

I. Admission

To be admitted you must complete an initial phone interview and an intake questionnaire. The interview is to gather information about your history and reasons for seeking treatment. If Dr. Stark cannot provide you with the most appropriate treatment, an agency that can better meet your needs will be recommended. Admission to treatment is never based on religion, race, ethnicity, sexual preference, sex, or age.

We rely entirely on payment for treatment services to pay for ongoing costs. Therefore, each client is fully responsible for payment of all costs associated with their treatment. A client without the means to pay for treatment will not be admitted.

II. Confidentiality

I understand that only authorized persons will have access to my file and that no records, statements or data contained therein may be used to prosecute, charge, or otherwise infringe upon my civil rights. Thus, the confidentiality of my records has been assured to me as stipulated by:

42 CFR, Part 2 and Article 7 (commencing with Section 5325) or Subchapter 2, Part 1 of Division 5 of the Welfare and Institution Code.

I understand that my written permission is needed before any confidential information is released, EXCEPT under the following conditions:

1. To juvenile authorities when child abuse is observed or suspected (from Penal Code Section 11165.)
2. To prevent bodily harm to another person (Tarasoff vs. Regents of the University of California, 1976.)
3. To prevent self-induced harm or death (Johnson vs. County of Los Angeles, 1983.)

III. Treatment

The experience of the individual who is attempting to discontinue alcohol or drug use is more likely to be successful if s/he participates in a comprehensive treatment program. The first twelve weeks of treatment focus on craving recognition and management through the use of behavioral tools that modify cravings and the compulsion to use drugs. Four treatment components are suggested: Relapse Prevention Workshop, individual counseling, medically supervised detoxification, and family counseling.

I understand that medication alone is not sufficient treatment for my disease and I agree to participate fully in the education and relapse prevention program, as provided, to assist me in my treatment.

Medical Assessment: Dr. Stark will review the medical records and conduct a screening physical examination. The purpose of this assessment is to determine if the individual is sufficiently healthy to participate in outpatient treatment. Medications are used to relieve distress and alleviate symptoms of early abstinence that interfere with function and increase craving. Before medications are prescribed, the use of non-pharmacologic measures to treat withdrawal symptoms will be discussed. The individual patient will make the final decision regarding the use of medications.

I agree to have a physical examination, screening laboratory tests, and to submit to urine drug testing when requested, including random drug screens within 24 hours. Additional urine testing may be sent to an outside lab for confirmation. This charge will be your responsibility.

I agree to have an active cell phone or contact number with an empty voice mail while in treatment.

Relapse Prevention Workshop: The goals of the Workshop are:

- Skilled use of avoidance strategies to manage environmental cues
- Development of a structured, daily lifestyle
- Recognition and management of craving episodes

Relapse Prevention Workshops meet twice weekly (except holidays) at various times in the Argyll Counseling center (120 Independence Circle Ste. C).

I agree to attend the Relapse Prevention Workshop for at least 3 months and understand that this is the initial treatment phase in recovery. Longer treatment is recommended.

I agree to conduct myself in a courteous manner, to be respectful of the rights of others, and to maintain the confidentiality of the other Workshop participants.

I agree to be on time for all Workshop sessions. Dress code is in place: no hats, sunglasses, or clothing advertising drugs or alcohol.

I agree not to seek or engage in intimate relationships with other Workshop participants because this is unsafe for my recovery.

I agree not to deal, steal, or conduct any other illegal or disruptive activities and I understand that such behavior is grounds for immediate dismissal without recourse for appeal.

I agree not to arrive intoxicated or under the influence of drugs. I understand that if I am intoxicated I may not be seen and I will not be given any medication or prescriptions until my next scheduled appointment.

Medication Monitoring: Medical detoxification is defined as the use of medications to treat drug withdrawal symptoms. Medications are used to relieve distress and promote recovery by alleviating symptoms of early abstinence that interfere with function and increase craving. Before medications are prescribed, you will complete a standard medical history and physical assessment.

Brandan Stark D.O. provides the medical services.

I agree that my medication prescriptions can only be given to me at my regular office visits. Any missed office visits will result in my not being able to get medication until the next scheduled visit.

I agree to take my medications as the doctor has instructed and not to alter the way I take my medications without first consulting the doctor.

I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of the reason for such loss.

I agree to keep and to be on time for my scheduled appointments with the doctor or assistant.

I understand that using legal drugs or street drugs while I am taking medications to help with drug withdrawal symptoms may cause serious medical problems and may cause death.

I agree not to obtain medications from any physicians, pharmacies, or other sources without informing Dr. Stark

I agree not to sell, share or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without recourse for appeal.

IV. FEES

Billing of insurance:

I understand that I am ultimately responsible to pay fees charged for services rendered by Brandan Stark D.O. Although my insurance will be billed as a courtesy to me I will still be responsible for services they decline payment for, or do not cover. In order to allow billing of my insurance I hereby irrevocably assign and transfer all rights, title, and interest in the benefits payable for services rendered by Brandan Stark D.O., policy (ies) of insurances, but shall not be construed to be an obligation for them to pursue any such right of recovery. Provided, however, this assignment and transfer shall not take away my standings to make claim or sue the insurance company for benefits individually should coverage be denied by any insurance carrier(s). I hereby authorize all benefits due policy (ies) and by reason of services rendered therein.

I will pay Brandan Stark D.O. For all charges incurred or, alternatively, for all charges in excess of subs actually paid pursuant to said policy (ies). I agree to cover all charges applied to a deductible, co-insurance, co-pay.

I understand that the estimation of cost is a quote and I could be billed for additional cost once insurance has reviewed charges of provided services.

The fee for the first four weeks of treatment is \$1100 payable in advance. This includes 2 office visits and group and personal counseling sessions as listed. The four weeks start on the day of your medical assessment. Failure to attend recommended treatment sessions, regardless of the reason, will not result in a refund. **This fee is not refundable under any circumstance.**

The fee for the second four week period is \$650, unless additional medical/psychological evaluation is needed. **This fee is not refundable under any circumstance.**

The fee for the third four week period is \$550, unless additional medical/psychological evaluation is needed. **This fee is not refundable under any circumstance.**

__ If there is a persistent problem with attendance or payment of fees, I understand that my treatment may be terminated, and I will be referred to another provider or agency for follow-up care.

__ Detoxification medications must be paid for separately, at the pharmacy of your choice. This fee does not cover inpatient treatment or psychiatric care.

V. Discharge

1. I understand that follow-up interviews are conducted following discharge. The interviews are confidential and have no bearing on re-admission or referral to other services. I recognize that by cooperating I am making a contribution to improve services and to better understanding of the treatment of addictive disease overall.

2. I fully understand that Dr. Stark reserves the right to terminate my treatment when the conditions of this contract are violated. In case of termination, I will receive a referral to another source of care.

3. I understand that Dr. Stark does not release medical records directly to the patient. Records are released to any designated treatment provider or to legal counsel upon receipt of a signed and witnessed consent form. A fee is required to pay the costs of duplicating and mailing the record. Alternatively, an appointment may be scheduled and the record reviewed in consultation with a designated clinician. A fee is required to pay for clinician time.

I _____ have reviewed and understand the above polices and give my consent to receive treatment from Brandan Stark D.O.

Signature of patient

Date

Witness a representative of Brandan Stark D.O.

Date

FEE SCHEDULE:

1. Intensive Outpatient Program First Month Set FEE of \$1100.

This includes:

- Initial medical evaluation and one follow up visit
- Relapse Prevention Workshops twice weekly (8)
- Four individual psychotherapy sessions
- In office urine drug testing
- Included: weekly family support meeting
- One nasal naloxone overdose kit for opiate dependence

2. Second Month's set fees for service \$650.

This includes:

- One office visit
- Relapse Prevention workshops twice weekly (8)
- Two individual psychotherapy sessions
- In office urine drug testing
- Included: weekly family support meeting

3. Third Month's set fees for service \$550.

This includes:

- One office visit
- Relapse prevention workshops twice weekly (8)
- One individual psychotherapy session
- In office urine drug testing
- Included: weekly family support meeting

Extra costs: additional psychotherapy sessions, medical evaluation of other coexisting medical problems, no show (\$50.00 charge) for scheduled visits (without 24 business hour notice). Additional random urine drug screening and formal laboratory confirmation if needed.

This initial three month phase focuses on the basic skills of sobriety. It is strongly recommended that you continue into phase two of the program, which focuses more directly on your personal recovery needs.

Your Personal Rights: You have the right to confidentiality; to be treated with dignity; to be safe, healthful and comfortable; to be free from intellectual, emotional and/or physical abuse.

These prices include Argyll's 20% discount when paid in advance.

Signature of patient

Date

Witness a representative of Brandan Stark D.O.

Date