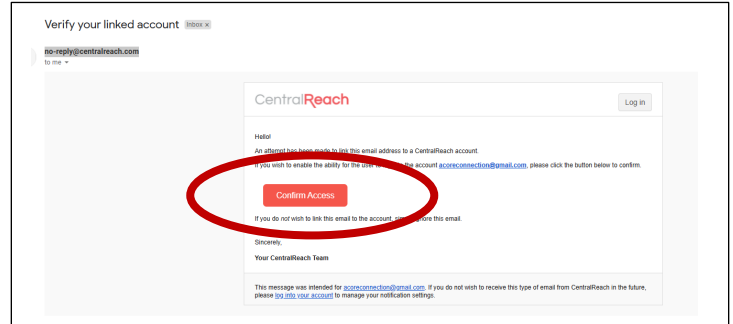


Central Reach Instructions for Clients

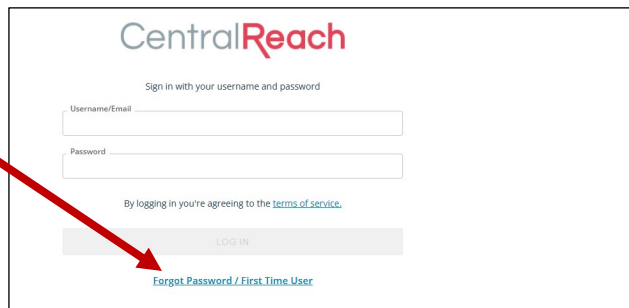
To set up your Login Account

1. Notify the office (407-789-2673) of your email address prior to accessing Central Reach.
2. The office will register you and you will receive an email from “no-reply@centralreach.com” and you will need to “Confirm Access” prior to logging in.



3. “Go to the Central Reach login page: <https://members.centralreach.com>

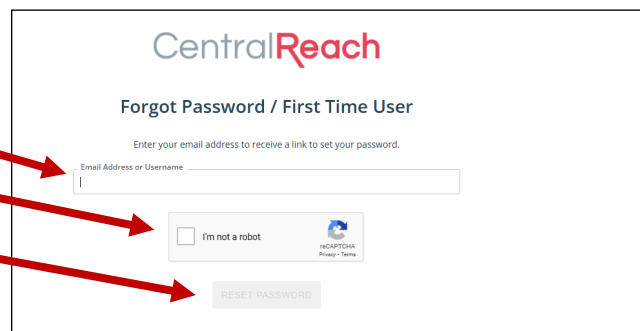
4. Click “Forgot password”



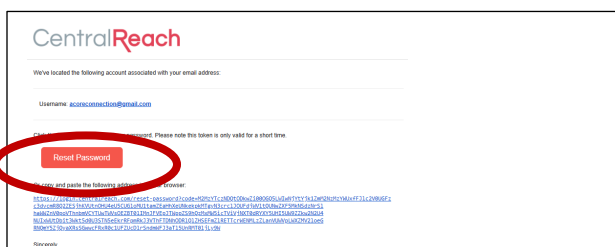
5. Enter Username, which is your email address.

6. Click on "I am not a robot"

7. Click “Reset Password”



8. Check your email for the Central Reach link to reset your password & click the ‘Reset Password’ button.



Central Reach Instructions for Clients

9. Enter new password: must have at least 8 characters, including

- 1 Uppercase letter
- 1 lowercase letter
- 1 number
- 1 special character (!@#\$\$%^&*)



CentralReach

Reset Your Password

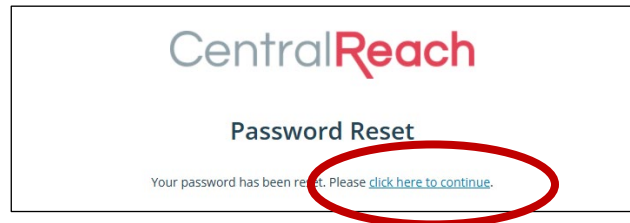
New Password

Confirm Password

RESET PASSWORD

10. Click Reset Password

11. Sign in with new password



CentralReach

Password Reset

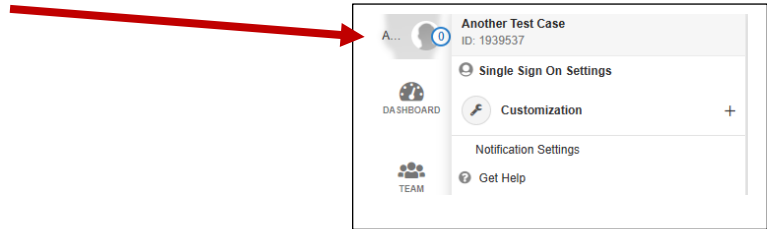
Your password has been reset. Please [click here to continue.](#)

Central Reach Instructions for Clients

Notification Setup Instructions for Clients

To receive email or text reminders for appointments & forms needing to be completed

1. After logging in, click the client icon in the upper left corner, then select “Notification Settings”



2. If you want notifications to come as a text message,

- select your cell phone carrier (e.g., TMobile),
- enter your cell phone #, then
- click “Send Verification Code.”
- Enter the verification code when you get it, then click “Finish Setup.”

A screenshot of the "Mobile Setup" form. The status is "Phone Notifications Disabled". Below the status, there is a dropdown menu for "Carrier" (set to "At&t"), a text input field for "Phone Number", and a "Send Verification Code" button. Below that, there is a text input field for "Verification Code" and a "Finish Setup" button.

3. For each notification type, choose whether you want them to come as a text (SMS) or email. It is recommended that you have notifications turned on for:

- Messages
- Scheduling
- Tasks

4. Click “Save Settings”

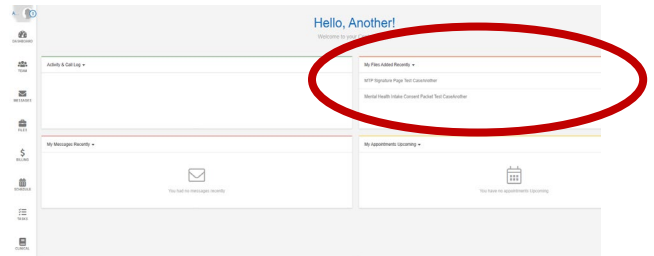
A screenshot of the "Enable Notifications" settings page. The page is divided into sections: "Message Center", "Timesheets & Billing", "Scheduling", and "Tasks". Each section has columns for "Email" and "SMS" with checkboxes. A red arrow points from the top right towards the "Save Settings" button at the bottom of the page.

	Email	SMS
Message Center		
New message	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Timesheets & Billing		
Client invoice	<input type="checkbox"/>	-
Scheduling		
New appointment was added	<input checked="" type="checkbox"/>	-
Appointment was modified	<input checked="" type="checkbox"/>	-
Appointment was cancelled	<input checked="" type="checkbox"/>	-
Tasks		
Task was assigned to you	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Task was modified	<input type="checkbox"/>	<input type="checkbox"/>
Task was completed or deleted	<input type="checkbox"/>	<input type="checkbox"/>

Central Reach Instructions for Clients

Signing Required Forms: Consent Form Packet

1. Login to Central Reach with your user name and password that you set up.
2. Under “My Files Added Recently” you will select the “Consent Form Packet” form listed.



3. A pop up will show and at the top of it you will select “Note/Form” which is listed right under your internet search bar.



4. The form will populate and you will need to follow these instructions:

- **Client Information form:** This form is for you to verify that the information we have in our system is correct for the client and/or parent/guardian. If the information is wrong or blank please fill in the correct information in the "What it's supposed to be" field. We will then update our records.

DEMOGRAPHIC INFORMATION		
What we have	What it should be	
Client DOB	08/05/1991	Text box ✓
Client SSN	123-45-6789	Text box ✓
Client Race	White	Text box ✓
Client's Address	123 Smith Lane Langwood FL 32779	Text area ✓
Client Phone Number	Client Home Phone	Text box ✓
Client/Guardian Email	scoreconnection@gmail.com	Text area ✓
School/Incarcare attention	Client Assessment Information	School Attention

- **Client Rights & Health/Safety** These pamphlets are for you to print out and keep for your records. This is an explanation of both the agency and your rights and what to expect during treatment.
- **Intake Consent:** This form is consenting to treatment. The red fields are explained below:
 - **Intake Consent Page 1:**

Consent for Treatment and treatment location:
You will need to check the check box after this section if you do not consent to talk to other people involved in treatment (School officials, other family members and/or other providers involved).

Connection, including sharing relevant confidential information with those involved in services

- School Personnel, such as teachers, counselors, behavior specialists, principal, etc.
- Other Family Members, such as step-parents, siblings, grandparents, foster parents, etc.
- Other Case Management or Treatment Professionals.

If you do not give consent for the above providers please check this box here

FUNDING AUTHORIZATION: I authorize A Core Connection to release relevant confidential information to my current funding source in order to process claims, obtain reimbursement, and comply with the funding source's auditing requirements.

Central Reach Instructions for Clients

- **Telemental Consent:** You will need to check the check box after this section if you do not consent. There may be times when you and your Therapist are unable to attend in person and this will allow for services to be provided through other means than face to face.
- **"For Minor Clients in Parents' Custody:** you will select the appropriate selection available. Either there is or isn't another parent who should consent to treatment. If there is then you will write their name and phone number on the form.
- **Signature Required**

Change Section ▾
Currently Editing Section:
Intake Consent Page 2

7) I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency. Emergency Protocols I need to know your location in case of an emergency. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person who I may contact on your behalf in a life-threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

If you do not give consent for the above please check this box here

For Minor Clients in Parents' Custody:
The minor client has another parent who must consent to treatment as well and can be contact at:
Name: Parent Name Here Number: Parent phone number here and if this is not filled in then I have sole responsibility to consent to treatment for the minor client.

THIS CONSENT EXPIRES 1 YEAR FROM THE DATE SIGNED UNLESS OTHERWISE SPECIFIED.

SIGNATURES:
Client (if adult) or Parent/Guardian (if minor) Signature and Relationship to client:
 Another Test Case
 Enter relationship to client (Self, Parent, Legal Guardian, etc.)

- **No Show:** Please read over and sign the bottom of the form.

Mental Health Intake Consent Packet Test CaseAnother
Owned by Me ID: 103149126

Change Section ▾
Currently Editing Section:
No Show

missed appointment:
1. If you fail to notify your assigned clinician prior to an in-office or in-school session, you may be charged a \$20 travel fee if the staff traveled to that location specifically for that session.
2. After the first "No Show" the staff person will call to reschedule the appointment and you will be required to pay the fee.
3. After the second "No Show," services will be suspended and you are required to pay the travel fees for both missed sessions (if first one still not paid) in order to reschedule services.
4. After the third "No Show," your case will be closed.
5. After the third "No Show," your case will be closed.

If these services are rescheduled or rescheduled, the person responsible for monitoring compliance with the mandate (e.g., dependency case manager, probation officer) will be notified if requested (concealment, suspension or termination of services).

I understand A Core Connection's No Show/Cancellation policy and understand that regular attendance is necessary for treatment to be effective. Therefore, I agree to attend all scheduled sessions. If I cannot attend an appointment, I will call the staff 24 hours in advance to reschedule. If I have an emergency that prevents me from attending, I will call the assigned clinician at least one hour before the appointment to cancel.

THIS CONSENT EXPIRES 1 YEAR FROM THE DATE SIGNED UNLESS OTHERWISE SPECIFIED.

SIGNATURES:
Client (if adult) or Parent/Guardian (if minor) Signature and Relationship to client:
 Another Test Case
 Enter relationship to client (Self, Parent, Legal Guardian, etc.)

- **PCP Notification:**
Your insurance company likes to see coordination of care being provided. This form is faxed to the clients PCP to inform that that we are providing services and nothing else. It is not asking or granting permission for records to be exchanged. We ask that you fill out the PCP Name, address, phone and fax number and sign the bottom of the form.

Mental Health Intake Consent Packet Test CaseAnother
Owned by Me ID: 103149126

Change Section ▾
Currently Editing Section:
PCP Notification

A Core Connection
Services & Consulting

PCP Notification Form

Client Name: Another Test Case Birthdate: 08/05/1991

The Client's Primary Care Physician is as follows:

Please complete the following information:

PCP Name:

PCP Fax: PCP Phone:

Mailing Address:

Purpose of this document is to serve as notification to the Primary Care Physician that counseling and/or behavior analysis services are being provided by A Core Connection.

FOR NOTIFICATION PURPOSES ONLY -- DO NOT SEND RECORDS

Acknowledgement: By signing below, I authorize A Core Connection to release a copy of this document to the PCP named above. I further authorize exchange of confidential information between the PCP and A Core Connection for the purpose of coordination of care. Contact information for A Core Connection is as follows:

2135 West State Road 434 Longwood, FL 32779
(407) 789-CORE Office (407) 612-2359 Fax

- I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment from A Core Connection.
- I understand that I may revoke this authorization in writing at any time, however I cannot revoke authorization for action that has already been taken.
- A copy of this release shall be valid as the original.

THIS CONSENT EXPIRES 1 YEAR FROM THE DATE SIGNED UNLESS OTHERWISE SPECIFIED.

SIGNATURES:
Client (if adult) or Parent/Guardian (if minor) Signature and Relationship to client:
 Another Test Case
 Enter relationship to client (Self, Parent, Legal Guardian, etc.)

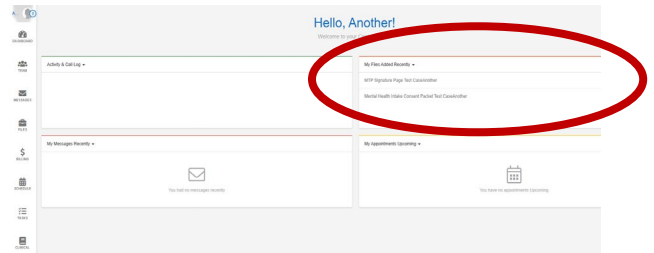
Save Save and Lock

- 5. Hit Save. NOT SAVE AND LOCK

Central Reach Instructions for Clients

Signing Required Treatment Plan Signature Page and Treatment Plan Reviews

1. Login to Central Reach with your user name and password that you set up.
2. Under “My Files Added Recently” you will select the “Treatment Plan Signature Page” form listed.
3. A pop up will show and at the top of it you will select “Note/Form” which is listed right under your internet search bar.
4. These documents **REQUIRE** both the minor client and parent signature.
 - If child is too young or delayed to be able to sign, type “Unable to sign due to age (or disability)” then make an X in the signature area.
 - Adult clients can write “Adult” then draw an X in the “Parent/guardian” signature space.
5. If there is going to another person involved in treatment (step parent, grandparent, partner, etc...) then they should sign as the “Other Participant” and state their relationship to the client.
6. Once everyone has signed click on “Save”



MTP Signature Page Test CaseAnother
Owned by Me ID: 103086023

A Core Connection
Services & Consulting

TREATMENT PLAN SIGNATURE PAGE

Client Name: Another Test Case Date of Birth: 08/05/1991 Intake Date:

SIGNATURES			
Client Signature:	Another Test Case	Date: <input type="text"/>	Another Test Case
N/A - Client signed above			
Other	Another Test Case	Date: <input type="text"/>	Guardian or Other Name: N/A Adult
Legal Guardian	Another Test Case	Date: <input type="text"/>	Relationship: NA
N/A - Other Participant Signatures	Another Test Case	Date: <input type="text"/>	Other Participant Name & Relationship: NA
N/A - No other participants involved			
Licensed Assessor	A Core Connection	Date: <input type="text"/>	Printed Name: A Core Connection