

LifeStance Health DUII Treatment Informed Consent

To have my DUII expectations met by treatment at LifeStance Health, Inc. ("LifeStance":

I, _____, understand the following:

_____ I understand the STATE of Oregon expects all DUII clients to attend Court and be evaluated by the ADSS before ending treatment. Before a DMV certificate can be issued, there must be a copy of the ADSS report in my treatment file.

_____ In addition, I understand if I make the decision to begin treatment prior to going to the ADSS and end up having to remain in treatment to satisfy the legal requirements, my insurance may decide the treatment is not medically necessary, and I could be financially responsible for treatment at cash pay rates.

_____ 90 days of continuous abstinence is a legal concept and is not your length of stay in our program. Length of stay in our program is regulated by ASAM criteria. Your counselor will explain in detail, but your length of stay could be longer than 90 days dependent on whether you meet ASAM criteria for continued stay.

_____ I must sign authorization(s) to release my information for my ADSS worker (and Probation Office if applicable).

_____ I must submit my ADSS report (and police report if requested).

_____ I must provide (my own) substance-free/non-dilute UAs and/or ETGs randomly, as requested by my Substance Use Disorder Counselor.

_____ I understand I must submit UAs/ETGs verifying a minimum of 90 days clean from all substances of abuse beginning with the first negative UA/ETG submitted. In addition, these submission must be no farther apart than 14 calendar days.

_____ If I submit a UA/ETG positive for screened substances after submitting negative UAs/ETGs the entire 90 days of verified abstinence, I must begin again from the date of the next negative UA/ETG submitted.

_____ If I submit dilute urinalysis under 20 mg/mL even though negative for screened substance, I may end up having to start my 90 days of continuous abstinence over. Dilute urinalysis under 10 mg/mL will not be accepted as valid by this program and could result in starting your 90 days of continuous abstinence over.

_____ All fees must be paid in full documents can be released to your referent, Courts, or DMV indicating your successful completion of the program. If you anticipate a balance at discharge, you must have a payment plan signed and submitted to Billing.

By signing this consent, I am stating I understand my obligations to be successful in the program and the limitations of LifeStance about Hardship permit monitoring and State legal requirements and I am voluntarily agreeing to engage in treatment at LifeStance for DUII Rehabilitation.

Signature: _____

Date: _____

Counselor Signature: _____

Date: _____