



PROGRAM AGREEMENT

Where it All Comes Together for a Better Future

I/We, \_\_\_\_\_, request care and training under the auspices of MassHealth and/or the Department of Developmental Services (DDS), which has contracted with Habilitation Assistance Corporation (HAC) to provide services for my son/daughter, beneficiary/myself.

Member's Name: \_\_\_\_\_
Access Center: \_\_\_\_\_

To acknowledge my/our understanding and acceptance of the programs and services, I/we agree, authorize, and consent to:

- 1. The provision of the services outlined by the DDS, MassHealth, and HAC, including the sharing of information between other DDS and/or health care providers and HAC necessary for the provision and coordination of these services.
2. Participation in regularly scheduled meetings to review and/or amend the Day Habilitation Service Plan.
3. Arrangement by HAC for emergency medical care at a medical facility, provision of routine medical and nursing care, and monitoring and maintenance of member's general health. Legal designee agrees to meet and relieve program staff and/or provide relief of program staff from emergency situation/hospital at the end of daily program hours.
4. Photographs may be taken and used solely for identification/communication purposes (a supplemental media release may be provided separately).
5. Authorization for HAC to transport and/or escort member to outside activities.
6. Permission for HAC to release information in situations necessitating assistance by local public service departments, including police, fire, ambulance, or emergency services.
7. Permission to refer member for outside evaluations/therapy services as deemed necessary by interdisciplinary team.
8. Permission to allow review of member records by monitoring agencies and/or authorized business associates of HAC.

I have read and understand the Notice to Members Regarding Your Privacy Rights.

By signing below I acknowledge and agree to all the foregoing, and I hereby release HAC and its officers, directors, employees and agents from any and all liability in connection with the programs and services outlined herein.

This agreement shall expire upon the termination of services by HAC to member.

Signature of Member: \_\_\_\_\_

Signature of Legal Designee: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please Check: [ ] Guardian [ ] Other: \_\_\_\_\_

Date of Completion: \_\_\_\_\_