

# Confidentiality of Alcohol and Drug Abuse Patient Records

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations.

Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient 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 a program 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 patient 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 C.F.R. part 2 for Federal Regulations.)

(Approved by the Office of Management and Budget under control number 0930-0099)

I have read my Privacy Rights and have been given a copy of these rights.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**KEEP ONE COPY AND SUBMIT ONE COPY**

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# Advent Recovery Center Application for Admission

Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Race (We do not discriminate. For Statistical purposes only): \_\_\_\_\_

Ethnicity (We do not discriminate. For Statistical purposes only):  Hispanic/Latino  Not Hispanic/Latino

Are you a veteran? \_\_\_\_\_ Service dates: \_\_\_\_\_ Branch: \_\_\_\_\_

Are you a US Citizen? \_\_\_\_\_ If not, what country are you a citizen of? \_\_\_\_\_

Who are you now living with? \_\_\_\_\_  Homeless

How long have you been living there? \_\_\_\_\_ Address \_\_\_\_\_

What is your phone number? Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

What is their phone number? Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Do they know you are here? \_\_\_\_\_

## **ALCOHOL/DRUG HISTORY:**

SUBSTANCE	AGE BEGAN	MAXIMUM USE	LAST USE	(Frequency, Amount, Route of Adm.)
Alcohol (Ethyl)	_____	_____	_____	_____
Marijuana (THC)	_____	_____	_____	_____
Amphetamines, Meth	_____	_____	_____	_____
Cocaine (Crack)	_____	_____	_____	_____
Sedatives (Valium, Quaaludes, Seconal, Ativan, Librium, Clonopin, Amytal)	_____	_____	_____	_____
Heroin	_____	_____	_____	_____
Opiates (Morphine, Codeine, Percodan, Demerol, Darvon, Stadol, Dilaudid)	_____	_____	_____	_____
Hallucinogens, PCP	_____	_____	_____	_____
Inhalants	_____	_____	_____	_____
Caffeine (coffee, soda)	_____	_____	_____	_____
Nicotine	_____	_____	_____	_____

**MEDICAL HISTORY:**

Medical Condition: \_\_\_\_\_

Treatment: \_\_\_\_\_

Clinic/Hospital/Doctor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Medication: \_\_\_\_\_

(If more than one, check here  and continue on back of page with the same information as above.)

Are you receiving money from any of the following? Fill in amounts.

- SSI \$ \_\_\_\_\_
- SSDI \$ \_\_\_\_\_
- Social Security \$ \_\_\_\_\_
- General Public Assistance \$ \_\_\_\_\_
- AFDC/TANF \$ \_\_\_\_\_
- SCHIP \$ \_\_\_\_\_
- Veteran's Benefits \$ \_\_\_\_\_
- Employment Income \$ \_\_\_\_\_
- Unemployment \$ \_\_\_\_\_
- Veteran's Health Care \$ \_\_\_\_\_
- Medicaid \$ \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_
- Other Unearned Income \$ \_\_\_\_\_

Were you raised in any particular religious faith? \_\_\_\_\_ Which? \_\_\_\_\_

Are you a member of any particular religious faith? \_\_\_\_\_ Which? \_\_\_\_\_

Do you believe in a Higher Power? \_\_\_\_\_ Are your beliefs a support to you? \_\_\_\_\_

Are there any specific cultural, ethnic, or religious beliefs/practices that you would like considered in treatment? \_\_\_\_\_

Are you currently on probation? \_\_\_\_\_ Parole? \_\_\_\_\_ Type: \_\_\_\_\_

Your Officer's Name: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Any special terms or conditions we need to know? \_\_\_\_\_

May we contact your Officer? \_\_\_\_\_

Do you have any outstanding warrants? \_\_\_\_\_ Date: \_\_\_\_\_

Charge: \_\_\_\_\_

Federal/State/County? \_\_\_\_\_ Do they know you are here? \_\_\_\_\_

I hereby certify that the information given is true and complete to the best of my knowledge. I hereby assume any risks that may be incident to my stay here and do hereby for my heirs, executors, administrator, myself, or any personal representative, release and relinquish forever any and all claims of any nature whatsoever that might arise out of my stay at The ARC of Alva, 17290 Rewis Road, Alva, Florida 33920.

I do hereby promise and agree that I will cooperate with the rules of The ARC of Alva to the best of my ability and that I will carry out the work assigned to me in maintaining The ARC as my physical condition permits and to the best of my ability.

PROPERTY: I agree to be personally responsible for any and all personal property brought on the grounds of The ARC, and hold the ministry harmless for any such property being broken, damaged, and/or stolen.

SMOKING: NO SMOKING IN THE HOUSE AT ALL! Smoking only permitted as posted. LOCKS: Residents are not permitted to change the locks on bedroom doors.

RESPECT EACH OTHER'S ANONYMITY: Who you see here, what you hear here, let it stay here.

PAYMENTS/WAIVER OF LANDLORD/TENANT RIGHTS: I understand that no Landlord-Tenant rights apply and waive all such rights voluntarily. I understand that Program Costs are \$150/week or \$600/month, and that such costs begin on the day of arrival. I also agree that there is no refund due me if I am terminated for cause.

NO PORNOGRAPHY: No pornography (magazines, videos, cable stations, and internet) will be permitted in The ARC.

TERMINATION: If terminated whether for cause or not, I agree to vacate the property within one (1) hour of notice to leave.

PRIVACY: I understand that, because of the nature of the program, staff may choose to search my person, room, and/or belongings. I understand that I have no right to privacy in these areas, and voluntarily waive any right to recourse I may normally have.

I have read and/or have read to me all the foregoing questions, conditions, and/or statements and have made the answers thereto contained in this application and am fully aware of the meaning of same and I willingly and personally sign this application and contract fully knowing what I am doing.

Any personal property left upon my departure from The ARC of Alva and not claimed within three (3) days by me or my authorized representative shall become the property of The ARC of Alva to dispose of to the best interest of The ARC.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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