



THE CHICKASAW NATION TREATMENT PROGRAM RELEASE FORMS

Hiná Chokma Informed Consent for Treatment

I (the "consumer") voluntarily consent to be treated for substance abuse addiction at the Chickasaw Nation Hiná Chokma treatment program ("Hiná Chokma") in Ada, Oklahoma. I understand that the following consent forms are for the health and well-being of myself and everyone in Hiná Chokma. I understand that completion of these consent forms is part of the admissions criteria. I understand that I will be provisionally admitted for the first seven days of treatment. If within these seven days it is determined that I am not appropriate for this facility, treatment can be terminated or I can be referred to another facility.

I understand that I am entering a short-term residential treatment program and that I must participate in the development of treatment goals, complete the required therapeutic hours and complete the required workbook study to complete the program. Further, I understand that I will participate in a minimum of 24 hours per week of group therapy, one hour of individual therapy each week and any additional individual or family therapy as arranged with the assigned counselor. I understand that all the providers of group therapy are credentialed members of my treatment team and may contribute therapy, education and/or services as part of my treatment plan. The treatment team reviews cases regularly to assist in continuity of care and all privacy rights described in the Notice of Privacy Practices apply to all treatment team members.

I understand that I will reside with other individuals while at Hiná Chokma and agree to conduct myself in a cooperative and respectful manner. I agree to participate in the required daily living skills and activities. In addition, I will conduct myself in such a way as to protect myself from exposure to or transmission of infectious diseases such as HIV, AIDS, hepatitis, venereal disease and any other communicable disease.

I understand and agree to the conditions outlined in the House Rules for Hiná Chokma and accept the terms and conditions of these rules. I understand that violation of the House Rules can result in a written demerit. Three demerits can result in termination from the program.

My consent to receive substance abuse and mental health services does not waive my legal rights under applicable state and federal laws. I acknowledge that I have received a copy of the Consumer Bill of Rights. I also understand I may withdraw this consent for treatment at any time by providing written notice to the program manager. Upon my request, Hiná Chokma staff will assist me in writing a withdrawal of consent.

I understand that I will complete a series of interviews, questionnaires, inventories, screenings and workbook assignments to assist with my treatment and will participate in the development of my treatment plan goals.

I understand that my Protected Health Information (“PHI”) is subject to legal requirements regarding confidentiality and patient privacy, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104-191, as amended), the Privacy Act (P.L. 93-579, as amended) and all applicable laws and regulations. Services at Hiná Chokma are to be performed in accordance with all applicable laws and regulations. I acknowledge that I have read and understood the Chickasaw Nation Residential Services Division Notice of Privacy Practices regarding treatment of my confidential information and PHI.

I understand that I may ask any Hiná Chokma staff member questions and inquire further about any of the above information or any needs I may have while at Hiná Chokma, including but not limited to requests for medical care and need for personal items, such as hygiene supplies, clothing and items permitted by special request.

By initialing below, I indicate that I have read and fully understand this “Informed Consent for Treatment.”

Consumer Initials **Date/time**

RELEASE OF RESPONSIBILITY

I (the “consumer”) understand that Hiná Chokma and/or the Chickasaw Nation Residential Services Division is not responsible for personal items, including money, that is in my possession upon entering or during treatment, or for any items which are lost, stolen or damaged, including vehicles, while a consumer at Hiná Chokma. I further understand that Hiná Chokma and/or the Chickasaw Nation Residential Services Division is not responsible for, and is released from responsibility and liability for, any accidents that occur during my participation in the residential phase of the program or during my participation in any aftercare plan once I have been discharged from Hiná Chokma.

By initialing below, I indicate that I have read and fully understand this “Release of Responsibility.”

Consumer Initials **Date/time**

TRANSPORTATION RELEASE

I (the “consumer”) hereby release Hiná Chokma and/or the Chickasaw Nation Division of Family Resources and their staff members from any liability and responsibility for providing transportation for myself and understand that Hiná Chokma and/or the Chickasaw Nation Residential Services Division is

in no way responsible for any property damage or injury, including severe injury or death, which may result from such transportation.

By initialing below, I indicate that I have read and fully understand this "Transportation Release."

Consumer Initials **Date/time**

MEDICAL CARE AND EMERGENCY PERMISSION RELEASE

I (the "consumer") authorize Hiná Chokma staff to administer medical care, including first aid treatment, to me. Hiná Chokma and/or the Chickasaw Nation Residential Services Division are released from any liability and/or responsibility for any injury, including severe injury or death, which may result from such medical care. I also authorize Hiná Chokma staff to transport me to the Chickasaw Nation Medical Center for treatment. This transportation is subject to the terms and conditions of the "Transportation Release" above.

By initialing below, I indicate that I have read and fully understand this "Medical Care and Emergency Permission Release."

Consumer Initials **Date/time**

CONSENT TO DRUG AND ALCOHOL ANALYSIS

I (the "consumer") understand that Hiná Chokma can randomly request that I undergo testing for drug and/or alcohol ("screening") which may require that I submit a urine sample, and Hiná Chokma is entitled to receive the results of such screening. I consent to such testing and will authorize Hiná Chokma to receive the results. I understand that refusal to participate upon request will result in termination from the Hiná Chokma Program. If screening reveals that I have used illegal or addictive substances since beginning the program, I understand that this will also result in immediate termination from Hiná Chokma.

I understand that conducting this screening may require that I be transported to the Chickasaw Nation Medical Center or other laboratory or drug testing entity which may be used by Hiná Chokma to conduct screening. I understand that information obtained from screening will be subject to the protections provided in the Notice of Privacy Practices.

By initialing below, I indicate that I have read and fully understand this "Consent to Drug and Alcohol Analysis."

Consumer Initials **Date/time**

CONSENT TO BE PHOTOGRAPHED

I (the “consumer”) hereby authorize Hiná Chokma and/or the Chickasaw Nation Residential Services Division staff to photograph me upon admission into the Hiná Chokma residential program and upon discharge from Hiná Chokma. These photographs are placed in my chart for identification purposes. I will receive a copy of these photographs upon discharge. These photographs will be subject to the protections provided in the Notice of Privacy Practices.

By initialing below, I indicate that I have read and fully understand this “Consent to be Photographed.”

_____ **Consumer Initials**

_____ **Date/time**

CONSENT AND AUTHORIZATION TO SEARCH

I (the “consumer”) understand that assuring and maintaining the safety, security, and drug-free environment at Hiná Chokma is of utmost importance to all concerned. To contribute to the continued well-being of the program and all consumers, I hereby consent to a search of my clothing, my person, my room and my personal belongings and authorize Hiná Chokma staff members and/or police officers to conduct these searches under the terms and conditions described below.

I understand such searches may be required prior to my admission to Hiná Chokma and during my treatment therein, to prevent the presence of alcohol, drugs, drug paraphernalia, contraband, dangerous weapons, and any other prohibited items in the Hiná Chokma facility.

I also understand searches of my room, personal belongings and my person may be conducted without prior notification to me at any time during my stay in Hiná Chokma. I hereby authorize and give my consent to such searches by staff, and as determined necessary by staff members, by scent detection dogs accompanied by handlers who may be police officers. If the drug dog alerts, the police officer may secure the area and seek a search warrant or take other appropriate actions. Arrest and/or criminal charges may result from possession of any illegal substance or items.

I understand searches of my person or belongings, during admission or at any other time during treatment, may be conducted on a surprise basis without prior warning or notice to me. I understand that if I do not cooperate with such a search, I can be denied admission or discharged immediately from Hiná Chokma, in addition to other consequences. I understand such searches will be conducted in a respectful and professional manner and only by an authorized staff member of my own gender, or as determined necessary by staff members, by a scent detection dog under the control of a police officer or other handler.

I also understand I may be required to open, in the presence of a Hiná Chokma staff member, any mail or postal parcel that is sent to me and/or parcels I bring back after a pass or a trip away from

