



RESIDENTIAL PROGRAMS Authorization and Release to Participate

! This consent allows us to enroll your child in our residential treatment program and allows him or her to participate in program activities, including outdoor or strenuous activities. It includes a summary of financial responsibilities, and a summary of our client rights, confidentiality and grievance procedures.

Name of Child: _____ Date of Birth: _____

1. AUTHORIZATION

I understand that my child has been accepted into a residential treatment or evaluation program of Jasper Mountain (hereafter known as "Agency") and I represent that I have the authority to sign this authorization and release for my child to participate, because my child is a minor and I am the child's parent or legal guardian. I hereby give my consent for the above-named child to participate in the Agency's residential programs as follows:

A. CARE I give my permission for my child to remain in the care of the assigned Agency residential program for the time period mutually agreed upon.

B. ACTIVITIES I give my permission for my child to participate in activities in connection with my child's stay in residential treatment including recreational and outdoor activities. I acknowledge that I have been provided an addendum to this release describing such activities and providing me with the purpose, benefits, potential risks, and precautions to be taken. I understand that participation by my child is voluntary in these activities and that alternative will be offered.

C. FEE-FOR-SERVICE COSTS I understand that the Agency will pursue the applicable State Medicaid Program for payment of services provided to my child. Upon request, a fee schedule is available to me, listing the costs for services. These costs may change from year to year, depending upon the current fee schedule. I understand that this schedule is always available to me, and that I will not be responsible to pay for any covered services.

Jasper Mountain provides a wide variety of medical, educational and mental health services to the public. While engaged in services provided by Jasper Mountain please be aware that no staff are to offer or agree to provide services of any kind for a fee to your child or your family on a private basis outside of their role as a Jasper Mountain service provider. If this should come up or you have any questions in this area please speak to an agency representative.

D. OUT-OF-AREA FAMILY VISITS Family visits are an essential component of a child's successful treatment. Each child will have a plan developed to maximize the benefit that can be obtained from opportunities to reintegrate into the family through visits. As the child's parent/guardian, I understand that I am responsible for the costs of the family to come to the program for visits, unless these costs are covered by the child's funding source. I also understand that visits requiring the child to travel out of the area, that are in the treatment plan and are designed for treatment purposes, will be a shared financial responsibility of the family (or the child's funding source) and Jasper Mountain. I understand that the family

would be responsible for the travel costs of the child and Jasper Mountain would be responsible for the expenses of its staff related to a visit. If the family decides to have child visit out of the area for reasons that are not primarily treatment in nature (for example, to attend a wedding, go on a vacation, or other family preferences), the family will be responsible for all the travel costs required to facilitate the visit.

2. RELEASE OF LIABILITY

I recognize that there are risks inherent in my child's involvement in the Agency's programs, and in particular that there are risks associated with the recreational components. Although all appropriate precautions will be implemented, I recognize that my child's participation in Agency programs could lead to my child sustaining accidental physical injuries. I hereby release Jasper Mountain, its agents and employees, from any and all liability in connection with accidental injury related to my child's participation in the Agency's programs.

3. CONFIDENTIALITY POLICIES

The Agency respects the confidentiality of all clients. In the interest of treatment plan coordination, we may need to exchange information with other agencies or individuals concerning your involvement in our program. These agencies or individuals include school personnel, the Department of Human Resources, Lane County Mental Health or other mental health agencies, medical personnel, previous and potential placement resources, and other Jasper Mountain programs. Such information will be limited to that which is necessary to coordinate treatment planning. Your child's confidentiality will be maintained when/if referenced in another child's clinical record. Your child's clinical record will be safeguarded in accordance with applicable Oregon Revised Statutes, Oregon Administrative Rules and federal law. Our confidentiality policies are fully described in the agency's Notice of Privacy Practices which you will receive upon your child's intake. Jasper Mountain is a mandated reporter of abuse for vulnerable populations, including children, and is responsible to report suspicion of abuse when it comes to our attention. Such situations are an exception to our usual confidentiality policies and procedures, due to legal requirements.

4. WORKING TOGETHER TO PROMOTE YOUR CHILD'S TREATMENT

Whether a parent or supportive adult in the life of a child in treatment at Jasper Mountain, we ask you to help us produce the positive changes that will help the child. Our philosophy is that the most effective treatment starts at Jasper Mountain and continues afterward for the long-term. Most children get better in our setting away from home, but children with positively engaged family members get better even faster and maintain the improvement when they return home. We have learned over the years how families can best support a child in treatment with us. To best help your child, there are some things we will do and things we ask that you do.

We will:

- A. Provide you with information, reports, and recommendations designed to help you understand our treatment process and how you can help play an important role.
- B. Offer ideas and suggestions designed to increase the amount of success you have with your child.
- C. Involve you in the treatment of your child through activities such as weekly family therapy, phone calls, emails, and monthly team meetings. We can inform you of any containment holds or other significant events. You will be informed of and invited to attend school plays and special events.
- D. Offer to you the use of an on-site apartment, when it is available, at no cost in which to stay for scheduled visits.

We will ask you to:

- A. Let us know that you agree with the placement and are hopeful that our program can help your child.
- B. Acknowledge that Jasper Mountain has a proven track record of helping children and their families and that you want our help for you and your child.
- C. Agree to consider our ideas and suggestions and, as often as possible, use the suggestions so your child learns that the adults are working together.
- D. Agree to provide Jasper Mountain any requested information on your child's medical, treatment, and school history.
- E. Agree to participate either by telephone, webcam (Skype), or in person in weekly family therapy when this is in the treatment plan.
- F. Agree not to come to the program, contact your child, or engage in therapy when you are under the influence of substances that would impair your ability to interact with your child.
- G. Agree to do your best to practice new skills and new ways of looking at things that are suggested by the therapist, to keep an open mind, to be open to making changes in yourself and your family while your child is making changes.

5. CLIENT RIGHTS & RESTRICTIONS ON RIGHTS

The Agency has established client rights policies, and provides them all consumers upon intake in Jasper Mountain Client Rights Packet. In order to promote the necessary treatment environment, there are also certain expectations of children in our treatment program:

- A. **COMMUNICATION** Children have the right to contact parents, guardians, or advocates such as lawyers or OAC representatives, for important communications. Other conversations are also permitted at a reasonable frequency, based on factors such as the child's ability to demonstrate safe and cooperative behavior, and the amount of such communication that is in his/her best interest. There also may be times when it is in the best interest of the child not to have contact by phone, mail or in person with individuals identified by the child's caseworker or family. Decisions about these limits are not made by

the program, but by the child's family care team. Any restrictions will be explained and documented.

- B. **CLOTHING/HYGIENE** The program has standards of clothing and hygiene designed to have children look and feel positive about themselves. Clothes are to be neat, without stains and holes and without symbolizing violent or inappropriate messages.
- C. **MUSIC/AUDIO-VISUALS** Music and DVD/videos are screened to eliminate themes not appropriate for traumatized children.
- D. **VIOLENT PRODUCTS** Any game or item that promotes or encourages violence is not allowed in the program.
- E. **ROOM & PERSONAL SEARCHES** If the program has a concern that a child may have acquired an item noted or any other illegal, unsafe or other harmful items (lighters, knives, sharp objects), the program staff is to ensure safety for everyone by searching for such an item as needed, and removing the item from the child's possession (such items will be offered to the legal guardian). If illegal items are discovered, the program will also contact law enforcement as required by law.
- F. **PHYSICAL WELLNESS CHECK** Your child may have a physical wellness check performed upon entry into the program. The wellness check is conducted to document any current or preexisting physical marks on a child, including bruises, scrapes, cuts and scars. The physical wellness check is conducted by two staff at the same time and with general sensitivity (males do not check females). Children are never full unclothed (keep underwear and bra on) and can decline the search.

6. **GRIEVANCE POLICY**

If a consumer is displeased with the service they receive or the way they have received it, they are encouraged to bring the concern to the attention of the assigned therapist or the program director. Consumers are encouraged to speak out about any dissatisfaction with the services they receive and every attempt shall be made to resolve the issue. If the consumer is still not satisfied, the consumer may file a complaint (verbally or in writing), called a grievance action. The subject of a formal complaint or grievance is to be dissatisfaction or concern about services or lack of services that are the responsibility of the agency. Expressing a complaint will not result in any form of retaliation. The Agency's full grievance procedure is provided as part of the Jasper Mountain Client Rights Packet given to consumers upon intake, and available in the business offices of the agency. In summary, however, there are several steps available to the consumer to be followed in the order listed until the issue is satisfactorily resolved:

- Discuss the situation with the assigned therapist. If the situation is not resolved, the consumer can then ...
- Bring the matter to the attention of a program director either verbally or in writing. If there continues to be no resolution, the consumer can then...



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- Submit a written grievance (complaint) to the executive director. If the consumer wants help putting the complaint in writing, assistance is available. If the situation is still not resolved, the consumer can then...
- Submit a written grievance to the Jasper Mountain Board of Directors: 37875 Jasper-Lowell Rd. Jasper, OR 97438.
- Special Note: If there is immediate concern for safety, such as a decision on a critical medication, an expedited grievance can be requested. If this is requested, the agency will decide if the matter is urgent within one day and if so, a decision will be provided within 24 hours of this decision.

7. AUTHORIZATION & RELEASE

My signature indicates I have read and understand the above policies which will be used during the treatment of my child and my family. It further provides permission for the Agency to provide treatment as outlined in the organization’s policies and procedures. I am aware that I can withdraw this consent at any time.

Name of Parent/Guardian (Print): _____

Relationship to Child: _____

Signature of Parent/Guardian: _____ Date: _____



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ADDENDUM: Consent for Physically Active Recreation

Name of Child: _____ Date of Birth: _____

1. PURPOSE

Recreational activities are designed to teach children the basic socialization skills through experiential learning in a recreational setting. Activities have been carefully selected with a focus on skills such as confidence building, problem solving, decision-making, communication, conflict resolution, relationship building, moral reasoning, time management, and recreation and leisure. Activities will be suited to the age, skill and ability of my child. No activities are designed to cause physical discomfort or to intentionally cause emotional distress. I understand that if I withhold permission or if my child does not voluntarily decide to participate, alternative activities will be offered and the lack of permission will not affect whether my child can receive treatment in the program.

2. BENEFITS

Program activities are chosen for their value in reaching the purposes described above. There are many potential benefits for your child in learning skills, finding ability previously unknown, learning teamwork, learning endurance and the ability to not give up, and learning to do physically challenging tasks. It is not always clinical services that most affect children, it can often be healing that occurs when the child is learning new skills and abilities and having fun at the same time.

4. TYPES OF ACTIVITIES AND POTENTIAL RISKS

Every effort is taken to insure that activities are fundamentally safe and conducted in a manner to minimize risks. However, not all risks can be eliminated. There is always a possibility of physical injury and/or emotional discomfort. The following are examples of outdoor and strenuous activities that may be offered to your child. (Note: Not all Jasper Mountain programs offer the full array of activities listed below, but in anticipation that your child may be involved in a variety of physically active recreational activities, please respond as indicated).

Please cross out and initial any activities for which you do NOT give your permission:

Hiking: Easy and medium hikes of 1 to 7 miles with less than 1,000 ft. elevation. Participating children are in good physical condition with proper footwear and clothing and are an age and developmental level to gain from the experience.

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Swimming: Closely monitored recreational swimming for the purpose of enjoyment and skill building. Participating children are in good physical condition and are kept within their ability level with close supervision by staff who are experienced swimmers.

Jogging: Recreational jogging that includes some running and walking for periods of thirty minutes or less at a pace appropriate to the age and skill level of the child. Participating children are in good physical condition with proper footwear and have instruction and monitoring by staff experienced in jogging.

Physical Work: Physical work projects around the program that include cleaning, light digging, carrying and work around the ranch. Work is to be closely supervised by staff with an emphasis on safety, risk free skill building and exercise. Participating children are in good physical condition with proper tools, instruction and very close supervision.

Camping: Non-strenuous recreational camping in family tents at the beach and lake. Participating children are in good physical condition with close supervision by staff experienced in camping.

Horseback Riding: Corral or short trail rides with adult support appropriate for the child's age and skill level. Participating children are in good physical condition with approved animals that are known to be safe for very young children.

Athletic and Sports Activities: Basketball, baseball, soccer, the program "Olympics," trampoline, archery, obstacle course, playground or organized group games, biking/BMX track, and other sporting events. The activity is to be designed for the age and ability of each child.

5. PRECAUTIONS

The agency is committed to minimizing any risk for the children involved in activities. All direct service staff have first-aid and CPR certification. Staff are trained in the agency policies and the Activity Safety Manual, which will be provided for inspection upon request. Examples of precautions taken to reduce any risk are: very close supervision, written guidelines for each activity, procedures on emergencies, evaluating appropriate weather conditions and many other precautions.

Before any activity including the above, children are screened for their fitness for the activity. Activity leaders receive current information related to any behavior that is a threat to self or others and medical and psychiatric information. Fitness for an activity is determined by considering both the child's physical health and his/her recent behavioral patterns, with the goal of having children participate who can do so safely, with maximum benefit.

6. AUTHORIZATION

I hereby give my permission for my child to participate in activities in connection with my child's enrollment in Jasper Mountain's programs, including recreational and outdoor activities. My signature indicates I have read and understand the above information concerning activities



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in agency programs. I am providing my permission for Jasper Mountain to include my child in program activities unless I have indicated otherwise above. I understand this permission is voluntary as is my child's participation and my decision will not influence whether my child can receive other treatment with the agency.

Name of Parent/Guardian (Please Print): _____

Signature of Parent/Guardian: _____ Date: _____