



What is Meaningful Recovery?

Meaningful Recovery is an addiction recovery service that provides individuals with Medication Assisted Treatment (MAT) using an in-person and telehealth platform. We provide patients with treatment options that meet their needs. MAT involves medical management by physicians and advanced practice providers. We also require therapy, counseling, and mutual help groups. Our administrative team is available to assist patients in their recovery experience.

Medication is not the only tool that is used on the path to recovery. Patients must work to participate in treatment on many levels including participation in psychotherapy with counselors, therapists and mutual help groups (Narcotics Anonymous). We recognize that these sessions are very important for building the skills needed to maintain meaningful and long-lasting recovery.

Patients will be asked to abstain from engaging in activities that increase the risk for central nervous system and respiratory depression. This includes consumption of alcohol and other legal and illicit drugs. We understand that relapse occurs, and if it does, please contact one of our clinicians for evaluation and treatment. Patients will be required to submit to drug screening procedures (whether that be with oral fluid or urine testing). Urine testing procedures may require the patient to go to a lab for testing.

Our goal at Meaningful Recovery is home based treatment. However, in the case of changing state or federal regulations, patients may be required to attend an in-person session with one of our clinicians.

If medical or psychological issues are revealed that cannot be treated via Meaningful Recovery's model, our administrative team will assist you in providing additional resources.

Meaningful Recovery is not recommended for emergency treatment services including active life-threatening situations. If a patient or someone else is in immediate danger of harm (active overdose, life threatening withdrawal) they should call 9-1-1.

I agree with the above:

Patient printed name:

Date:

Patient signature:



Informed Consent to Screen, Evaluate and Treat

As a patient of Meaningful Recovery, I have the right to make informed decisions about my medical care. My rights include being informed of my health conditions, participating in care planning and treatment and I am able to request or refuse treatment.

The clinicians at Meaningful Recovery will discuss with me my symptom(s) and medical condition(s), the possible treatment(s) and the risks and benefits of the proposed treatments, the likelihood of successful outcomes and the alternative (s) treatments. I understand that I may revoke consent to further care at any time by informing any staff member at Meaningful Recovery by email, phone, or secure messenger system (Spruce).

By accepting screening, evaluation and treatment from Meaningful Recovery clinicians, I authorize the use of the Meaningful Recovery platform to perform all clinical and professional treatment services that are determined to be necessary to ensure program outcomes. I acknowledge that I have been informed of the risks and benefits of treatment provided by clinicians at Meaningful Recovery.

I agree that I will submit urine, oral or other testing for toxicologic analysis if requested by my Meaningful Recovery clinician. I understand that failure to do so could result in discharge from care. This testing may be utilized to determine treatment interventions and may need to be completed as determined by external federal and state requirements. I agree that I will make substantial efforts to submit to screening for therapy and counseling, and subsequent therapy/counseling, if it is deemed clinically necessary to do so by my clinician. I understand that I will follow any communicable disease-related referrals by clinician at Meaningful Recovery or its partnering providers and will need to report such to applicable health authorities pursuant to state law.

I agree with the above:

Patient printed name:

Date:

Patient signature:



Medical Records and Confidentiality

I have been advised and understand that Meaningful Recovery clinicians must adhere to all state and federal laws of confidentiality, including confidentiality of your personal information (ie protected health information or “PHI”) pursuant to the Health Insurance Portability and Accountability Act (“HIPAA”) and any suspected violations of the law must and will be reported. Meaningful Recovery clinicians are addiction treatment providers and will not disclose with anyone any information regarding your treatment or your PHI, other than what HIPAA authorizes for coordination of care, emergency care, quality management, insurance verification, or claims payment purposes, unless you specifically authorize Meaningful Recovery to do so in writing. You have been provided with a copy of Meaningful Recovery’s Notice of Privacy Practices with this consent. You may review Meaningful Recovery’s Notice of Privacy by requesting a copy from our administrative team.

Information received from minors is not generally shared with parents without permission. Patients are allowed to access their file and patient information through the Electronic Health Record (“EHR”) patient portal.

I give my consent for the duration of my treatment and 90 days after discharge for Meaningful Recovery to release information regarding my progress and location in treatment to referring agencies and healthcare providers, as well as probation and officers of the Court (if applicable) for the purpose of assuring compliance with an order for treatment (if requested).

Federal regulations do not protect from disclosure information related to a patient’s involvement in a crime. We are required to report suspected abuse to children, those who are disabled, or the elderly. Information may be shared in times of medical emergency. If required by a court order signed by a judge, information will be released at that time. If a patient shares a specific plan or intent to harm themselves, that information may be shared.

In case of medical emergency, I have listed an emergency contact with Meaningful Recovery, and authorize Meaningful Recovery to contact that party should such an emergency occur.

I agree with the above:

Patient printed name and date:

Patient printed name:

Date:

Patient signature:



Complaint

Meaningful Recover is committed to protecting your privacy rights and will take immediate steps to address any issues brought to our attention. We appreciate your cooperation and patience during the investigation process. If you believe your privacy rights have been violated, you may file a complaint with Meaningful Recovery or with the Office for Civil Rights (OCR). You will not be penalized in any way for filing a complaint.

1. Written complaint: Send a written complaint to our Clinic Manger. Include your name, address, telephone number, and a detailed description of the violation.

- Shanice Ulibarri, Clinic Manger; 1503 University Blvd Ste 138, Albuquerque, NM 87102

2. In-Person complaint: You may also file a complaint in person by visiting our office during regular business hours.

Information to onclude in your complaint: Your full name, address, and telephone number; a detailed description of the alleged violation, including relevant dates; any supporting documents or evidence; the name of the person or entity you believe violated your privacy rights; any additional information that might help in the investigation of your complaint.

Procedure After You File a Complaint: 1. Acknowledgment: You will receive an acknowledgment from Meaningful Recovery confirming receipt of your complaint. 2. Investigation: The Clinic Manger will conduct a thorough investigation into your complaint. 3. Outcome: You will be informed of the outcome of the investigation and any actions taken as a result of your complaint.

I agree with the above:

Patient printed name and date:

Patient printed name:

Date:

Patient signature:



Consent for Telemedicine/Telehealth Treatment

I understand that Telemedicine/Telehealth means that I will be able to consult with a Meaningful Recovery clinician about my health and medical history through an interactive electronic video connection, and my clinician will be able to screen, evaluate, and treat me through such a connection. I further understand that Telemedicine involves the use of electronic communications, software and other systems to enable healthcare clinicians at different locations to share individual PHI. The electronic software, systems and equipment used to facilitate my care will incorporate industry-standard and HIPAA-compliant network, software and hardware security features and protocols to protect the confidentiality of my identity and PHI, and will include measures to safeguard data transmitted, as well as ensure its integrity against intentional or unintentional breach/corruption.

My clinician at Meaningful Recovery has explained to me how the Telemedicine technology will be used for my treatment. I understand that there are potential risks with Telehealth which may include; (1) the video connection may not work due to technical or connectivity issues, or that it may stop working during the consultation, resulting in treatment delays, (2) the video picture or information transmitted may not be clear enough to be useful for the consultation, resulting in treatment delays, (3) in very rare circumstances, security protocols could fail, causing a breach of privacy or PHI, (4) I may be required to go to a location with a consulting healthcare clinician if it is felt that the information obtained via Telehealth was not sufficient to make a diagnosis, or if required to by state or federal regulations require an in person visit.

I give consent to utilization of Telemedicine and being interviewed by the consulting healthcare clinician via Telemedicine. I also understand other individuals may be present to assist with technology use, including other healthcare clinicians, and that they will take reasonable steps to maintain confidentiality of any information obtained. I acknowledge that I have been adequately informed of my Telemedicine's risks, and further understand that I have the right for my healthcare provider to discontinue use of Telemedicine at any time, but that such a request may result in discharge from care by Meaningful Recovery.

I hereby release Meaningful Recovery and any other participating in my care from any and all liability which may arise from the taking and authorized use of backups, data, videotapes, digital recordings, films, audio and photographs.

Delegation

I may delegate my right to make informed decisions to another person. To the degree permitted by state law, and to the maximum extent practicable, Meaningful Recovery must respect my wishes and follow that process. In the case that I am unable to make medical decisions because I am unconscious or otherwise incapacity, Meaningful Recovery may consult with my advanced directives, medical power of attorney, patient representative or emergency contact, if any of these are available. In such cases, relevant information will be provided to the applicable representative so that informed health care decisions can be made for me. As soon as I am able to be informed of my rights regarding my treatment, Meaningful Recovery will provide that information to me.

I agree with the above:

Patient printed name and date:

Patient printed name:

Date:

Patient signature:



Patient Financial Responsibility

By accepting treatment from Meaningful Recovery, I acknowledge and accept financial responsibility for all charges for any all services rendered. Before my first visit with a Meaningful Recovery clinician, I understand that I will be required to provide payment information in the form of a valid credit card. This information will be required before treatment or services begin. At this time, Meaningful Recovery does not bill or accept health insurance directly.

I understand that I have the right to revoke consent to further Meaningful Recovery treatment at any time by informing a Meaningful Recovery representative or my clinician of my desire to do so. However, such revocation shall not affect any treatment, services, disclosures or obligations already made in compliance with your prior consent to treatment. Meaningful Recovery provides this notice to its patients in order to comply with HIPAA, and any applicable state and federal laws.

I agree with the above:

Patient printed name:

Date:

Patient signature:
