

# Consent to Treat

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I give consent to authorized team members at Stepworks Intensive Health (“Intensive Health”) to provide assessment, evaluation, treatment, services, and psychotherapy to me (or my dependent) including services provided via telemedicine. I understand the following:

- the importance of attending all scheduled appointments
  - Failure to attend may disrupt medication refills, cause delays in care, or result in my discharge from the practice.
- I may contact Intensive Health for re-evaluation at any time
- my responsibility for my personal safety (explained in the treatment agreement)
- the benefits and risks of psychotherapy and medication
  - Psychotherapy may elicit uncomfortable thoughts, feelings, and troubling memories.
  - Medications may have unwanted side effects.
- my responsibility to tell my provider about any unexpected or unwanted side effects

## Telemedicine Consent

I consent to receive treatment services via telemedicine. I understand the following:

- It is my responsibility to maintain adequate phone/computer/internet connectivity.
- There are inherent privacy and security risks associated with telemedicine and online data.
- I may withdraw my consent at any time without losing my right to future treatment.
- My healthcare provider may decide a traditional face-to-face encounter is more appropriate.
  - The provider may stop the telemedicine visit at any time and schedule a face-to-face visit.
  - Technical difficulties may also necessitate an in-person visit.
- While I may expect to benefit from telemedicine services, positive results cannot be guaranteed.
- Medical privacy/confidentiality laws also apply to telemedicine.
- I am responsible for insurance copayments, coinsurance, and deductible amounts for telemedicine services.
- If my appointment ends prematurely, I must contact Intensive Health (270)765-5900 immediately to reschedule.

## Release of Liability

- Intensive Health is not responsible for lost or stolen items.
- I am responsible for my own personal safety. While Intensive Health strives to provide a safe 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, LLC (dba Intensive Health), 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 Intensive Health, 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 Intensive Health.
- 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.

## Consent to Video Surveillance and Recording

I understand that Intensive Health uses video surveillance and recording of the following:

- waiting room and front desk area
- nurses station
- most public areas
- group therapy areas

This technology supports the security of our facility, the integrity of our programs, and our quality improvement efforts. Video recordings are stored at the sole discretion of Intensive Health. They are not a 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 assess actions and potential consequences. These video recordings will not be sold, distributed, displayed, or used for any unlawful purpose. **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.**

## Non-Discrimination Policy

Intensive Health serves all patients regardless of inability to pay. We pledge to serve all patients; offer discounted fees for patients who qualify (based on family size and income); not deny services based on race, color, sex, age, national origin, disability, religion, gender identity, sexual orientation, or inability to pay; and to accept insurance, including Medicaid and Medicare.

Patient or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ : \_\_\_\_\_  A. M.  P. M.

