**Operation Link Peer Care Navigator/Client Contract**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree and understand that the Operation Link Program is voluntary. Peer Care Navigators work as advocates to help improve client care through intensive case management/navigation, peer support, and linkage to care and supportive services. I understand that Peer Care Navigators are not licensed professional counselors or therapists, nor can they provide legal advice.

**Peer Care Navigator Roles and Responsibilities**

Peer Care Navigators will:

* Establish and maintain contact with you via phone, text message, email, or face-to-face visits.
* Create a customized care plan with you to help prioritize your goals as it pertains to treatment, housing, and other needs.
* Provide intensive case management/navigation and peer support to help you meet your goals.
* Work collaboratively with you, your case managers (clinical, housing, etc. as applicable), and your health care providers to ensure that you are receiving quality services in a timely manner.
* Create a transition plan with you after your care plan goals have been completed to help continue with your medical adherence, housing, and behavioral health.

**Client Roles and Responsibilities**

I agree to:

* Maintain communication and return calls via phone, email, or text message to my Peer Care Navigator.
* Go to any and all appointments or meetings that are set up for me. If I need to reschedule, I will let my Peer Care Navigator know as soon as possible.
* Contact the Peer Care Navigator and/or the Operation Link Social Worker or Nurse Case Manager if the Operation Link Program is no longer needed or helpful.
* Work in partnership with my Peer Care Navigator, my case managers (as applicable), and health care providers to help me meet my care plan goals.

**CONFIDENTIALITY:**

* If I reveal information that indicates a clear threat of harm to me or others, the Peer Care Navigator will need to contact appropriate authorities or take other reasonable action to prevent harm from occurring.
* Operation Link staff are required by law to report to the appropriate authority information about suspected abuse or neglect of a child, an incompetent or disable person or elderly person.
* By signing this document, I agree to maintain strict confidentiality of personal information shared in the Peer relationship (e.g. personal information about my Peer Care Navigator)

I agree to the above contract and if I have any concerns that I may call my Peer Care Navigator at (626) 744-\_\_\_\_\_ or Angélica Palmeros, MSW at (626) 744-6158.

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

Peer Care Navigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative* Building a Medical Home for HIV Homeless Populations*. Learn more at* <http://cahpp.org/project/medheart/models-of-care>