

**Jackie Nitschke Center, Inc.**

Residential Informed Consent Agreement

I am aware the residential treatment program takes four weeks, followed by four weeks of evening outpatient and sixteen weeks of aftercare programming.

Program services include, but are not limited to:

Room and Board	Education
Intake and Assessment	Information & Referral
Individualized Treatment Planning	Discharge Planning
Counseling: Group, Individual, Family	Outpatient/Aftercare Follow up
Family Involvement	Leisure Time

The cost for the above services is \$ 120 per day. If I am funded through my county of residence, the fee and billing issues have been worked out between me and the county. Jackie Nitschke Center staff will assist me in obtaining any information concerning questions I have about the cost and repayment. Any fees prepaid will be refunded within ten working days of the date of discharge.

I understand that I am responsible for any medical expenses and personal care supply costs incurred during my stay at the Center. This includes the cost of services rendered for illness or accident occurring on or off the premises.

I am aware the following circumstances have a high potential for my being discharged or transferred from Jackie Nitschke Center:

- 1) Possessing and/or using alcohol or drugs while in the treatment program.
- 2) Imminent risk of serious physical harm to health or safety of self or others.
- 3) Documentation by staff of an inability to participate or gain from being in the program.
- 4) Breaking another client's confidentiality.
- 5) Being destructive of property.
- 6) Acting out sexually or being romantically involved with another client.
- 7) Refusing a drug screen without cause.
- 8) Failure to follow the Client Responsibility Agreement and program expectations.
- 9) Development of physical or psychological problems beyond the care of the Center.
- 10) Smoking in the facility.
- 11) An active eating disorder.

I am aware of the Grievance Procedure should I wish to appeal my involuntary discharge. I am also aware this is a voluntary program, and I can request discharge at any time.

I am aware, upon request, the results of all Department of Health and Family certification renewal visits, monitoring visits, and complaint investigations, if any, for the last twelve months and a copy of HFS 75 are available for my review.

I have been informed of the emergency evacuation procedure, and other emergency plans (fire, severe weather, etc.), and will participate in emergency drills as instructed by the staff at the facility.

The confidentiality of alcohol and other drug abuse client records maintained by this program is protected by federal law and regulations. Generally, the staff may not say to a person outside the facility that you attend the program, or disclose information identifying you unless you sign a specific release of information. There are several exceptions to this rule:

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- 1) Communications that do not disclose any identifying data.
- 2) Court-ordered disclosures provided the court order is signed by a judge and meets the specific requirements for 42 C.F.R., Part 2.
- 3) Medical emergencies.
- 4) Crimes on program premises or against program personnel.
- 5) Information that is being shared with an agency/provider that provides services to our program.
- 6) Internal program communication.
- 7) Reports of child abuse or neglect.
- 8) Research, audit or evaluation material.

The services offered by Jackie Nitschke Center have been explained to me, and I understand the information that has been given. I consent to being actively involved in the treatment process.

My initials below indicate my understanding of each of the forms. I have been given a copy of each form.

- \_\_\_\_\_ a) Residential Informed Consent Agreement
- \_\_\_\_\_ b) Patient Rights/Grievance Procedure
- \_\_\_\_\_ c) Client Responsibility Agreement

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

\_\_\_\_\_  
Date

Revised: July,2004, Dec. 2004