



# Consent to Assessment and Treatment

I understand that as a patient of Stepworks Recovery Centers, I am eligible to receive a range of services. The type and extent of services that I will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for me.

I hereby give consent for assessment, evaluation, treatment, and psychotherapy services provided by Stepworks.

I understand that some sessions with Stepworks physicians, therapists, or other service providers may be conducted via telehealth. Stepworks will provide all of the audio-visual equipment so that you can see and hear your healthcare provider. We use technology that is designed to protect your privacy, and these sessions will be conducted in a private area, however, we cannot guarantee that someone else could not overhear or see your telehealth visit.

I hereby give consent to use telehealth for assessment, evaluation, treatment, and psychotherapy services provided by Stepworks.

I understand that all information shared with the clinicians at Stepworks is confidential and no information will be released without my consent. During the course of treatment at Stepworks, it may be necessary for my therapist to communicate with other providers and staff of Stepworks. Written authorization will not be requested prior to any discussion with Stepworks' providers. In all other circumstances, consent to release information is given through written authorization. Verbal consent for limited release of information may be necessary in special circumstances. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

- When there is a risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
- When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the clinician is legally required to take steps to protect the child or elder and to inform the proper authorities.
- When a valid court order is issued for medical records, the clinician and Stepworks are bound by law to comply with such requests.

I understand that a range of mental health professionals, some of whom are in training, provide Stepworks services. All professionals in training are supervised by licensed staff.

I understand that while psychotherapy and/or medication may provide significant benefits, they may also pose risks. Psychotherapy may elicit uncomfortable thoughts and feelings or may lead to the recall of troubling memories. Medications may have unwanted side effects.



## Release of Liability

I understand that Stepworks is not responsible for lost or stolen items. I am aware that personal locked spaces are available to me. I understand that I am responsible for my own personal safety, as outlined in the residential rules. I understand that, while Stepworks strives to provide the safest possible environment, my decisions and behaviors affect my safety and sobriety.

I hereby release, waive, and discharge from, and covenant not to sue Stepworks Recovery Centers, its officers, servants, agents, and employees (hereinafter referred to as releases) on account of any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releases or otherwise, while I am a patient at Stepworks, or while in, on, or upon the premises where treatment is being conducted, while in transit to or from the premises, or in any place or places connected with Stepworks Recovery Centers.

I am fully aware of risks and hazards connected with being on the premises; and that there may be risks and hazards unknown to me connected with being on the premises; and I hereby elect to voluntarily admit to the facility, to enter upon the above-named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property, including Team Course activities. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my being a patient at Stepworks Recovery Centers, whether caused by the negligence of releases or otherwise.

I further hereby agree to indemnify and save and hold harmless the releases together or individually, from any loss, liability, damage, or costs they may incur, whether caused by the negligence of any or all of the releases or otherwise.

It is my express intent that this release shall bind the members of my family and spouse if I am alive, and my heirs, assigns, and personal representative if I am deceased, and shall be deemed as a release, waiver, discharge, and covenant to not sue the above-named releases.

## Pharmacy Choice

Stepworks uses specific pharmacies at each of its residential locations to ensure the timely delivery of patients' medications. By signing this document, I waive my choice of pharmacy while a patient at Stepworks' residential facility.



## Patient Chores

Each patient in treatment will be afforded the opportunity to practice responsible self-care and self-discipline through the assignment of daily chores. Chore assignments will be posted daily. Patients are responsible for completing chores within the posted time frames. Upon completion of designated chores, patients will initial the chore sheet. Staff will check for proper completion of chores and initial that chores were completed satisfactorily. Each patient will be expected to pick up after themselves in the building and on the grounds.

Dorm areas will be kept tidy. Stepworks will provide patients with adequate storage space for personal property. Patients' personal items must be kept in the storage spaces provided in the dorm areas. Patients may use the top of their nightstand for a clock, radio, books, photos, and study materials but must maintain the area in a tidy fashion. All other items must be stored out of sight.

Community areas are to be free of patients' personal items. Community items, such as games, playing cards, and books, are to be stored in appropriate storage spaces.

Patient items that are found out of place by staff during rounds will be confiscated and placed in the recovery coach office. Patients will be responsible for requesting these items back from staff.

The failure to comply with this policy will be reviewed by the clinical team and may result in the revoking of privileges or other therapeutic intervention as deemed appropriate by the clinical team.

The staff's role in enforcing this policy is one of reinforcing the therapeutic value of self-care, self-discipline, and responsibility.

## Residential Rules

Rules of appropriate behavior are common in life and essential to maintaining a safe and therapeutic environment. I hereby agree to abide by the rules listed below and any other rule instituted by Stepworks and/or the clinical team.

- Never discuss, trade, sell, or share medications. This is a serious violation.
- Never bring prohibited items, including drugs and alcohol, into Stepworks. (Read our "What to Bring" document.)
- Attend all groups on time.
- Follow the curfew: 9:00 P. M. Sunday through Thursday, 10:00 P. M. on Fridays and Saturdays. (Doors are locked at these times.)



- Keep your personal area neat: make your bed when you are not sleeping in it, and keep your clothes and personal items put away.
- Pick up after yourself inside and outside the facility.
- Complete chores and dorm duties before 8:00 A. M. (or as scheduled).
- The kitchen is cleaned daily at 9:30 P. M. Wash and put away your dishes when eating outside of meal times.
- Never enter the opposite gender's dorm area.
- Do not bring visitors into the dorm area.
- Never enter staff areas unaccompanied.
- Do not eat or drink in dorm areas. (You may have a glass of water at your bedside.)
- Do not lay on or put your feet on the furniture.
- Staff will search and approve any items brought by visitors.
- Romantic, aggressive, or violent conduct will result in discharge.
- Do not smoke in the facility. Stepworks provides a designated outdoor smoking area.
- Always wear appropriate shoes and clothes: no house shoes or pajamas outside of the dorm area; no female cleavage or sagging pants; no cut-off shirts that expose the chest or abdomen; no hats, hoods, or sunglasses indoors.
- Stepworks reserves the right to change these residential rules.

## Consent to Video Surveillance and Recording

I understand that Stepworks Recovery Centers utilizes video surveillance and recording in the following places & activities:

- All patient admissions
- Most public areas
- Clinical team rounds
- Group therapy sessions

The purpose of this surveillance is to support the security and integrity of our facility and programs as well as support quality improvement activities at Stepworks. This surveillance may be recorded and stored at the sole discretion of Stepworks. Any recordings are not considered part of your health record and will not be released as part of any records release.

In the event of alleged rule-breaking, video recordings may be used to properly assess actions and potential consequences.



Under no circumstances will any recordings be sold, distributed, displayed, or used for any purpose other than explicitly described in this document or as required by law.

**By signing this document and consenting to the items herein, I hereby specifically acknowledge and approve the use of video surveillance and recording and release any personal rights to these recordings.**

## HIV & Hepatitis Education

I have been offered materials regarding HIV & hepatitis infection.

## Patient Rights

As a patient, you have the right to:

- Be treated with consideration, respect, and dignity.
- Not be discriminated against in determining eligibility for treatment.
- Not be treated in any way constituting abuse, harassment, financial exploitation, retaliation, humiliation, or neglect.
- Give informed consent to receive a service. (Adult patients shall sign an informed consent to receive a service. If the patient has a legal guardian, then the legal guardian shall sign the consent.)
- Have informed consent or refusal or expression of choice regarding releases of information, concurrent services, and composition of the service delivery team.
- Have input into your treatment and case management plans and be informed of their content.
- Have individualized treatment.
- File a grievance, recommendation, or opinion regarding the service you receive without fear of retaliation.
- Give informed consent regarding participation in research studies with the exception of a juvenile whose parent or guardian shall give informed consent.
- Confidentiality in accordance with state and/or federal laws.
- Request a written statement of the charge for a service and be informed of the policy for the assessment and payment of fees.
- Be informed of the rules of patient conduct including the consequences for the use of alcohol and other drugs or other infractions that may result in disciplinary action or discharge.
- Review your patient record.
- Receive one free copy of your record.
- Be given the opportunity to vote in a political election.
- Be given reasonable accommodations to afford privacy in bathing and toileting.



- Obtain access or referral to appropriate legal representation, self-help support services, and advocacy support services.
- Consult with a member of clergy, private attorney, or physician retained by you.
- Receive visitors.
- Send and receive communications by mail, telephone, and telegraph, and that these communications shall not be censored or read without consent.

If you feel as though your patient rights have been violated or you have a complaint, Stepworks Recovery Centers will employ every reasonable effort to resolve your complaint. If you feel as though your complaint is not adequately resolved, you may contact the Cabinet for Health Services ombudsman at 1-800-372-2973 and/or file a complaint form, which can be found on the bulletin board.

*I have read and fully understand my rights, and Stepworks staff have answered any questions that I may have had.*

**In signing this consent, I acknowledge that:**

- **I have read the foregoing consent, understand it, and sign it voluntarily as my own free act and deed;**
- **No oral representation, statements, or inducements, apart from the foregoing written agreement, have been made;**
- **I am at least 18 years of age and fully competent; and I execute this release for full, adequate, and complete consideration, fully intending to be bound by the same.**

\_\_\_\_\_  
Patient/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date