



Client Name:
EMR Number:
Date of Birth:
Date of Admission:

Client Rules and Expectations

Facility: THE BOUGAINVILLEA HOUSE, INC

These Rules and Expectations Are Posted Conspicuously In the Facility

Rules:

1. The use of any alcohol or other mood altering chemicals, or products containing alcohol or other mood altering chemicals, is not permitted, nor are they allowed in the premises.
2. Physical violence or threats of violence are not permitted.
3. No smoking is permitted on or about TBH's premises.
4. Vulgar and/or rude language or behavior is not allowed.
5. No sexual activity will be permitted.
6. No loitering will be permitted inside, outside or about TBH's premises. Only those waiting for official business, e.g., counseling will be allowed in the program's waiting room.
7. Appropriate dress is required. No revealing clothing, alcohol or drug related articles of clothing are to be worn. Bare feet are not allowed at any time.
8. The Facility will issue no refund of any payments I made (credit card, check or other payment tender) if I decide to leave treatment A.C.R. (Against Clinical Recommendation). I hereby acknowledge that I (or any other person who paid for my treatment) am not entitled to any refunds, and I may be liable for payment of services not covered by insurance due to my non-completion of the clinical protocol.

Expectations:

1. Individual, Couple, Family, and Group therapy is confidential and private.
2. If you are aware that another patient has possession of or is using alcohol or other drugs, it is your responsibility to inform staff if they are unwilling to.
3. It is your responsibility to provide staff with accurate background information about your substance abuse, family history, medical and psychiatric needs and current medications.
4. You are expected to follow the direction of the treatment staff to the best of your ability and to be informed of the consequences of not following such direction.
5. You are expected to accept responsibility for the consequences of your behavior.
6. You are expected to act in a considerate and respectful manner to other clients, their property, treatment staff and treatment property.
7. You are expected to meet your financial obligations to the treatment program.
8. The Facility is not responsible for the loss or damage to personal property.

Guardian Signature:

Date/Time:

Guardian Signature:

Date/Time:

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Client Signature:

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Staff Present:

Date/Time:



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Family Therapy Center

Consent for Initial Interview and/or Treatment

Facility: THE BOUGAINVILLEA HOUSE, INC

Consent for Therapeutic Services

I give my consent to voluntarily participate in the Facility for family therapy. I understand that therapeutic treatment is not an exact science, and no guarantees are being made relative to the outcome of the treatment, recommendations and/or services provided. I have the right to refuse services, and to have the consequences of such refusal fully explained to me. I agree to follow all program rules and guidelines, and I understand that failure to do so may result in my discharge. I agree to comply with treatment requirements for a medical history, physical examination and recommended laboratory tests.

If I am prescribed controlled substances, I will be required to sign consent for my current and past prescribing physicians and pharmacies. Refusal to do so may result in termination of my services.

Financial Agreement

I understand that I am responsible for payment of my treatment and medical fees incurred while a Patient at the Facility. The fees for treatment have been fully explained to me. I understand that I am responsible for paying any fees for drug/alcohol testing and I agree to make full payment on the date the specimen is collected. Payment is due at the time of admission unless other financial arrangements have been made. All payments are non-refundable.

Communicable Disease Reporting

I have been informed of my need to report communicable diseases. I understand that the Facility must comply with state of Florida requirements regarding the reporting of certain communicable diseases I may be diagnosed with to the Broward County Health Department.

Emergency Medical Treatment

In the event that I have a medical emergency while in treatment at the Facility, I consent to be transferred to the nearest hospital and to receive emergency medical treatment as is deemed appropriate by medical personnel. I agree to hold the Facility, its staff and medical consultants and the Leadership Team, harmless in the event of the need for such transfer or treatment.

Patient Photographs and Video Recordings

I give my consent to be photographed for the purpose of identification. This photograph is protected as part of my clinical record.

I give my permission to the Facility to make audio and/or video recordings of my counseling sessions (including individual, couple and/or group counseling). I understand that these recordings are for the purpose of training and supervision and may be reviewed by the counselor, her/his supervisor(s) or members of her/his training group. These files are never retained longer than 60 days.

My signature below certifies that I am making application for interview and/or treatment at the Facility with a full understanding of my rights. I hereby give my consent for the Facility staff to begin the initial interview/treatment.

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Guardian Signature:

Date/Time:

Guardian Signature:

Date/Time:

Client Signature:

Date/Time:

Staff Present:

Date/Time:



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Confidentiality of Records

Facility: THE BOUGAINVILLE HOUSE, INC

I, _____, understand that as a client of the Facility, my treatment record is protected by Federal and state confidentiality regulations. It has been explained to me that there are certain situations that permit disclosure of confidential information without my permission. As required by Federal Law, I have been given a written summary of these regulations.

42 U.S.C. 290 for Federal Law; 42 CFR Part 2 for Federal Regulations

The confidentiality of alcohol and drug abuse client records maintained by the Facility is protected by Federal law and regulations. Generally, the Facility may not say to a person outside the Facility that a client attends the Facility, or disclose any information identifying a client as an alcohol or drug abuser, **unless:**

1. **The client consents in writing.**
2. **The disclosure is allowed by court order, or**
3. **The disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation.** Violation of the Federal law and regulations by the Facility is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a client either at the Facility or against any person who works for the Facility or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (Approved by the Office of Management and Budget under Control No. 0930-0999)

Duty to Warn

I further understand that if I present a clear and immediate probability of physical harm to myself or to another individual or society, the Facility staff will take action necessary to prevent such physical harm. This includes notifying law enforcement, the potential victim, and/or other appropriate authorities.

Communicable Disease Reporting

The Facility, in conformance with Section 381.231; 384.231 and 384.06 Florida Statute will provide a written report of any positive test for communicable disease to the Department of Public Health. The Client will be informed of positive testing diagnosis and treatment responsibilities pertaining to the communicable disease. Notification excludes HIV information.

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Grievance Procedure

Facility: THE BOUGAINVILLE HOUSE, INC

Grievance:

Any person(s) who believes that their rights have been violated or has a complaint or grievance may file a complaint pursuant to the procedures set forth below, on their behalf, or on the behalf of another person. All persons are encouraged to file a grievance. By filing a complaint the individual will not subject themselves to any form of adverse action, reprimand, retaliation, or otherwise negative treatment by the Facility. Clients shall have immediate access to the grievance form; a posting of the grievance procedure will be in the group room with the levels of appeals, and in the "Client Handbook".

Grievances and complaints processing procedures are as follows:

1. Clients are encouraged to discuss any problems with their therapist or attempt to resolve the issue informally with the person involved. The client and therapist will try to find a resolution.
2. If the complaint cannot be satisfactorily resolved in step 1, the client is to put the grievance in writing within 24 hours of the incident. The Clinical Director shall give the client a receipt of the filed grievance and log the grievance. The Clinical Director shall conduct an internal investigation and render an initial determination and resolution within 2 days of receipt of the complaint in writing.
3. If the complainant is not satisfied or if the complaint is not resolved with the results achieved in Step 2, the complainant may file an appeal and/or the grievance shall be forwarded to Human Resources and this meeting shall be held within five working days of the date it is requested.
4. If the Client and HR are unable to resolve the grievance, it shall be referred to the CEO who will respond within 72 hours. The CEO is the final authority on all matters effecting the organization.
5. The Client shall be presented a resolution and response to their grievance in writing within 48 hours.

The Clinical Director shall take steps to ensure an appropriate investigation of each complaint to determine its validity. These rules contemplate informal, but thorough, investigations, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.

If the client is dissatisfied at any point, the client has the right to contact, the right to voice complaints, questions or concerns about service, treatment, procedures, rights and policies by calling toll-free number HRS Abuse Registry Hot Line, 1-800-96ABUSE or 1-800-962-2873. The telephone number of the hot line is posted in the Program Office.

Any allegations of physical or sexual abuse by a therapist shall immediately be brought to the attention of the Clinical Director. The patient will be afforded the opportunity to contact the Abuse Hot Line. The telephone number of the hot line is posted in the Program Office.

Alcohol, Drug Abuse and Mental Health Program Office: (954) 762-3700

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