# The Dawn Chiang Mai Rehab and Wellness Centre

## Annex A: Consent for Treatment and Authorization for Required Release of Medical Information

This document is an incorporated Annex to the Agreement of Terms, Conditions, and Policies. All disputes arising from this document are fully subject to the conditions stated therein.

1. Consent to Treatment: For myself or for the Client named below, I hereby voluntarily consent to care as a client at The Dawn Chiang Mai Rehab and Wellness Centre for mental health or co-occurring disorder treatment and consent to and authorize the administration and performance of medical treatment and procedures, the use of pharmaceutical products including contrast media, therapeutic agents and the use of diagnostic procedures by The Dawn Chiang Mai Rehab and Wellness Centre as considered necessary for my condition, or the condition of the Client named below, as directed by the attending physician and/or associates or assistants of his or her choice.

2. Telehealth Consultation: If my healthcare provider and I decide to engage in a telehealth consultation, in which my visit will be conducted remotely via telehealth technology, I agree to the following: I understand that telehealth involves the communication of my medical/mental health information in an electronic or technology-assisted format. I understand that the audio and/or video conference the technology used to perform the consultation will not be the same as a direct client/healthcare provider visit, because I will not be in the same room as my healthcare provider. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my healthcare information may be shared with other individuals for treatment, payment, and/or healthcare operations purposes such as for scheduling or billing. Others involved in my care may also be present during the consultation other than my healthcare provider, and I will be informed of their presence in the consultation and will have the right to terminate the consultation at any time. I understand that electronic communications may be used to communicate highly sensitive medical information, such as treatment for or information related to HIV/AIDS, sexually transmitted diseases, or addiction treatment (alcohol, drug dependency, etc.). I understand that my healthcare provider or I can discontinue the telehealth consult visit if it is felt that the audio and/or videoconferencing technology is not adequate for the situation. I understand that the alternative to a telehealth consult/visit is an in-person visit. I understand I may ask questions prior to having a telehealth consultation. By signing below, I acknowledge that I have read and understand the risks and benefits of a telehealth consultation, and I wish to proceed with the telehealth consultation.

3. Blood Tests and Samples: I authorize The Dawn Chiang Mai Rehab and Wellness Centre to obtain blood samples for testing of communicable or sexually transmitted diseases including, but not limited to HIV and Hepatitis, if a qualified clinician orders the test for diagnostic and therapeutic purposes for me or the Client named below or in the event a health care worker has been exposed to my blood or bodily fluids or the blood or bodily fluids of the Client named below. I authorize The Dawn Chiang Mai Rehab and Wellness Centre and my, or the below named Client's, clinicians to receive and/or use the results of these tests. Except when an HIV test is performed in a medical emergency and the test results are medically necessary to avoid or minimize an immediate danger to me, or the Client named below, or others.

4. Laboratory (Urine/Alcohol/Drug/Pregnancy) and Diagnostic Testing: I further authorize The Dawn Chiang Mai Rehab and Wellness Centre to take samples, specimens and cultures, to perform medically necessary laboratory and diagnostic tests and procedures of such in the customary fashion, and to take such precautions as may be necessary for my treatment and safety, or the treatment and safety of the Client named below, and the safety of others.

5. Authorization for Emergency Care: I hereby give permission to both The Dawn Chiang Mai Rehab and Wellness Centre and the attending clinician to transfer me, or the Client named below, to a general medical hospital for treatment, if necessary. If a medical emergency arises, which if left untreated, is likely to endanger life while I or the Client named below is in the care of The Dawn Chiang Mai Rehab and Wellness Centre, I authorize The Dawn Chiang Mai Rehab and Wellness Centre to provide emergency treatment as is deemed, through the exercise of good clinical judgment, to be appropriate to minimize risks to me or the Client named below and others. The Dawn Chiang Mai Rehab and Wellness Centre may release to any general medical hospital or health agency performing emergency medical treatment and/or diagnostic examination such information that The Dawn Chiang Mai Rehab and Wellness Centre and the attending clinician determine to be pertinent to the emergency care or diagnostic examination. In addition, any general medical hospital, clinician or health agency performing emergency examination or treatment, is authorized to release information relating to the emergency condition and disposition of the treatment to The Dawn Chiang Mai Rehab and Wellness Centre.

6. Health Status and Medical History: I understand that it may be important to the development of my personalized treatment plan or that of the Client named below for The Dawn Chiang Mai Rehab and Wellness Centre to have a complete understanding of my health status and medical history, or that of the Client named below, and acknowledge that I may be asked to authorize The Dawn Chiang Mai Rehab and Wellness Centre to obtain such information from healthcare providers who have previously treated me or the Client named below. I further acknowledge that I may be asked to offer my specific consent and authorization to permit The Dawn Chiang Mai Rehab and Wellness Centre to obtain this information about me or the Client named below.

7. No Guarantee: I understand that the practice of medicine and psychotherapy are not an exact science and I understand that there may be some risks from some medications if I am, or the below named Client is, pregnant. I know that it is my responsibility to discuss possible pregnancy with the clinicians and staff involved in my care. I understand that if I leave the facility against medical advice or refuse therapeutic services, The Dawn Chiang Mai Rehab and Wellness Centre shall not be liable for any medical or psychological deterioration, injury, or adverse effects that arise as a direct or proximate result of the Client's refusal of care. This does not waive the Facility's standard duty of care to execute a safe discharge protocol.

8. Right to Revoke: I understand that I may revoke my consent at any time and that this decision is mine alone. This consent shall remain in full force and effect until revoked in writing.

9. Release of Medical Records for Treatment Purposes: I authorize the release of medical records information, and I specifically authorize the release of all information concerning treatment relating to drug testing, AIDS or AIDS related conditions, and/or treatment of mental health or psychiatric condition(s), to other health care providers and family members only for the purposes of providing treatment to me, or the Client named below. The authorization provided in this section will expire five years after the date of discharge. I am aware that I can revoke, in writing, this authorization at any time except to the extent that action has been taken in reliance there I understand that if I refuse or revoke this authorization The Dawn Chiang Mai Rehab and Wellness Centre will not deny any treatment to me or the Client named below.

10. Medical Records Access and Retention: Medical records of The Dawn Chiang Mai Rehab and Wellness Centre are kept on file for the period of time designated in The Dawn Chiang Mai Rehab and Wellness Centre 's document retention policy and then destroyed. Subject to appropriate authorization or applicable law, I understand that every client or his or her legal representative has a right to inspect and obtain a copy of his or her medical record. There will be a charge for this service.

11. Contact Information: I have voluntarily given my cell phone, home phone, and/or other contact number so that I may be contacted. I authorize The Dawn Chiang Mai Rehab and Wellness Centre or its agents to contact me at any telephone number associated with my account, including wireless telephone numbers, whether provided in the past, present, or future. I also authorize contacts and messages by automated dialers and other mechanical devices that may or may not leave messages regarding my account or that of the Client named below, such as for purposes of appointment reminders.

Emergency Contact:

Name:

Phone number:

Email address:

Relationship:

Medical Personnel Contact:

Name:

Phone number:

Email address:

Relationship:

Other:

Name:

Phone number:

Email address:

Relationship:

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS AND ACKNOWLEDGEMENTS INCLUDED IN THIS DOCUMENT.