



CONSENT TO TREAT and PROGRAM INFORMATION

CLIENT NAME: _____

DATE: _____

Providence Recovery provides outpatient services for people with substance use disorders. This informed consent document establishes initial written consent to receive services at Providence Recovery. Services may include Intensive Outpatient, Partial Hospitalization, Medication-Assisted Treatment, Individual and Group Counseling and community reintegration support. As a client of Providence Recovery, you have the right to consent to these services or to withhold or withdraw consent at any time. We will make every effort to inform you of the methods of treatment, costs/benefits associated with consenting to treatment or withholding/withdrawing consent for treatment, and your rights as a client of Providence Recovery.

OUR SERVICES

Providence Recovery provides comprehensive **outpatient services** with a primary focus on group counseling and group relationships. These services include:

Medication Assisted Treatment: Involves a physician prescribing medications coupled with behavioral therapy for the treatment of Opioid Use Disorder.

Intensive Outpatient Program: Includes both individual and group therapy for substance use disorders for a minimum of 9 hours a week.

Partial Hospitalization: Includes both individual and group therapy for substance use disorders for a minimum of 20 hours a week.

EVIDENCE-BASED GROUP TREATMENT

It is the policy of Providence Recovery to utilize evidence-based treatments and therapies. The treatment philosophy is person-centered. **Group counseling** is an evidence-based practice and after initial individual counseling session(s), when a treatment plan is developed jointly by the client and counselor, you will then receive counseling in group sessions. **Years of recovery research shows group counseling is of utmost importance for long term recovery.**

RELEASE OF INFORMATION and CONFIDENTIALITY

Your privacy is always taken into consideration by our staff, and we will not communicate your private information or treatment records without your request and a signed release of information. No information about your counseling may be released to anyone without your authorization except in the situations outlined in the Limits to Confidentiality section.

The staff adhere to the ethical codes of each staff members profession. These Codes of Ethics are available to clients upon request.

At Providence Recovery, we respect you by protecting your personal anonymity. Please note that public engagement with Providence Recovery staff may indicate your involvement with addiction and recovery. Providence Recovery staff are directed to not engage with clients they see in public, however, if you choose to engage our staff, we will offer a short greeting and not engage further. Please understand this is not to be rude or punitive to you but to protect your anonymity and is standard in our profession.

LIMITS TO CONFIDENTIALITY

Confidentiality is limited in certain circumstances. If a client threatens harm to themselves or others, is abusing a child or elder adult, or if records are subpoenaed by a court, or the exceptions to the consent for release of information authorized by 42 CFR Part 2:

“To medical personnel to the extent necessary to meet a bona fide medical emergency

To qualified personnel for the purpose of conducting scientific research, management or financial audits, or program evaluation but individual patients cannot be identified by those personnel in any report or otherwise disclosed

If authorized by a court order showing good cause (e.g., need to avert a substantial risk of death or serious bodily harm)

Except as authorized by court order, no record may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient (SAMHSA, 2018)¹."

CLIENT RIGHTS

1. To be viewed as capable of changing, growing and improving, regardless of the past.
2. To know about the nature of addiction and the many paths to recovery.
3. To set their own goals for a personalized recovery plan.
4. To use and understand the services that build on their strengths including knowledge of potential outcomes.
5. To be served by organizations and professionals that have a positive view of recovery, meet the highest health and safety standards, provide rapid access to care and to be treated respectfully.
6. To be considered a cherished person, free from negative stigma. If relapse occurs and treatment is resumed, the client will be treated with respect and praised for continued efforts to achieve long-term recovery.
7. To a health and social service care system that recognizes the strengths and needs of people with addiction and respects the client's cultural beliefs. This support may include introduction to religious, spiritual and secular communities of recovery, as well as inclusion of families, friends and indigenous healers as part of the treatment experience.
8. To respectful, nondiscriminatory care from all health care providers and to have the same access to care as others do for chronic illness. Care should reflect the severity, complexity and duration of the illness and provide a reasonable opportunity for recovery.
9. To publicly speak about their recovery and show others that long-term recovery from addiction is possible.

MEDICAL RECORDS

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records, in accordance with our policy Clinical Records, available on request.

TREATMENT TEAM and SUPERVISION

As part of your treatment, Providence Recovery will regularly convene a treatment team to discuss how to provide the best coordinated care to you. This treatment team will consist of the treatment providers directly involved in your care. The treatment team may include your doctor, counselor, peer recovery specialist, or other direct care treatment providers.

SOCIAL MEDIA

It is the policy at Providence Recovery to not have connections with clients on social media platforms. This policy protects both staff and clients from inadvertently sharing information about themselves, breaching confidentiality, and blurring the line between professional and personal relationships.

CLIENT ACKNOWLEDGMENTS

_____ I acknowledge that I have been given a copy of my client rights. (Please check off)

_____ I acknowledge that I have been explained to where the emergency exits and restrooms are located. (Please check off)

_____ I acknowledge that I have been offered information about Advanced Directives. (Please check off.)

Your signature below indicates that you have read the information in this document, have been given adequate opportunity to ask questions, understand it, and agree to abide by its terms during our professional relationship. You are agreeing to allow Providence Recovery Services to begin treatment with you.

Client Signature

Date

Providence Recovery Staff