

KIDS HELPING KIDS
P. O. BOX 75148
CINCINNATI, OH 45275
(606) 689-KIDS

Date: _____
Participant Name: _____

INFORMED CONSENT TO TREATMENT
(Participant)

You and/or your parent or legal guardian has applied for you to be admitted to the Kids Helping Kids program. This program is for the treatment of persons using alcohol and/or drugs.

As a participant of Kids Helping Kids, you are entitled to be informed of certain rights that are extended to you under the law. You are also entitled to receive certain information regarding your treatment in the Kids Helping Kids program. Please review the information below and all other information provided to you by Kids Helping Kids prior to your admission in the program. Before you can be admitted to treatment, you have the right to give Informed Consent to treatment, acknowledging that you have received and reviewed all the necessary and relevant information prior to your admission and treatment.

I. Your Rights.

You are advised that your treatment plan will be individualized to meet your needs. You have a right to have an active part in your treatment plan. This treatment plan will be reviewed at regular intervals by the treatment team under the supervision of the director of this program.

Access to treatment is free of discrimination by race, religion, sex, necessity, age, handicap or source of financial support.

You have the right to submit grievances, recommendations and opinions regarding treatment. If you do so, a review committee of Kids Helping Kids staff personnel will review your treatment plan and, within five (5) days report back to you and your parent or legal guardian as to their findings.

Your parent or legal guardian has the right to be fully informed of your treatment plan, and when he or she exercises this right, his or her response will be recorded in your record. Your parent or legal guardian may also participate in the development of your treatment plan and may be included in the treatment process through family interviews, phone calls and visits. A copy of this Informed Consent Form will be given to your parent or legal guardian, to keep for you and themselves, at the time of your admission.

You have the right to receive confidential treatment in compliance with federal regulations 42 CFR Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records" and all pertinent state laws and regulations.

You have the right to humane care at all times. Physical restraint or confinement may be used for your protection or treatment or for the protection of others. The reasons for using this method will be given to you and will be explained as part of your treatment plan.

You will not have the right to receive visitors, including family members and friends, or to receive telephone calls or mail at certain stages of your treatment plan. You may progress to a stage of the treatment plan in which you do have a right to receive visitors, including family members and friends or to receive telephone calls or mail. If at any time your treatment team determines that visits, telephone calls or mail are not in your best interest, your visitation, and mail can be restricted. You do have the right to receive an explanation as to why your visitation is being restricted. Your parent or legal guardian also has the right to be informed of such restrictions. You also have the right to refuse visitors.

Unless you give your permission, all records of your problems and treatment must be kept confidential. Kids Helping Kids cannot tell anyone else about your treatment or problems without your permission except in certain limited circumstances. If there are charges made against you, a court can force Kids Helping Kids to give your records without your permission.

Kids Helping Kids does not participate in research projects involving human subjects. In the event Kids Helping Kids would participate in a research project involving the participants of Kids Helping Kids, you and your guardian will be asked to sign a form giving permission for you to participate in the research project. The permission form will be given to you prior to your participation in the project. Specific information about the project will be given to you in compliance with the standards set forth by the Joint Commission of Accreditation of Hospitals. Please note that you have the right to receive treatment at Kids Helping Kids whether or not you choose to participate in any research project. In addition, if you agree to participate in a research project you have the right to withdraw your permission at any time without negative effect upon your treatment.

You have the right to exercise all civil duties such as voting which are allowed by law.

If any of the above statements of this consent form are not clear to you, you have a responsibility to request a proper explanation to your full satisfaction before your signature is made below.

II. Your Consent.

I have read or had read to me my rights outlined in Section I above and fully understand my rights. I also have been informed about the procedures, rules and regulations of the program, and have received a copy of the program rules, regulations and procedures.

Furthermore, I agree to obey and abide by the rules of the program. I understand that acts of violence, sexual misconduct, possession of drugs, and criminal activity are not tolerated at Kids Helping Kids. I also understand that restraint may be used if I become violent while participating in the program.

signature of participant

signature of parent/legal guardian

relationship

I have been informed by the participant and parent/legal guardian. (If the rights were read to the participant, the reader must sign on the line below and indicate the same.)

Witness:

(name)

(address)

(name)

(address)