

UNIFIED COMMUNITY SERVICES
Alcohol and Other Drug Abuse (AODA) Program Acknowledgement

PATIENT NAME: _____
(Please Print)

Description of Services:

The AODA Program provides, for residents of Grant and Iowa Counties, a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to improve negative symptoms and restore effective functioning. Services are provided on an outpatient basis and include individual counseling and intervention and may include group therapy and referral to non-substance abuse services.

Daytime and evening appointments are available. Emergency services are available 24 hours a day, 7 days per week by calling the Unified Community Services crisis line at 1-800-362-5717.

Patient Accounts will determine and discuss with you the cost of treatment, who will be billed and the accepted methods of payment. Fees for most services are on a sliding scale, based on ability to pay. Services may be covered by health insurance, Medical Assistance or Medicare, depending on individual coverage.

Discharge will occur when your treatment plan goals have been met and you no longer meet criteria for AODA outpatient treatment services. If you terminate treatment without notifying your provider, you will be discharged within 90 days following your last appointment. You may be involuntarily discharged for the following reasons:

- endangering the safety of staff or other consumers; or
- committing a crime, either at the program or against any person who works for the program; or
- failure to identify a treatment goal; or
- consistent failure to work toward achieving a treatment goal.

Your provider will notify you in writing prior to discharging you involuntarily.

Confidentiality of AODA Patient Records:

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal laws 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; or
- (2) The disclosure is allowed by a 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; or
- (4) The patient commits or threatens to commit a crime either at the program or against any person who works for that program.

Violation of the Federal laws and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

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-22 for Federal laws and 42 C.F.R. Part 2 for Federal regulations.

My signature verifies that:

- I understand the general nature and purpose of the AODA Program as indicated above.
- I have received a copy of “Client Rights and the Grievance Procedure for Community Services” and have been orally notified of my rights.
- I have received the Unified Community Services Notice of Privacy Practices.

Signature of Patient

Date Signed

Signature of Other Authorized Person*

Date Signed

*Legal Authority: __Parent of Minor __Legal Guardian