

RECOVERY CARE

GENERAL TREATMENT CONSENT

Welcome to Recovery Care. Our goal is to provide safe, respectful, evidence-based care and to work collaboratively with you throughout treatment.

Treatment Philosophy

- We will listen to you and involve you in decisions about your care.
- We will work with you to develop an individualized treatment plan and update it as your needs change.
- Recovery is an ongoing process. We encourage consistent participation, honest communication, and timely follow-up.
- We strive to provide coordinated care that addresses medical, behavioral health, and recovery needs.

Medication-Assisted Treatment / Medications for Opioid Use Disorder

When clinically appropriate, Recovery Care may use medications as part of treatment for opioid use disorder. Medication is one component of a comprehensive treatment plan and may be combined with counseling, monitoring, laboratory testing, recovery support, and other services.

Emergency Care

Recovery Care is not an emergency service. If you believe you are experiencing a medical or psychiatric emergency, are in immediate danger, or may harm yourself or another person, call 911 or go to the nearest emergency department.

Informed Consent and Treatment Participation

I understand that healthcare decisions involve potential benefits, risks, alternatives, and uncertainties. I have had the opportunity to ask questions about my treatment and agree to participate in the recommended plan of care. I understand that I may decline a recommended treatment, subject to discussion of the potential consequences and available alternatives.

Drug and Toxicology Testing

I understand that laboratory and/or toxicology testing may be used as part of my treatment and monitoring. I agree to provide specimens when clinically required and understand that results may be used to guide treatment decisions.

Privacy and Confidentiality

Recovery Care will protect my health information as required by applicable privacy and confidentiality laws. Information may be used or disclosed for treatment, payment, healthcare operations, or other purposes permitted or required by law. Certain substance-use-disorder records may receive additional federal confidentiality protections.

Acknowledgment

By signing below, I confirm that I have read and understand this consent, have had an opportunity to ask questions, and voluntarily consent to treatment at Recovery Care.

Patient Printed Name _____

Patient Signature _____

Date _____