

Informed Consent to Treatment

I acknowledge that I have received a detailed explanation of my rights and responsibilities as a patient. Soft Landing Recovery has provided an explanation of patient duties, responsibilities, rights, and what is meant by the terms “available” and “appropriate” treatment. I understand that:

1. I certify that I am requesting examination, assessment, and medical treatment by the physicians and employees of Soft Landing Recovery. I hereby grant my authorization and consent to any evaluation, clinical assessment, laboratory testing including CBC, CMP, HIV, Hepatitis, Syphilis and TB, and treatment and certify that no guarantee or assurance has been made as to the results which may be obtained.
2. I must fully comply with the terms and conditions of the treatment program.
3. I must attend all scheduled treatment sessions and actively participate in the treatment program, and understand that failure to attend scheduled appointments and cancelling within 24 hours will result in a \$100.00 fee.
4. A comprehensive assessment will be conducted by a licensed counselor and/or certified addictions counselor to determine the appropriate level of care. The assessment will also be the basis for the initial treatment plan, ongoing treatment plans, and discharge and continuing care planning. I understand that a person-centered treatment plan will be developed with my direct input with regard to goals and the potential course of treatment. Assessment, treatment planning, ongoing treatment plan reviews, and the ultimate plan for discharge will be an ongoing process during treatment.
5. If requested, information regarding Behavioral Health Care Advance Directives will be provided.
6. Counseling involves interventions at emotional, mental, and social levels. Even in successful interventions, I may experience unsettling interruptions in normal patterns, feelings, and social relationships. I understand the risk of these interventions. I understand that I have the right to meet with my counselor individually to discuss uncomfortable feelings and alter my person-centered plan as necessary.
7. The Intensive Outpatient Program requires that I attend a minimum of 9 hours per week of group counseling. I understand that participation in group counseling is confidential and I agree to respect the confidentiality of other patients in group. I acknowledge that Soft Landing Recovery and its affiliates do not control the information said in the group and will hold the company harmless if any of the material offends me.
8. If I fail to comply with the treatment requirements, I will be subject to progressive compliance sanctions, as allowed by agency policy and procedures. These sanctions may result in discharge from the program. The treatment team will request the

immediate termination of my treatment if I engage in prohibited actions or behaviors, as described in the Soft Landing Recovery Patient Handbook.

9. I must adhere to the payment policy and fee schedules as outlined in the Patient Handbook. In case my insurance company will not fully pay for my visits and treatment, I understand I will be held responsible for these payments.
10. If not covered by insurance, I am required to pay for the cost of my treatment, unless exempt through the sliding scale fee agreement based on federal poverty guidelines. If I fail to meet this co-payment requirement, Soft Landing Recovery may determine that I am not complying with the terms and conditions of treatment, and I may be discharged from the program.
11. Within Soft Landing Recovery, the medical team acts as addictions specialists only and will not be managing any of my other medical, psychiatric or primary care issues.

I fully understand these requirements and agree to comply with these provisions of treatment. I acknowledge that I have received a pamphlet with information regarding the services, practices and hours of operation provided by Soft Landing Recovery, and that all of my questions have been answered to my satisfaction.

Patient Signature_____ Date_____

Provider Signature_____ Date_____