

*RIO GRANDE COUNSELING CENTER*

Kids Exchange Network

Intake Packet

Please fill out the following pages.  
After you fill in this form, **print it** and bring it with you to your  
orientation meeting.

(Note: you can fill in the form on your computer using your  
Acrobat Reader)

# *Rio Grande Counseling Center*

## **Welcome to Kids Exchange Network PARENT HANDBOOK**

Our goal is to provide a safe and positive environment for services and to assist parents with compliance with their court order or other similar referral. We want to offer children quality parenting time with both parents.

### **Locations/Phone/Fax**

#### **Rio Grande Counseling Center**

**314 E. Highland Mall Blvd. Suite 508**

**Austin, Texas 78752**

**Office 512-480-0205**

**Fax 512-804-1770**

**My supervisor is:** \_\_\_\_\_ *(To be filled out at intake)* **Phone:** \_\_\_\_\_ *(To be filled out at intake)*

### **Hours of Operation**

Intake Hours	5 pm – 8 pm	Mon, Thurs, Fri
Exchange hours	by appointment	
Supervised Visitation	by appointment	

### **Holidays**

Independence Day	by appointment
Thanksgiving Day & Day After	by appointment
Christmas Day	by appointment
New Year's Day	by appointment
AISD School Holidays	by appointment
Other ISD Holidays	by appointment

Inclement Weather Same as AISD/City of Austin/Travis County

## **INTAKE**

We have provided an information packet that we will need completed so that we have correct information on you and your family. We will also want to review this information with you and talk about how Kids Exchange Network at Rio Grande Counseling Center can be of service to you before visits begin.

Call us at \_\_\_\_\_ to schedule an appointment. We ask that you not bring your children to this appointment as we are unable to provide daycare services unless you have been instructed to do so to meet the supervisor for your visits. We want to be sure to schedule a time when we can give your children a chance to explore Kids Exchange Network at Rio Grande Counseling Center so they will feel comfortable coming here in the future.

## **Exchanges**

Exchanges, sometimes called neutral exchange, are intended for parents to have the opportunity to exchange their children for parenting time with the other parent without having to interact with each other.

The Parent that is picking up arrives 15 minutes earlier and checks in. The Parent that is dropping off signs in, leaves the child with our staff and leaves. Staff will escort the child to the other parent. The parent that is picking up will remain for 15 minutes to allow the other parent to leave the premises, then takes child. The reverse happens when parents exchange again.

## **OR**

Other instructions may be given to you if you have a special case that requires additional supervision or attention.

## **Supervised Visits**

If the court has ordered that visits are to take place at Kids Exchange Network at Rio Grande Counseling Center and that an employee be present during the visit, we want to help you with a fun and safe visit with your child(ren). We provide supervision only and neutral observations. We do not take sides or make recommendations on visitation orders or custody determinations.

The Parent that is visiting the child(ren) will arrive 15 minutes prior to the exchange, signs in and waits in a designated room. Please wait until staff brings your child(ren) to you.

The parent delivering child(ren) arrives and signs in and after staff leaves with child(ren) the delivering parent leaves.

Staff escorts the child(ren) to the Parent for the supervised visit.

After the visit, the parent picks-up and leaves using the same rules so that parents don't have to have contact.

**OR**

Other instructions may be given to you if you have a special case that requires additional supervision or attention.

### **Infants**

We are not able to provide diapers, changing wipes, clothes, bottles or other child care supplies. If you are dropping off an infant help us help you by bringing at least three of everything, or more if the child may need the supplies. Thanks so much for helping your infant with adequate child care supplies. Please remain with your infant until the staff escorts him/her to the visiting parent.

### **Medications/Meals**

We are unable to provide meals or snacks to children so please make sure that children are fed before they are brought to us and if you want to send snacks, please do so. Unless prior arrangements for the visiting parent to provide a meal have been made.

We are not able to administer medications. If you are dropping off your child please make sure that you provide written, detailed instructions and the medication for staff to furnish to the other parent.

## **Additional Visitors**

We will not allow any additional visitors (grandparents, friends, family, etc.) unless both parties have signed consent for that party prior to the visit. Please make arrangements if you would like an additional party to join you on your scheduled visit.

## **Cancellations/Missed Visits/Late**

We will try to be as flexible as possible but we will need your help. Please notify us two days in advance if you have to cancel a visit or need to adjust the time or reschedule.

If you need to cancel a visit due to the illness of the child, we require a doctor's note stating that the child cannot visit due to illness.

We are responsible for keeping records of visits, cancellations, etc. for the court and we need your help in making sure the court has all of the records and that you can show the court compliance with your court order.

If you are running late please call \_\_\_\_\_ so we can see if we can accommodate you.

If you plan on terminating your business with us, please call us and let us know.

Late cancellations, lateness and other missed visits may be subject to additional fees. See attached schedule of additional fees.

## **Records/Confidentiality**

We provide a service to families and children on behalf of the Travis County District Courts. We are charged with keeping records of the parents and children, as well as records of visits, records of what happens in a supervised visit or exchange and records of any other issues that may arise.

We will only release copies of files to parties and their attorneys. Parties are welcome to review their file with a staff member. Parties are limited to information only on themselves and not the other party.

We will provide the entire file to the court upon receiving a subpoena. We will provide court testimony if a subpoena is served.

We do not make recommendations on custody or visitation but rather offer neutral observations of what happened and the frequency and duration of visits. We can only provide documented information on neutral exchanges and supervised visitation.

There may be fees associated with any of these actions and they are provided to you on the attached fee chart.

### **Complaints/Concerns/Suggestions**

We are always happy to discuss suggestions and concerns from parents. We are always striving to provide the highest quality services to parents and children that come to us. Feel free to ask questions, express your concerns or offer your suggestions.

A parent who has a complaint about our service should present their complaint in writing. We will review the complaint and respond within ten business days.

Acknowledgement: I acknowledge that I have read the parent handbook and agree to all the policies and procedures of Kids Exchange Network at Rio Grande Counseling Center.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Kids Exchange Network Fee Schedule

### Therapeutic Visits p/hour

one/two kids	\$100.00
three/four kids	\$115.00
five or more kids	\$125.00
Orientation or intake fees per family	\$100.00

### Additional Fees

Notice of Cancellation/Schedule adj > 48 hours notice	\$0.00
Notice of Cancellation/Schedule adj a 48 hours notice	\$0.00
Record Research p/request	\$50.00
Court Reports p/request	\$50.00
Court Testimony p/hour	\$150.00
Record Copies per page	\$0.25
Late Cancellation and or Reschedule < 48 hours	\$50.00
No Show/No Call	Full cost of visit
Case Management	Not Provided
Unscheduled Exchange	Not Provided
Alcohol Swab	Not Provided

# Rio Grande Counseling Center Kids Exchange Network Intake

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Service requested:

Exchange Program

Supervised Visitation

Therapeutic Visitation

Your Relationship to Child: \_\_\_\_\_

you are the Custodial or Visiting Parent.

Other Party's Name: \_\_\_\_\_

What is Your relationship with the other party? \_\_\_\_\_

Who referred you to the Rio Grande Kids Exchange Network?

Court

DRO

Attorney

APD

Social Service

Other

Your Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Email: \_\_\_\_\_

Race/Ethnicity: Asian African American American Indian Caucasian

Hispanic Other:: \_\_\_\_\_

Gender: Male Female



**1st Emergency Contact (someone in or around the Austin area)**

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

**2nd Emergency Contact (someone in or around the Austin area)**

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

Please explain what the child(ren)'s contact with the other party has been like.

Please briefly describe your child(ren)'s favorite toys or games.

Please give us information regarding any court orders or proceedings in progress

Did you bring a copy of your court orders today?      Yes      No

Will there be any other persons that will be visiting with the child beside the visiting parent or guardian?

Yes                  No                  Who? \_\_\_\_\_

What are some concerns you have regarding the visitation?

What are some restrictions you have regarding the visitation (these restrictions must be approved by the Guardian Ad Litem or court)

Photographs                  Food                  Gifts                  Other \_\_\_\_\_

Verbal Statements      What? \_\_\_\_\_

# RIO GRANDE COUNSELING CENTER

314 E. Highland Mall Blvd. Suite 508 Austin, TX 78752  
512-480-0205 512-512-804-1770 fax

## Kids Exchange Network Consent for Release of Information

I, \_\_\_\_\_, hereby authorize the release of client information by initialing below and indicating if one-way or two-way exchange is authorized:

To/From: **Rio Grande Counseling Center**

To/From:

Lawyer <input type="checkbox"/>	Persons Name	Address	Phone Number	One-Way Exchange <input type="checkbox"/>	Two-Way Exchange <input type="checkbox"/>	Initial to Approve
Guardian ad Litem <input type="checkbox"/>	Persons Name	Address	Phone Number	One-Way Exchange <input type="checkbox"/>	Two-Way Exchange <input type="checkbox"/>	
Mental Health Professional <input type="checkbox"/>	Persons Name	Address	Phone Number	One-Way Exchange <input type="checkbox"/>	Two-Way Exchange <input type="checkbox"/>	
Spouse <input type="checkbox"/>	Persons Name	Address	Phone Number	One-Way Exchange <input type="checkbox"/>	Two-Way Exchange <input type="checkbox"/>	
Other <input type="checkbox"/>	Persons Name	Address	Phone Number	One-Way Exchange <input type="checkbox"/>	Two-Way Exchange <input type="checkbox"/>	
Other <input type="checkbox"/>	Persons Name	Address	Phone Number	One-Way Exchange <input type="checkbox"/>	Two-Way Exchange <input type="checkbox"/>	

These individuals/entities may disclose records and/or information concerning: \_\_\_\_\_

This disclosure of verbal or written information authorized here is made for the following purpose of coordination of services.

Such disclosure shall be limited to the following:

- Documentation of Phone Calls
- Documentation of Exchanges
- Documentation of Supervised Visits
- Written Correspondence, including but not limited to shared emails, notes passed between parties
- Doctor's Notes
- Documentation from DRO
- Medical History (Child related)
- Employment income / required education or training verification
- Social supports
- Alcohol / Chemical dependency
- Summary of Services Provided
- Psychiatric or Psychological Evaluations
- Mental health Information
- Court Orders
- Other (specify)

This consent may be revoked by the person giving authorization by signing and dating a written notice of revocation duly served upon. This consent to disclosure, unless revoked sooner, will expire one year (1) from date of signature.

Client: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Client or Legal representative)

Staff/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**A COPY OF THIS AUTHORIZATION IS AS VALID AS AN ORIGINAL.**

## **RULES FOR PARTICIPATION IN THE SUPERVISED VISITATION PROGRAM**

Your signature below indicates you accept and understand these rules and conditions.

The Conditions for Participation in the Supervised Visitation Program shall include, but are not limited to the following:

1. Clients shall arrive punctually at the arranged times for the start and end times of the visits.
2. Except for an unavoidable emergency (such as sudden illness, or accident), the relevant client will inform the Provider as soon as possible, and at least 24 hours in advance, if a visit must be cancelled. The Provider shall notify the other client that the visit has been cancelled. (A Provider may require medical verification if there are repeated incidents of sudden illness.)
3. Unless there has been a specific agreement and a court order allowing contact, clients agree that they (and, if applicable, authorized persons approved for inclusion in supervised visits) will remain separate, physically and visually.
4. Arrivals of the Non-custodial and Custodial Parent will be at different times.
5. At the end of the visit, the Non-Custodial Parent and Custodial Parent will have different departure times so that they may avoid contact with each other.
6. Clients will obtain appropriate authorization before bringing an additional visitor.
7. No participant in the neutral drop-off, pick-up or supervised visitation program may follow or harass another party before or after a scheduled supervised visit.
8. Clients may not bring weapons or dangerous implements of any kind. Security staff has a right to search clients for weapons.
9. Clients in the neutral drop-off, pick-up or supervised visitation program may not use illegal substances or alcohol before or during supervised visits or exchanges. The Provider will make a determination to cancel the visit or exchange if they suspect that the visiting parent may be "under the influence" or any substance.
10. No client may make any threat of violence or threat to violate any court order during a supervised visit or exchange, including the transitions before and after the visit.
11. No client may commit any violent act or violate any court order during a supervised visit or exchange, including the transitions before and after the visit or exchange.
12. No adult may physically discipline, or threaten to physically discipline a child during supervised visitation or exchange whether the locale of the visit is on- or off-site.
13. Neither client may make negative comments to a visiting child about the other client, his/her partners or family members.
14. Neither client shall ask a child or staff member to deliver support payments or legal documents to the other client.
15. In cases with an active protective order, neither client may take photographs or make audio or visual recordings on or off-site, during supervised visitation or exchanges without prior approval of the child, the other client and the Provider, or court order.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Client Rights & Responsibilities

## Kids Exchange Network

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### RIGHTS

**As a client of Rio Grande Counseling Center/ Kids Exchange Network, you have the right to:**

- Be treated with dignity and respect.
- Be informed of the qualifications of people involved in providing services to you.
- Expect that all communication and records related to your service will be treated as confidential and protected to the best of our legal ability.
- Request to review your record.
- Request an amendment or correction to your record.
- Know that, in order to track your participation in this program and keep the necessary and required documentation, some personal information related to your services will be entered into an agency database. Your social security number will not be entered. Only our personnel who receive training in privacy rules and sign a confidentiality statement will be allowed access to this information. If you have any questions or concerns about this or would like to discuss alternatives, please talk with a program staff member.
- Know that we will report situations to the Department of Child Protective Services (CPS) or other authorities where there is reasonable cause to believe a minor is being abused or neglected, or any situation when physical harm to self or others may occur.
- Request a change of staff, refuse a service or discontinue services completely.
- Ask questions or file a grievance. Upon request, staff will provide you with information on procedures for filing a formal grievance.
- Not be discriminated against in the provision of services on the basis of race, color, national origin, sex, age, disability, religion or political belief. If you believe discrimination has occurred, contact: Director, Civil Rights Division, Texas Health & Human Services Commission, PO Box 149030, MC W-106, Austin, TX 78714-9030, or the USDA Director, Director of Civil Rights, Washington, DC 20250. Note: Discrimination complaints based on religious or political beliefs must be referred only to the Director, Civil Rights Division, Texas Health & Human Services Commission.

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### RESPONSIBILITIES

**As a client of Rio Grande Counseling Center, you have a responsibility to:**

- Be actively involved in the services you are receiving.
- Treat our staff and clients with dignity and respect.
- Protect the confidentiality of people served by our office.
- Report any concern you have regarding services you are receiving from us.

I understand that Rio Grande Counseling Center makes no guarantee as to the results of their efforts.

I acknowledge that Rio Grande Counseling Center has made available to me the Notice of Privacy Practices that fully explains the uses and disclosures that Rio Grande Counseling Center will make with respect to my personal information.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Helpful Hints & Suggestions**

Our goal is to help parents and children in the visitation process so that kids feel safe and cherished. Our hope is that we can assist both parents, to the extent possible, in strengthening their relationships with their children.

We find it is best not to discuss issues around litigation but rather focus on child issues so we can help you be supportive of your child. It is not helpful to make comments about the other parent that are not kind as this is hurtful to children.

Children don't respond well to being questioned about the other parent or time spent with the other parent. It tends to make the child feel as though they are caught in the middle of a conflict that they don't understand. After all, they still want to have a relationship with both of their parents.

We ask that cell phones and other electronic devices be turned off while you are visiting with your child. We also do not allow video recording or audio recording. We will keep written records of the visits for the courts. Our role is not to facilitate any effort by a parent to "investigate" while they are with us.

We don't allow smoking or parents that are "under the influence". We also don't allow firearms and we ask you not bring pets as we are not set up for household pets.

We want you to be a good model for your child, so please be courteous, use appropriate language, behavior and attire when visiting your child.

We are always available to visit with you about ways that you think we might be of help.

## *Rio Grande Counseling Center*

### **NOTICE OF THE RIO GRANDE COUNSELING CENTER PRIVACY PRACTICES**

The administrators of the Rio Grande Counseling Center (RGCC) know that the privacy of your personal information is important to you. This Notice describes how medical information about you may be used and disclosed, how you may gain access to this information, and the measures taken to safeguard your information. Throughout this Notice, all references to RGCC refer to the administrators of the Program. Please review it carefully.

#### **USE AND DISCLOSURE OF HEALTH INFORMATION**

RGCC may use your health information for purposes of making or obtaining payment for your care, and for conducting health care operations. RGCC has established a policy to guard against unnecessary disclosure of your health information. For purposes of this Notice, health information refers to any information that is considered protected health information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

To Make or Obtain Payment RGCC may use or disclose your health information to make payment to or collect payment from third parties, such as health plans, for the care you receive. For example, RGCC may provide information regarding your coverage or health care treatment to health plans to coordinate payment of benefits.

Right to Receive Confidential Communications To safeguard the confidentiality of your health information, you may request that RGCC communicate in a specified manner or at a specified location. Alternatively, for example, you may request that all health information be mailed to your

work location rather than your home. If you wish to receive confidential communications, please make your request in writing. RGCC will accommodate reasonable requests, when possible.

Right to Inspect and Copy Your Health Information You have the right to inspect and copy your health information. If you request a copy of your health information, RGCC may charge a reasonable fee for copying, assembling costs and, if applicable, postage associated with your request.

Right to Amend Your Health Information If you believe that your health information records are inaccurate or incomplete, you may request that RGCC amend the records. That request may be made as long as the information is maintained by RGCC. RGCC may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by RGCC, if the health information you are requesting to amend is not part of RGCC's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if RGCC determines the records containing your health information are accurate and complete.

Right to an Accounting You have the right to request a list of disclosures of your health information made by RGCC for any reason other than for treatment, payment or health operations. The request should specify the time period for which you are requesting the information. Accounting requests may not be made for periods of time going back more than six (6) years. RGCC will provide the first accounting you request during any 12 month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. RGCC will inform you in advance of the fee, if applicable.

Right to a Paper Copy of this Notice You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically.

#### **DUTIES OF RGCC**

RGCC is required by law to maintain the privacy of your health information as set forth in this Notice and to provide

to you this Notice of its duties and privacy practices. RGCC is required to abide by the terms of this Notice, which may be amended from time to time. RGCC reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If RGCC changes its policies and procedures, RGCC will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to RGCC and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. RGCC encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

To Conduct Health Care Operations RGCC may use or disclose health information for its own operations to facilitate the administration of RGCC and as necessary to provide coverage and services to all of RGCC's participants. Health care operations include activities such as:

- Case management within the center with staff who are practitioners, interns, employees and other representatives of the center.
- Supervision and review of cases to provide consultation, recommendations and assistance in providing services to individuals.

- Training of professionals and students within the center.

In reviewing cases, identifying information is strictly confidential, though case presentations may include general health information.

When Legally Required RGCC will disclose your health information when it is required to do so by any federal, state or local law.

In All Cases of Child Abuse In accordance with the Texas Family Code all child abuse must be reported to the appropriate authorities.

Danger to Self or Others If you or someone known to RGCC staff is in danger of hurting yourself or others, this information must be reported to the proper authorities or we must refer you for specialized treatment for this condition.

To Conduct Health Oversight Activities RGCC may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. RGCC, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings As permitted or required by state law, RGCC may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when RGCC makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes As permitted or required by state law, RGCC may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if RGCC has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

In the Event of a Serious Threat to Health or Safety RGCC may, consistent with applicable law and ethical standards of conduct, disclose your health information if RGCC, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions In certain circumstances, federal regulations require RGCC to use or disclose your health information to facilitate specific government functions related to the military and veterans, to national security and intelligence activities, to protective services for the president and others, and to correctional institutions and inmates.

For Worker's Compensation RGCC may release your health information to the extent necessary to comply with laws related to worker's compensation or similar programs.

Appointment Reminders and Health-Related Benefits or Services Unless you tell us in writing that you would prefer not to receive them, we may contact you to provide appointment reminders or information about alternative programs and services that may be of interest to you.

Communications with Family or Friends Involved in Your Care or Payment for Your Care If you have identified family or friends who you choose to be involved in your care, our staff may disclose limited PHI to them to help with services or payment for services. You have the right to limit or object to such disclosures.

Food and Drug Administration (FDA) For example, we may disclose PHI to the FDA relative to adverse events with respect to food, supplements, product and product defects to enable product recalls, repairs, or replacement.

Correctional Institutions If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.

Emergencies For example, we may provide your health information to a paramedic who is transporting you in an ambulance.

Notification We may use or disclose your PHI to notify or help you in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.

#### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than as stated above, RGCC will not disclose your health information without your written authorization. If you authorize RGCC to use or disclose your health information, you may revoke that authorization in writing at any time.

#### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that RGCC maintains:

Right to Request Restrictions You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on RGCC's disclosure of your health information to someone involved in the payment of your care. However, RGCC is not required to agree to your request.

Withdraw your consent to use or disclose PHI, except to the extent that action has already been taken. You may withdraw or "revoke" consent in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the consent. For example, we may disclose PHI to an insurance company for service rendered prior to the date that consent was revoked. We may refuse to continue to provide services to an individual that revokes his or her consent.

To exercise any of your above rights, please submit your request in writing to the Privacy Officer at the address on this Notice.

#### **CONTACT INFORMATION**

For more information or for further explanation of this document, you may contact a RGCC representative at 512-480-0205.

Privacy Officer may be contacted at 314 E. Highland Mall Blvd. 508; Austin TX 78752, by phone at 512-480-0205, or by fax at 512-804-1770.

#### **EFFECTIVE DATE**

This Notice is effective April 14, 2003.

*Rio Grande Counseling Center  
314 E. Highland Mall Blvd Suite 508  
Austin, TX 78752  
512-480-0205*