



Discharge Against Medical Advice (AMA)

I understand that I am discharging against medical advice. I understand that this can entail serious consequences for my emotional and physical well-being, up to and including death. I acknowledge that the staff of Stepworks have made efforts to continue my care and I have made the decision to leave in spite of those efforts. If I have made payment to Stepworks Recovery Centers, I understand that these payments are forfeited and that this forfeit is a financial consequence of my decision. I understand that I may not apply for readmission to the Stepworks program for 30 days and will not be allowed back on the property once I leave.

There are some important things to understand about returning to substance use, including alcohol, after even a brief period of sobriety. It is VERY IMPORTANT you understand that, if you decide to return to substance use, your tolerance for substances is lower than it was even a few days ago. This means that: You cannot use the same amounts or quantities of substances without the real risk of overdose and death.

Recent detox or extended days without using can reset your tolerance for your drug of choice. This means that if you shoot/ drink/ snort the same amount that you were using before you entered rehab, you could **OVERDOSE and DIE**.

Narcan can reverse the effects of a narcotic overdose and is now available from pharmacies without a prescription. If you abuse narcotics/ opiates **YOU SHOULD HAVE NARCAN** on hand in case of an unintended overdose. However, remember that Narcan cannot help you if you are using alone. It has to be administered by someone else since an overdose would leave you incapacitated.

I have read and understood the foregoing information about how my tolerance is lower than before and how returning to substance use, especially at my previous levels of use, could cause me to overdose.

Patient Name (printed): _____

Patient Signature: _____ Date/Time: ____/____/____ ____:____ A.M. or P.M.

Staff Name (printed): _____

Staff Signature: _____ Date/Time: ____/____/____ ____:____ A.M. or P.M.

Patient was given notice but refused to sign