testing		
Hepatitis B	☐ yes	☐ no
Hepatitis C	☐ yes	☐ no
Client was tested for hepatitis B	☐ yes	☐ no
Date of testing for hepatitis B		
Client was tested for hepatitis C	☐ yes	☐ no
Date of testing for hepatitis C		

10. SEXUALLY TRANSMITTED DISEASES (STD)

STD testing		
Syphilis	☐ yes	☐ no
Gonorrhea	☐ yes	☐ no
Other STDs *(specify)* ----------		
Client was tested for STDs (within the program)	☐ yes	☐ no
Date of testing for STDs		

11. LEGAL STATUS

Is there a necessity to execute/recover documents?	☐ yes ☐ no if yes, what documents exactly?
Currently has problems with law enforcement authorities	☐ yes ☐ no if yes, how?
Other legal problems	☐ yes ☐ no if yes, what kind of problems?

12. INFORMATION ABOUT THE FAMILY (family members, living conditions, family relations)

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13. INFORMATION ABOUT SPORTS/HOBBIES/ENTERTAINMENT/LEISURE

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14. MAIN ELEMENTS OF THE CASE MANAGEMENT PROGRAM

(Should be filled-in at the moment of program completion, at the last appointment)

COMMENTS:

Agreement on provision of Case Management services

This agreement is made by and among the Social Bureau (hereinafter called "Bureau") and

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(Client's name)

(hereinafter called "Client") on participation in an individual Case Management program.

Subject of the Agreement:

Subject of the Agreement is an organization of case management program for a client by the Social Bureau.

Agreement terms:

- → Social Bureau will not refuse anyone in services because of religious beliefs, gender, ethnic origin, political views, sexual orientation and the health status.
- → Participation in the case management program is voluntary;
- → Participation in the case management program is free.

1. Client's rights. Client has the rights:

- → To terminate the Agreement unilaterally at any time;
- → Address the Bureau with remarks or proposals in regard to the Case Management program.

2. Client's obligations. Client takes the obligations:

- → Provide social workers of the Bureau with the necessary information about participation in the program;
- → Follow the recommendations of the Social Bureau;
- → Follow the preliminarily agreed schedule of meetings. In case the client cannot come to the consultation, he/she should warn the case manager and inform him about the reason of absence;
- → Not coming to the visit with case manager under the influence of alcohol;
- → Notify the Social Bureau personnel about results of referrals to partnership network organizations;
- → Keep the regulations set by service provider;
- → Inform Bureau employees in time about emerging problems.

3. Rights of the Social Bureau. Social Bureau has the rights to:

- → Refuse the client to continue providing services if the client does not comply with recommendations of the Bureau's employees;
- → Refuse the client to continue providing services if the client does not keep the obligations taken under article 2 of this Agreement;
- → Refuse the client to provide services if the client's requirement are in conflict with the law.

4. Obligations of the Social Bureau. Social Bureau takes the obligations to:

- → Provide the client with services according to the case management standards;
- → Implement the client's Individualized Service Plan;
- → Support the client in receiving needed services in different organization;
- → Protect the confidentiality of client related information. This means the information about the client will not be disclosed or given to anyone without the client's written consent except the case of court demand or other situations defined by legislation. All documentation and the electronic files will be kept in a safe place by Bureau's employees.

Please, tick: ☐ **I have read the above information**

Date | Client's name | Client's signature

Date | Case manager's name | Case manager's signature

Consent on Information Disclosure

I know the information about my health status is protected by Georgian constitution and the relevant laws. This information should not be disclosed without my written consent except cases defined by legislation.

I allow ---------- *(indicate the person's first name, second name/organization's name), disclose the confidential information* ---------- ---------- ---------- *(indicate the person's first name, second name/organization's name),*

Information that should be disclosed:

HIV status, health status, history of drug use, etc

Purpose:

Employment, material or other kind of assistance, etc

I am informed that at any time I can cancel my consent before the Social Bureau starts relevant actions on the basis of this consent.

Date of signature ----------

Client's name and signature ----------

Consent about the information disclosure should be written just before a specific case, when there are no alternatives, and only by client's voluntary decision, without any impact.

Case Management Plan

Client's chart N [__ | __ | __] **Client's identification code** [__ | __ | __ | __ | __ | __ | __| __]

Date	Appointment №	Service name	Date of referral	Organization, providing services	Result 1 = received 2 = not received		Date of receiving results	Quality assessment[1]/ and the reason for not receiving services

1 Quality assessment options: very good/good/satisfactory/not satisfactory