

ASSIGNMENT OF BENEFITS

In connection with services rendered to, John Doe, client:

1. I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled, including government sponsored programs, private insurance, and other health plans to Blank CRM (assignee).
2. This assignment will remain in effect until revoked by me in writing.
3. I understand that I am financially responsible for all charges, whether or not they may be reimbursable by any insurance I may have.
4. A copy of this assignment is as valid as the original.
5. I, John Doe, patient, have signed a "CLIENT'S CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION," authorizing the above assignee to release all information reasonably necessary to secure the payment of accrued benefits.

Insured's Signature:

CLIENT PHARMACY INFORMATION

Client Name: Doe, John		Date: 05/18/2016
Address: 1445 Filmore st suite 1102 twin falls, ID 83301-3328		
Phone:	DOB: 02/16/1996	Gender: Male

Child Resistant Packaging:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Prescription Insurance:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<i>Yes, attach copy of card</i>
If no prescription coverage, credit card number to charge:	Card #:		Exp:		CVV Code:					

List Known Drug Allergies and Reactions:

List Any Known Health Conditions:

List of Current Medications:

CLIENT RIGHTS

As a client, I have the right to:

1. The least restrictive treatment that is available and medically indicated, regardless of race, creed, sex, national origin, sexual orientation, socioeconomic status, language, and religion/spiritual beliefs.
2. Be treated with consideration, respect, and full recognition of my dignity and individuality at all times and under all circumstances. This includes a professional relationship with all staff, free of psychological, physical, emotional abuse, neglect or humiliation. Any believed breach of ethics may be reported following grievance procedures.
3. Be protected by the facility from physical, verbal and emotional abuse (including corporal punishment) and from all forms of exploitation by Blank CRM staff.
4. Be free of any requirements to perform services ordinarily performed by staff.
5. Be assisted by Blank CRM to exercise my civil rights.
6. Know the identity and professional status of individuals providing services.
7. Have individualized treatment including:
 - a. an individualized treatment plan;
 - b. periodic review of the treatment plan; and
 - c. active participation in the treatment plan, including receiving sufficient information about proposed and alternative interventions and program goals to enable me to participate effectively.
8. Confidentiality, within the law.
9. Access and release (with written consent) to pertinent treatment information to facilitate appropriate decision-making.
10. Give informed consent, informed refusal, or expression of choice regarding:
 - a. service delivery;
 - b. release of information;
 - c. concurrent services;
 - d. composition of treatment team; and
 - e. participation in research projects.
11. Request a change of my primary therapist or physician.
12. Communicate grievances to staff, either written or verbal, to the licensee, and to outside representatives of my choice with freedom from restraint, interference, coercion, discrimination, or reprisal. In addition, there will be a prompt investigation and resolution of alleged infringement of my rights (grievance/complaints) without fear of reprisal.
13. Appeal clinical and administrative decisions.
14. Obtain from the primary therapist, complete and current information concerning diagnosis (to the degree known), treatment, and any known prognosis. If there is a time that it is not clinically advisable to give such information to me, the information shall be made available to a legally authorized individual.
15. Participate in decisions involving my treatment. This should include concise explanation of the condition and any proposed services. This should also include risks and side effects of all medications and treatment procedures used.
16. Refuse any specific medication or procedure to the extent of the law. Should this refusal prevent the provision of appropriate care in accordance with the ethical and professional standards, relationship with me may be terminated upon reasonable notice.
17. Participate fully or refuse to participate in community activities including cultural, educational, religious, community service, vocational services, and recreational services.
18. Review my individual chart by requesting a copy of the chart from my primary therapist. I further understand that I can request to amend my record.
19. Obtain a complete explanation of the need for transfer to another facility and any continuing health care requirements following discharge.
20. Request the opinion of a consultant at my expense, or to request an in-house treatment plan review at any time.
21. Access or be referred to legal entities for appropriate representation.
22. Access self-help and advocacy support services.
23. Obtain an itemized and detailed explanation of the total bill for services rendered when appropriate, or to a legally authorized representation.
24. Wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.

25. Receive visitors, and associate with them and communicate privately with persons of my choice; have visitation by all concerned persons that have been clinically determined to be of benefit to my treatment in accordance with the program's policies and privilege requirements; a suitable area in which to receive visitors.
26. Access to vocational rehabilitation and case management services.
27. Free use of common areas in the facility with due regard for the privacy, personal possessions, and rights of others. This includes the use of bathrooms at all hours.
28. Send personal mail unopened and receive mail and packages, which may be opened in the presence of staff when there is reason to believe that the contents may be harmful.
29. Retain and use personal clothing and personal possessions including books, pictures, etc.
30. Have telephone conversations unless contraindicated by clinical considerations and as dictated by policy and privilege requirements.
31. To be free to attend religious services or activities of my choice, and to have visits from a spiritual adviser provided that these services or activities do not conflict with facility program requirements. Attendance at religious services, either in or outside the facility, shall be on completely voluntary basis.
32. To be provided with confidentiality in accordance with Federal regulation (Title 42, Sections 2.1 through 2.67-1)
33. Know that this treatment facility has certain responsibilities for my treatment, including discharge if I refuse or fail to comply with their treatment program. In the event that the clinical staff determines that I am a clear danger to myself or others, they are obligated to seek legal alternative or orders for involuntary commitment.

COMPLAINTS & GRIEVANCES

In accordance with Section 10544(c), Title 9 of the California Administrative Code, any individual may request an inspection of an alcohol/chemical dependency recovery facility. Complaints should be directed to:

I, John Doe, have read this list of client rights. I understand and agree to its terms.

Client Signature:

Staff Signature:

DETOX TREATMENT AGREEMENT

Client Information: John Doe
Social Security Number:
Birth Date: 02/16/1996

1. THIS DOCUMENT IS A LEGAL CONTRACT between Blank CRM and John Doe ("CLIENT").

2. Arbitration:

- A) Upon the written request of any party to this agreement, all disputes and claims shall be submitted to BINDING ARBITRATION in Los Angeles, California, as provided by California Code of Civil Procedure Section 1280 et seq.
- B) The Arbitrator shall be a retired Superior Court Judge with no affiliation to either party. If the parties cannot agree on the selection of an Arbitrator, then an Arbitrator will be selected randomly from the American Arbitration Association.
- C) The award of the Arbitrator shall be final, binding and non-appealable.
- D) Both parties waive their right to a jury trial.
- E) The costs of Arbitration shall be shared equally between the parties.
- F) Reasonable attorney fees and litigation costs determined by the Arbitrator will be awarded to the prevailing party.

3. Governing Law:

- A) Any and all disputes arising out of this contract shall be governed by the laws of the State of California which state has exclusive jurisdiction for all disputes arising from this contract.

4. Modification of Contract:

- A) This contract sets forth the entire agreement between the parties and replaces all other oral promises or written provisions made by any representative of Blank CRM. This contract may be modified or terminated only in another written document signed by all parties.

5. Detox Services to be Provided:

A) Basic General Service

- 1) Residential treatment services are provided 24 hours a day and 7 days a week.

B) Basic Personal Services

- 1) Continuous observation, care and supervision, as required.
- 2) Ensuring that necessary medical and dental needs are met, as required.
- 3) Ensuring that prescribed medications are taken in accordance with the physician's instructions unless prohibited by law or regulations.
- 4) Providing care for minor temporary illnesses.

6. Total Cost Of Basic Services:

- A) The total cost of basic services is \$3,000-\$6,000 for up to 7 day detox. Payment is due in full at time of admission. Client is responsible for entire payment of treatment fees. Blank CRM may offer services at a sliding scale for eligible Clients based on financial need. Those Clients who receive services eligible for reimbursement may find that insurance may reimburse at a rate that differs from our cost for basic services. Rates may vary for Clients whose insurance companies have provided us with a contracted rate for treatment services.

7. Additional Services Not Included In Basic Services Cost:

A) Blank CRM may provide the following additional services. Additional services are to be paid by the Client or responsible party at the time services are rendered. Insurance will be billed and reimbursed to Client upon request by the Client.

<u>Service</u>	<u>Time/Intervals</u>	<u>Rate</u>
Drug Screen	As Needed	\$95 each

8. Conduct By Client That Will Result In Discharge Procedures:

A) The administrator of Blank CRM may discharge the Client for one or more of the following reasons:

- 1) Non-payment of services.
- 2) Failure of the Client to comply with state or local law after receiving written notice of any alleged violation.
- 3) Failure of Client to comply with written general policies of the program (see attached rules.)
- 4) Client is engaging in behavior which is a threat to the mental and/or physical health or safety of himself/herself or to others in the program.

9. Client's Duties And Responsibilities:

A) I, John Doe, (Name of Client or Authorized Representative), will:

- 1) Pay the agreed rate for Basic Services of \$** for the specified Detox Program.
- 2) Acknowledge that the \$** payment is non-refundable and Blank CRM will make no refund to Client if Client leaves prior to completing the specified program.
- 3) Cooperate with the general policies of the program.
- 4) Not be destructive of the property of the program or other clients. The Client will be held financially responsible for any damages to property.
- 5) Acknowledge and agree to random searches of personal property.

B) **Relapse Policy:** All Clients are subject to random drug and alcohol testing and property searches. Drug testing will be administered if Client is suspected of using illegal drugs or alcohol. All Clients in treatment may not use drugs or alcohol during the course of treatment. This includes all illegal drugs, as well as mind-altering prescription drugs, which are not prescribed to the Client. Clients who have relapsed by using illegal drugs or alcohol may be discharged from the facility without refund. Clients who relapse but show motivation to change may be allowed to continue in treatment with restrictions. This is to be determined on a case-by-case basis. Restrictions following relapse may include pass restrictions, loss of telephone and visitation privileges, and restriction from participating in recreational activities. Clients who relapse will address issues in 1:1 session with primary counselor at earliest convenience. Clients who have multiple relapses and demonstrate no desire or willingness to change behavior will be discharged from program.

10. Miscellaneous:

A) **Valuables:** Blank CRM will not be responsible for any cash resources, valuables, or personal property brought to the program by Client.

B) **Insurance:** As a courtesy to Client, insurance will be billed for basic services, and the insurance company will reimburse any monies to Client. Clients for whom we have agreed to provide services billable by us to insurance must resolve any outstanding balance within 60 days of discharge from program.

C) **No Refunds:** Blank CRM requires a commitment on the part of the Client that he remain in treatment for the full amount of time specified in this agreement to receive the full benefit of the Services. Client is further motivated to complete this commitment by having paid in full, which funds are non-refundable. In the event Client decides to leave treatment against the advice of Blank CRM, or is administratively discharged for cause due to Client's non-compliance with Blank CRM Rules & Responsibilities, Client acknowledges and agrees that Client shall not be entitled to any reimbursement or refund for any remaining unused portion of the treatment term. Instead, Client shall receive credit for the unused portion of the initial term that may be used toward future treatment should Client desire to return to treatment at a future date. This Credit is non-transferable. Client shall not receive any credit for the amount of the Administration Fee, Medical Fee, or any previously incurred ancillary fees. These fees will be deducted against any credit balance on account.

D) No Warranty/Guarantee: Client acknowledges and agrees that Blank CRM is not making any warranty, representation, or guarantee with respect to the provision of the Services to Client or the results thereof, and that notwithstanding the provision of the Services, Blank CRM has absolutely no ability to ensure that Client's behavior and/or lifestyle is conforming or will conform to the guidelines taught to Client as part of the recovery-related activities. Client further acknowledges, agrees, and understands that the success that Client obtains as a result of the Client's receipt of the Services will be directly related to Client's ongoing willingness to participate in ongoing recovery-related activities after Client's receipt of the Services.

E) Responsibility for Medications: Client accepts responsibility for self-administering own medication as directed which may be prescribed by a Doctor/Psychiatrist while Client is in treatment.

My signature below as "Client or Authorized Representative" indicates that I have read, or had read and explained to me, the provisions of this agreement and enter into this agreement voluntarily.

Client Signature:

Authorized Representative or Financially Responsible Party Signature, if different from Client:

Admission agreements shall be completed and signed in duplicate. One copy to be retained by the facility and one copy to be given to the client and/or authorized representative.

Blank CRM Staff signature indicates copy of agreement was given to responsible party:

Staff Signature:

FINANCIAL RESPONSIBILITY AGREEMENT

Resident Information:

First Name: John	Middle:	Last: Doe
Address: 1445 Filmore st suite 1102 twin falls ID 83301-3328		
Driver's License #:	Phone Number #:	

I understand that I am a self- pay Resident and that I am financially responsible for any and all charges incurred during my stay at Blank CRM, a Sober Community.

I further understand that any personal payment plan granted to me is valid only insofar as I make my payments in a timely fashion, and that if my payment is two (2) or more days late, the remaining balance becomes due and payable.

I agree to pay the cost of collection, including legal fees, for my account if I fail to make a prompt payment of outstanding balances.

Payment Breakdown:

Sober Living Plan (shared room)	\$	
Extra Services (paid in full prior to service):	\$	
Total Cost:	\$	
Minus fees paid in advance:	\$	Date:
Balance Due:	\$	Date:

The total of cost shall be payable by: (1) Cash at the time of admission, or (2) Delivery of the Down Payment prior to admission with the remaining balance due at admission; and (3) extended stay beyond the contracted one month to be paid at the beginning of each month. Resident may prepay the total Blank CRM cost, in whole or in part, prior to the due date with no prepayment penalties. All such payments shall be made to Blank CRM at the address set forth on or before the due date and without demand.

In the event that any payment required to be paid by Resident hereunder is not made within two (2) days of the due date, Resident shall pay to Blank CRM, in addition to such payment or other charges due hereunder, a late fee in the amount of twenty-five dollars (\$25.00).

The unpaid balance of any past due bills shall bear interest at a rate of 1.5 % per month (prorated on a daily basis), or the highest rate allowed by law, whichever is less. If for any reason Resident fails to make any payment on time, Blank CRM may, at its option, demand immediate payment of the entire remaining unpaid balance of the Total Cost, any late fee, and accrued interest. Should any payment obligation under the Payment Terms not be paid when due, Resident agrees to pay all costs of collection, including reasonable attorney's fees. Resident agrees to submit all disputes arising out of or relating to the Payment Terms to binding arbitration.

In the event the Resident stays, the extended payment will be charged on a month-to-month basis due in advance. Blank CRM reserves the right to increase its fee at any given time.

Deposit refund amount is contingent upon any additional costs and/or fees associated with the Residents stay and/or departure. Residents will forfeit deposit in the event they are evicted or leave without 30 days written notice given by the 1st of the month. Deposit refund will be mailed to the Resident within three (3) weeks of the Resident's departure.

NO REFUND POLICY

I understand and agree that I will be liable for the full amount due for the sober community fee at Blank CRM, regardless of whether I complete the month of sober community.

I acknowledge and agree to make full payment to Blank CRM for the cost, as stated in this agreement, and any other cost or fees associated with my stay at Blank CRM.

ACCEPTANCE

Resident's Signature:

Name of Financial Guarantor:

Co-signer/Financial Guarantor:

Witness Signature:

PAYMENT SHALL BE MADE TO:

Facility Name	Blank CRM
Address	
Phone Number	
Website	

GENERAL WAIVER

I understand that my insurance plan does not cover care determined not to be medically necessary and that my insurance carrier has determined that it would not be medically necessary for me to remain in Blank CRM treatment beyond *** (date).

I have decided to remain in Blank CRM treatment beyond that date, and I agree to be responsible for the fees for the services provided to me after that date that my insurance will not pay.

I understand that my physician, the facility, or I can appeal my insurance carrier's determination that my stay will not be medically necessary after the above date. If the facility decides not to pursue the appeal, I will have the opportunity to appeal through arbitration.

Client Signature:

Staff Signature:

INSURANCE INFORMATION

Client: John Doe	DOB: 02/16/1996	SSN:
-------------------------	------------------------	-------------

Primary Insurance:

Primary Insurance Carrier:	Benefit's Number:
-----------------------------------	--------------------------

Address: ,

Policy Holder's Name:	Relationship to Client:
------------------------------	--------------------------------

Date of Birth:	Social Security Number:
-----------------------	--------------------------------

Group Number:	Policy Number:
----------------------	-----------------------

Employer:	
------------------	--

<input type="checkbox"/> Signed Release of Information for Policy Holder, <i>if other than Client</i>	<input type="checkbox"/> Copy of front and back of Insurance Card
---	---

Secondary Insurance:

Secondary Insurance Carrier:	Benefit's Number:
-------------------------------------	--------------------------

Address: ,

Policy Holder's Name:	Relationship to Client:
------------------------------	--------------------------------

Date of Birth:	Social Security Number:
-----------------------	--------------------------------

Group Number:	Policy Number:
----------------------	-----------------------

Employer:	
------------------	--

<input type="checkbox"/> Signed Release of Information for Policy Holder, <i>if other than Client</i>	<input type="checkbox"/> Copy of front and back of Insurance Card
---	---

**NOTICE OF CLIENT CONFIDENTIALITY
of Alcohol/Drugs Abuse and Mental Health Client Records**

Federal laws and regulations protect the confidentiality of alcohol/drug abuse and mental health client records maintained by Blank CRM. Generally, Blank CRM may not say to a person outside the program that a client attends the program, 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 a 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 a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal laws and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program 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.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for regulations)

Client Signature:

Staff Signature:

RULES AND POLICIES

1. Drug use and alcohol consumption at any time is prohibited.
2. SMOKING in designated area only.
3. Attendance at all scheduled groups, 12-step, and house meetings is mandatory.
4. Violence or making violent threats is prohibited.
5. No weapons of any kind permitted.
6. No aerosol cans or toiletry articles containing alcohol.
7. No cell phones.
8. Sexual or exclusive involvement between clients is prohibited.
9. Respect the confidentiality of others while in the facility.
10. Clothing must be free of printed material related to drugs, sex, alcohol, violence, or anything that will interfere with the therapeutic milieu.
11. Appropriate undergarments are required at all times.
12. Clothing and shoes should be clean and in good repair.
13. Shoes must be worn when outside the building; socks or slippers are acceptable indoors.
14. Water sports and sunbathing etc. may be done in appropriate attire. These clothes must be changed when the activity is over and when indoors.
15. Sexually provocative clothing is not permitted.
16. Any accessory items that are determined to be unsafe are prohibited.
17. Make-up and jewelry must be socially appropriate based on local community standards.
18. Clients may not trade or exchange clothes, money, or other belongings.
19. iPods, MP3 players, etc. are not allowed to be used in Blank CRM vehicles or at the office. Headphones are only allowed to be used at the gym, the beach, or after the afternoon group.
20. The following procedure is to be followed for community issues that are unresolved:
 - A) Must be in writing to the primary counselor
 - B) If not resolved at this level, then issue will be addressed by the Program Director, counselor, and client

Client Signature:

Staff Signature:

VERIFICATION OF BENEFITS

Admissions Coordinator: BestNotes Support
Date: 05/18/2016
Reference #:

Client: John Doe	DOB: 02/16/1996	SSN:
Address: 1445 Filmore st suite 1102 City: twin falls State: ID Zip: 83301-3328		
Home Phone: (208) 543-6646	Cell Phone:	Work Phone:

PRIMARY INSURANCE

SUBSCRIBER # IS SAME AS CLIENT'S

Primary Insurance Carrier:	Benefit's Phone Number:
Address: ,	
Policy Holder's Name:	Relationship to Client:
Date of Birth:	Social Security Number:
Group Number:	Policy Number:
Employer:	

Deductible, Co-Pay, Rx Benefits, and Other Details:

SECONDARY INSURANCE

SUBSCRIBER # IS SAME AS CLIENT'S

Secondary Insurance Carrier:	Benefit's Phone Number:
Address: ,	
Policy Holder's Name:	Relationship to Client:
Date of Birth:	Social Security Number:
Group Number:	Policy Number:
Employer:	

Deductible, Co-Pay, Rx Benefits, and Other Details: