

PLEASE READ each section to indicate that you have read and understand the terms.

PLEASE PROVIDE YOUR SIGNATURE at the end of this agreement to indicate that you have been provided with the information and are in agreement with the terms and conditions.

Psychiatric Advanced Directive:

Do you have an psychiatric advanced directive? (N/A for youth under 14)*

- Yes
- No
- N/A

If yes, do we have a copy on file?

- Yes
- No

If no, would you like information on how to obtain one and was information given?

- Yes
- No

Consent for Treatment:

I affirm that the proposed Pretera Health Services services have been explained to me and hereby given consent for Pretera Health Services to provide evaluation and/or other services that may be delivered through face-to-face and/or interactive telehealth in accordance with my established treatment plan. I understand that this plan will be developed with my participation and I also agree to actively participate in services to the best of my ability. I further acknowledge that this consent will be deemed to be in effect for the duration of my treatment at Pretera Health Services unless revoked in writing or as otherwise noted by me or my legal representative.

- Agree
- Disagree

Financial Responsibility Agreement:

I understand that Pretera Health Services will maintain up-to-date records of my insurance coverage and will submit claims to my insurance carrier on my behalf and make appeals as appropriate when claims are denied. I acknowledge that I shall be responsible for providing true and accurate information about insurance and for payment of any applicable deductibles, co-payments, co-insurance, out-of-pocket or private pay fees.

- Agree
- Disagree

Confidentiality Acknowledgment:

I understand that all information about me obtained by Pretera Health Services that qualifies as Protected Health information will be kept confidential and not released to anyone without my written permission, except as allowed by Federal or State law. Information may be used without express written authorization for healthcare operations, billing and payment, and regulatory purposes, and in some emergency situations. I also acknowledge that my consent may be withdrawn at any time. If applicable to the program that I am in, I understand that confidentiality of alcohol and drug abuse records is protected by Federal Law. I also understand that Federal Laws and Regulations do not protect any information about a crime committed by a patient while in the program or against any person who works for the program or about any threat to commit a crime.

- Agree
- Disagree

Person served Rights and Responsibilities:

I understand that I have a right to be treated with dignity and respect. I acknowledge that I have been offered a copy of Pretera Health Services Persons Served Rights and Notice of Privacy Practices and have been offered the opportunity to ask questions about the information presented. I understand that I have the responsibility to treat staff and other Persons served with dignity and respect, and to be honest and forthright in my dealings. I also acknowledge that it is my responsibility to maintain the confidentiality of other Persons served should I become privy to their information during the course of my treatment.

- Agree
- Disagree

Medication Acknowledgment:

I understand that any medication ordered by Pretera Health Services Medical Staff is for my use alone. I agree that I will use the medication ordered only as directed and will not use it for any other purpose, nor will I give or sell the medication to anyone else. Variation from this may result in refusal of Pretera to prescribe further medication for me. I understand that in order to participate in medical services that Pretera staff will validate my prescribed medications through the Board of Pharmacy, SureScripts, or any other validation resource.

The WV Uniformed Controlled Substance Act (Ac60A-4-410) makes it unlawful for a Person served, with the intent to deceive and obtain a prescription for a controlled substance, to withhold information from a practitioner that the Person served has obtained a prescription for a controlled substance of a similar therapeutic use in a concurrent time period from another practitioner. Any person who violates this is guilty of a misdemeanor and, if convicted, may face criminal penalties, including a fine and/or imprisonment.

- Agree
- Disagree

Consent to Participate in the WVHIN:

WVHIN's Health Information Exchange (HIE) allows doctors and hospitals, pharmacies, and other health care providers and insurance companies to view all of your available health records in order to provide you with better care, to coordinate your care, and/or to ensure proper payment is made for the services you receive. WVHIN's HIE may prevent you from having to fill out the same forms and carry your lab, x-ray results and medications to different doctors. Sharing your health record through the WVHIN's HIE may prevent you from having to have tests repeated. Most importantly, sharing your health record through the WVHIN's HIE may allow your doctors to have access to life saving information in a medical emergency. I understand and consent to participation in the WVHIN HIE.

- Agree
- Disagree (fill out Request to Opt-Out Form)

For CSU, Residential Programs at Intake

Waiver of Responsibility:

I hereby relieve Pretera Health Services of all responsibility for the loss or damage of any and all articles of clothing, valuables or money. I understand this waiver also includes any times which might be locked up by staff during my stay Pretera Center.

- Agree
- Disagree
- N/A

Application for Voluntary Hospitalization:

I understand that as a voluntary Person served at Pretera Health Services that I may at any time express my desire to leave. If my conditions warrant, the center may petition for involuntary hospitalization in order to maintain my safety.

- Agree
- Disagree
- N/A

* Indicates required field

Person Served Signature: _____ Date: _____

Guardian/Legal Representative: Signature: _____ Date: _____

Pretera Representative: _____ Date: _____