Synapse House
Consent and Acknowledgement Form 2.6.3A

Synapse House and State and Federal Law requires completion this form annually or at any time changes are warranted. Each item on the form MUST be completed for participation in any service.

CONSENTS

Consent to Treatment

I, and/or my legal guardian hereby authorize Synapse House to perform such services as prescribed by the person's served treatment plan or as required from time to time in the exercise of good therapeutic judgment, subject to any rights provided to the person served by Federal or State law.

YES **NO**

Use of Image or Personal Story

I, and/or my legal guardian hereby authorize Synapse House to use photographs, audio, video or personal story of myself. I understand that such materials may be used for publication, broadcast purposes, public relations, fundraising activities, education or research.

YES **NO**

Can Use Email

As part of the therapeutic process, Synapse House will assist members in setting up and/or utilizing a previous personal email account of their own. ***For those individuals who are in the Employment Unit actively seeking work, a personal email account (not a family's or spouse's) will be mandatory for job seeking.*** The emails will be shared only with other members and utilized for communications of Synapse House. **YES** **NO**

Please list any issues/concerns with this:

_____

_____

Can Use Social Media

The use of social media such as Facebook, Twitter or Instagram is part of the day to day lives of most individuals today. It is also a way for individuals to seek support through resources, support groups and expand their network of support for many who are now isolated due to their injury, loss of prior employment and limited transportation. Synapse House will be working with individuals to set up new accounts or utilize previous accounts to increase socialization, connect with other survivors and educational means. **YES** **NO**

Please list any issues/concerns with this:_____

_____

Confidentiality and HIPAA

I, and/or my legal guardian have received and understand my rights as specified in the HIPAA guidelines.

YES **NO**

This document is the property of Synapse House

Release of Information and Records

I, and/or my legal guardian hereby authorize Synapse House to release any information related to my treatment, care or related issues to individuals indicated below. I understand that as a condition of my participation through funding sources such as Dept of Rehabilitation Services (DRS), potential employers or grants, that I am required to provide information to these entities as a condition of receiving their funding and to meet the criteria set by the program.

I approve the release of information to:_____

ACKNOWLEDGMENTS

Synapse House Policies

I, and/or my legal guardian hereby agree as a participant of Synapse House programs or services to follow the policies of the organization. This includes acknowledgement of the following and applies to the facilities as well as any organization sponsored events:

- The facilities are not locked nor is any type of restraint utilized
- No illegal drugs or misuse of legal drugs will be tolerated
- No alcohol is permitted with the exception of fundraising events
- No weapons are tolerated
- Major violations of proper behavior may result in suspension, termination and/or contacting emergency personnel for assistance
- Buildings do not allow persons served to arrive prior to opening time or after closing hours due to safety concerns.
- All smoking policies for both the city or state laws and facility smoking schedule and rules. Violation of smoking laws may result in fines by the violator.

I, and/or my legal guardian agree to follow these policies and all policies of the organization.

YES **NO**

Risk Management

I, and/or my legal guardian understand that during participation of services of Synapse House, that a certain risk may be present for health and safety issues. It is my responsibility to alert the organization to any activity that may increase risk or be potentially harmful. Synapse House requests that all associates, persons served and their guardians work together to reduce or eliminate risk. I, and/or my legal guardian understand these potential risks and my responsibility to communicate concerns.

YES **NO**

Information Packet

I, and/or my legal guardian have received and reviewed the Information Packet.

YES **NO**

Criminal History

I, and/or my legal guardian understand that disclosure of criminal history is highly recommended prior to or during the admission process in order for the organization to provide the best plan of care. Note that all persons will be subject to a background check for sexual offenses.

YES **NO**

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Rights and Responsibilities

I, and/or my legal guardian understand that as a condition of my care, the organization is responsible to uphold certain rights and fulfill said responsibilities. I, and/or my legal guardian also understand that I(we) are responsible to uphold certain responsibilities and to be respectful of the rights of the organization. The purpose of this agreement is to provide the best care and to maintain a strong mutually beneficial relationship. I, and/or we, agree to rights & responsibilities.

YES **NO**

Consent Form

I, and/or my legal guardian understand that this consent form is valid for only one year from the signed date and can be modified at any time by the completion of a new consent form. I, or we, understand that participation is contingent on full completion of the form and that services or programs may be suspended if the consent form is incomplete or expired.

YES **NO**

_____ _____

Signature of Person Served OR Legal Guardian Date

The undersigned legal representative hereby represents that he / she has the legal authority to make health care decisions on behalf of the person served and that a copy of this document has been provided to the organization and that such representation hereby consents on behalf of the person to the consents and acknowledgements listed above.

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