

Family/Team Intervention Information Sheet

Today's date: _____ Addict/Alcoholic Date of Birth/Age: _____

Name of Concerned Person (you): _____ Phone: _____

Name of Addict/Alcoholic: _____ Relation to the Concerned: _____

Address of Concerned: _____

Email of Concerned: _____ Best way to contact: _____

Addict/Alcoholic Spouse/Partner Name: _____ Phone: _____

Email: _____ Are they on board with this? _____

Does Addict/Alcoholic have children? _____ Names and ages: _____

Who referred you to Recovery Hill? _____ May I thank them? _____

What was the last act by the Addict/Alcoholic that caused you to contact Recovery Hill for help?

How is the support system around the Alcoholic/Addict enabling this behavior?

What does this support system do to care for themselves?

Important Information Regarding Confidentiality

California state law and a professional code of ethics protect the rights and welfare of those who seek therapeutic services. Essentially this means that information about clients involved in treatment remains strictly confidential. Therefore, a signed release of information form is needed prior to releasing information regarding a child or yourself.

You should be aware, however, that *the protection of confidentiality is not absolute*. There are few specific occasions, which arise rarely, when a counselor may legally or ethically be compelled to release information to another. For example, if it were the counselor's judgment that the client posed an imminent danger to himself/ herself or others, the counselor may need to notify the proper authorities or intended victim.

All therapists are required by law as mandated reporters to report any suspected child abuse or sexual molestation to Child Protective Services, any elderly abuse, are the perceived immediate threat of harm.

Finally, absolute confidentiality cannot be promised to teen clients supported by and living with their parents (as a minor who has not been emancipated) in regard to matters of overriding importance to their welfare. Such as the example if a child were a danger to self or others the therapist could not hold this information confidential.

Please be assured that everything shared is respected and handled with sensitivity as well as professional judgment. Whenever possible I will seek your full participation in any decisions that may be required.

I ask that you and/ or your child respect the privacy of others by honoring the confidentiality now and forever, of anyone, parent, or young adult that you may come in contact with while participating in the counseling process.

Please sign and date:

Print & Signature: _____ Date: _____

Consent to Treatment

Most people who participate in treatment benefit from it. Like most kinds of health care, this kind of treatment requires a very active effort on your part if you are going to get something out of it. In addition, there may be certain kinds of risks involved. For example, the therapy process can be challenging and sometimes may involve experiencing some uncomfortable feelings, or engaging in difficult interactions, or facing difficult aspects of your life. Nevertheless, most people find the benefits outweigh any such risks. In fact, sometimes there can be more risks associated with not participating in therapy.

It is important that you participate in this treatment willingly. If you have any questions or concerns about this document, about the services being provided to you, or about your treatment options, you should definitely ask your therapist.

Acknowledgment

By signing your name in the space below, you are acknowledging that you have read and understood this document and that you voluntarily agree to participate in this treatment.

If the person receiving care is a minor, a parent or legal guardian acknowledges having read and understood this document and voluntarily agrees to the minor's participation in the treatment.

Concerned Name & Signature (If signature other than patient, List relationship)

Date

Witness/ Counselor Signature

Date

HIPAA

The following specifies your rights about this authorization under the Health Insurance Portability and Accountability Act of 1996, as amended from time to time (“HIPAA”).

1. Tell your mental health professional if you don't understand this authorization, and they will explain it.
2. You have the right to revoke or cancel this authorization at any time, except: (a) to the extent information has already been shared based on this authorization; or (b) this authorization was obtained as a condition of obtaining insurance coverage. To revoke or cancel this authorization, you must submit your request in writing to your mental health professional and you're your insurance company, if applicable.
3. You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment, make payment, or affect your eligibility for benefits. If you refuse to sign this authorization, and you are in a research-related treatment program, or have authorized your provider to disclose information about you to a third party, your provider has the right to decide not to treat you or accept you as a client in their practice.
4. Once the information about you leaves this office according to the terms of this authorization, this office has no control over how it will be used by the recipient. You need to be aware that at that point your information may no longer be protected by HIPAA.
5. If this office initiated this authorization, you must receive a copy of the signed authorization. 6. Special instructions for completing this authorization for the use and disclosure of Psychotherapy Notes. HIPAA provides special protections to certain medical records known as “Psychotherapy Notes.” All Psychotherapy Notes recorded on any medium (i.e., paper electronic) by a mental health professional (such as a psychologist or psychiatrist_ must be kept by the author and filed separate from the rest of the client's medical records to maintain a higher standard of protection. “Psychotherapy Notes” are defined under HIPAA as notes recorded by a health care provider who is a mental health professional or a group, joint, or family counseling session and that are separate from the rest of the following: (a) medication prescription and monitoring, (b) counseling session start and stop times, (c) the modalities and frequencies of treatment furnished, (d) the results of clinical tests and (e) any summary of: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. In order for a medical provider to release “Psychotherapy Notes” to a third party, the client who is the subject of the Psychotherapy Notes must sign this authorization to specifically allow for the release of Psychotherapy Notes. Such authorization must be separate from an authorization to release other medical records.

*Feel free to ask for a copy of this form.

(Print and sign name acknowledging understanding of this form)

Date

Intervention Services Contract & Agreement

A Whole System Continuum of Care Model

Recovery Hill's goal in an intervention is to help heal the supporting cast members of the addict/alcoholic, attempt to get all involved into treatment as soon as possible, as well as achieve long-term recovery. Recovery Hill's structure of the intervention process places a lot of work on the family to insure a less expensive ordeal.

This is important because Recovery Hill uses a *whole system approach* that works on the supporting cast of the addict, as well as serving the addict. This means treatment and counseling does not end after the intervention day. Close family members are expected to attend counseling while the alcoholic is away at inpatient treatment, and others who are a part of this support system will attend other forums of self-help. So insuring a less expensive intervention helps the financial demands of *continuum of care*. This model is spelled out on 'The Treatment Center' page inside this Team Leader Packet. *This continuum of care model is vital to long-term recovery for the addict/alcoholic and the system around them.*

How does this work?

Whether the individual chooses to enter treatment or not, following the intervention members of the intervention team, as well as other important people in the addict/alcoholic's support system are expected to work on their own recovery. Particularly parents, spouses, children, (and perhaps siblings) will come to weekly sessions with Kenny at Recovery Hill. When the individual discharges from their inpatient treatment, they will then come home to a safer environment that is ready to not enable or trigger the way they have in the past. The addict/alcoholic will then begin their weekly sessions at Recovery Hill for their aftercare plan. For the few that refuse and choose not to go to inpatient, they will quickly be frustrated by the support systems unusual responses, creating more of a reason for them to get help. The intervention team's sessions will taper off as they connect to free sources of care.

A Three Phase Intervention Process

1. The first phase begins after the first call is made. This begins the process of starting the preparatory work: finding the financial resources, the Team Leader. Setting up the first meeting between Recovery Hill Interventionist and the Team Leader. The initial free screening and orientation is done here.
2. Once the Team Leader meets with their Interventionist at Recovery Hill, and makes the initial payment, phase two begins. This process can last more than a year, especially for the addict/alcoholic. This starts once treatment of any form begins. Treatment can be characterized as detox, inpatient care, intensive outpatient, outpatient, or self-help groups.
3. The third phase begins once the continuum of care ends. This is like a graduation from Recovery Hill into using the tools that were learned in the process and accessing more financially sustainable sources that are provided during treatment.

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Payment Structure: The initial phone assessment, and Team Leader/Interventionist meeting are free. This can be up to an hour of free consultation to start. Trust between the Team Leader and interventionist starts here.

Once the Interventionist and Team Leader meet in person, an initial **non-refundable** deposit is made for \$900. The payment will be on a bank card, which will also be put on file for any additional costs. This payment is to cover the Team Leader Packet, and funds to cover the Rehearsal Team Meeting and Intervention. *Though this likely won't cover the entire balance, which has additional fees.*

The final balance for the intervention cost is mostly based on how long the Rehearsal Team Meeting and Intervention will take, and where the Intervention location is. The Rehearsal Team Meeting will usually take 2 hours (at \$200 per hour); and the Intervention will also average 2 hours (at \$500 for the 2 hours – any additional hour will be billed at \$200 an hour). The \$900 non-refundable down payment covers the 2 hour Rehearsal and 2 hour Intervention. So, any hours beyond that is billed as listed.

Additional Costs:

Drive time is billed at \$70 an hour, from Recovery Hill's office location, to the meeting location.

Continuum of care for the addict/alcoholic is expected. When treatment is completed, and they are sober, she/he will come to Recovery Hill 1x/week. Brainspotting sessions are done after initial phase of outpatient treatment; these are 1:30 sessions – (2) 45-minute sessions back-to-back. Session rate is \$125 per 45-minute session.

Continuum of care package: The first (4) 45-minute sessions for the client right after they complete inpatient care for \$400, if paid at once after the intervention. This is \$100 off the normal \$125/session rate.

Family session package: (4) 45-minute sessions for \$400, if paid at once after the intervention. This is \$100 off the normal \$125/session rate.

Meeting with the interventionist for further assistance: Sometimes after an addict/alcoholic refuse help, they come to except it days later. Reaching back out to the interventionist is the next step in this process. Depending on what is being asked will depend on the rate.

If it is desired that Recovery Hill identify a treatment center or cover some of the tasks given to the Team Leader, this can happen. This option is up the family, as it is recommended the Team Leader finds this information out, which will save money. However, if they want Recovery Hill to do this, the additional cost is \$150/hour. Additionally, if Transportation Services are being requested, this is also \$150/hour, plus the cost of whatever would need to be purchased to do the transportation (i.e- rental car and gas, plane ticket, hotel room, ect).

There are no refunds. Though it is rare, addicts/alcoholics do refuse treatment, despite amazing letters from loved ones and a strong interventionist. If the person refuses help, this is not grounds for a refund. *It is not guaranteed the person will accept treatment.*

*Initial that you understand this information: _____

Location: Recovery Hill is located at: 8801 Folsom Blvd, Suite 265, Sacramento, Ca 95826. Drive time is calculated from this location. Continuum of care will be completed at this location as well. The location

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of the Rehearsal Team Meeting will be the same as the Intervention. Usually this is a family members home or another safe, private location.

Rescheduling Policy: Due to the intense nature of an intervention, and the large amount of time planning and clearing of schedules in order to give the appropriate attention to the case, **rescheduling needs to happen 7 days in advance of the Rehearsal Team Meeting. Anything less than a 7 day notice will result in a total cancellation without reimbursement.** Since there is an initial non-refundable payment of \$900, there is no actual cancellation reimbursement.

*Initial that you understand this information _____

Team Leader Packet: The team leader packet is a thorough collection of information designed specifically to help Team Leaders for interventions done with Recovery Hill. This was put together to help ensure the Team Leader could do portions of the pre-intervention process, without the direct aid of the Interventionist, in order to keep the cost low for the intervention. *This packet is not for resale, or to be distributed to anyone outside of the team members of the intervention, without the consent of Recovery Hill.

*Initial that you understand this information _____

Payment Source: Interventions may have several ways in making finances available. Often times this is family members and close friends coming together to accumulate the funds. Sometimes churches have donated funding, and other times employers have actually donated funds to help. Whether it's a group collective or an individual for funding the intervention, payment to Recovery Hill will be received from one Bank Card source. This card will be the one charged for the entirety of the intervention process:

(Name on Card)

(Card Number, Exp. Date, CVC)

*Initial that you understand that this card provided will be used for all payments to Recovery Hill, and you will have available funds in the bank account for payment at the time of the payment. _____

Intervention Acknowledgment and Agreement

I acknowledge by signing my signature below that I have read, have carefully reviewed, and am familiar with the contents of the information enclosed in this contract. I agree to the conditions described in the contract. I have initialed sections in the agreement describing Payment Structure, Rescheduling Policy, Team Leader Packet, and Payment Source. I have gone over the contents in this agreement with Recovery Hill, have had all my questions answered for orientation, and understand there is no refund policy. And lastly, in good faith, I plan to follow Recovery Hill's continuum of care model, that looks to bring recovery to (name of addict) _____ and the concerned loved one's around them.

Intervention Team Leader/ Family Representative (Print name, Signature, and Date)

Witness (Kenny Hill Sr., CADIC II, Certified Brainspotting Therapist, Interventionist – Signature and Date)