

# **FAMILY PROGRAM**

Version 3.0 Updated July 2022

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### Hello and Welcome

Our team invites you to participate in Riverside Recovery's therapeutic Family Program. A vital part of your loved one's recovery is your knowledge and education about the disease of addiction. Your participation in your loved one's treatment process is highly recommended, and Riverside Recovery's Family Program provides you this opportunity.

The Family Program has been described by many as a life changing experience. Not only has it been proven to be significantly healing for the family members, it's also extremely beneficial to the loved one's recovery process. Our therapy team has many years of experience assisting families through this phase in life and we are committed to guiding you along this journey, so you can also work towards goals, while we care for your loved one in treatment.

Our Family Program consists of a family support group, offered two (2) days per week for your convenience. Due to the seriousness and complexity of addressing addiction, we believe and strongly encourage families to attend both weekly groups (Wednesday and Sunday). Attending both groups and utilizing these services will greatly benefit you and your loved one during this process.

Please note, it's a requirement at Riverside Recovery that families attend at least one (1) group per week in order to attend weekly visitation on Sundays with your loved one who is in treatment.

We recognize that your loved one's recovery process can be a time of great turbulence and confusion for you. We strive to empower you with education and support, which are critical to assist in alleviating these feelings you may have.

Our therapy team looks forward to working with you over these next couple months. Please feel free to contact one of our Family Therapists if you have any questions or concerns. More information is available online at rrtampa.com/familyprogram.



### A Letter From a Family Member

#### Hello Friend,

My heart goes out to each of you for the difficulties we face.

#### Addiction is a challenging disease, but there is a path to recovery.

I was stubborn, unsure, and resistant to the Al-Anon Community as any option for healing and personal growth. After all, it was my loved one's "problem", not mine.

The first book that was recommended to me, by Louise Wallowitz at Riverside Recovery, was **It Takes a Family** by Debra Jay. I read that book and bought copies for my family members. We began to talk via phone calls each week to discuss how we might provide help to our loved one. We did that for several weeks until our attention turned to how each of us might embrace our own wholeness and health. To varying degrees, each member of my family is attempting to educate themselves about addiction and recovery.

**Every story is different** and every outcome is unique. Some families will embrace recovery together and some will not. Either way, YOU can feel better and be better while offering support and compassion to your loved one who suffers from the disease of addiction.

Education is key. It is our goal to help you understand the way the disease of addiction works. Perhaps you can begin the process of healing and embracing self-awareness in your own life. This is not a one-step process and it will take time. We hope you will give yourself the time you need to be educated and to begin the healing process.

Be patient, but I encourage you to start now and stick with it! Most likely, you will begin to see some positive results in your own attitude and outlook. After all, the only thing we have control over is ourselves. We hope to see you at family meetings in the future.



### **Family Therapists**

Bianca Hollon, Master's Level Addiction Counselor Office phone: (813) 296-8283 Email: <u>btalarico@rrtampa.com</u>

Louise Wallowitz, Licensed Mental Health Counselor (LMHC), Certified Addiction Counselor (CAP) Office phone: (813) 296-8320 Email: Iwallowitz@rrtampa.com

For any reason, should you find yourself unable to contact a therapist directly, please reach out to family@rrtampa.com and someone from our team will reach out to you as soon as possible.

### **Additional Contacts**

- Patient Billing Any financial or billing related questions please contact our Patient Billing Specialist. Office Phone: (813) 296-8309
   Email Address: <u>billing@rrtampa.com</u>
- Admissions Any questions related to admitting or readmitting to any of Riverside Recovery's programs, please contact our 24/7 Admissions Department.
   Office Phone (24/7): (813) 575-4141
   Email Address: admissions@rrtampa.com
- Main Number/Front Desk Our Receptionist is available during normal business hours to route calls and take messages, Monday through Friday, 8:30 AM - 5:30 PM.
   Office Phone: (813) 296-8300
   Email Address: info@rrtampa.com



### Weekly Group Schedule

Wednesday evenings 5:30 PM - 7:00 PM via Zoom

Zoom link: <u>https://us06web.zoom.us/j/99314644447</u>

#### Sunday mornings 10:30 AM - 12:00 PM

• This group is on site, at Riverside Recovery.

Sunday's group is followed by lunch and visitation with your loved one. Individual family therapy sessions are scheduled with the family therapists.

### Visitation

Riverside Recovery welcomes visitation once a week, on **Sundays from 1:00 PM until 4:00 PM**. If you are attending the Sunday Group mentioned above, an optional lunch will be provided at 12:00 PM. Visitation can include up to two adults and children. If more family or friends wish to attend, visitation can be split up into segments.

It is mandatory that in order to attend visitation, you *must* attend a weekly group (Wednesday evening OR Sunday morning).

In order to be approved for visitation, your loved one must provide a list of visitors to their therapist *every* Thursday. If your loved one does not turn in their expected visitors to their therapist *every* Thursday, then visitation will not be approved for that week.

### **Family Sessions**

When a client is admitted into Riverside Recovery's treatment programming, families will have the opportunity to participate in the treatment process to the extent that the client is comfortable with your involvement. If the client is comfortable, this will come in the form of two (2) complimentary family sessions with selected family members and the client over the course of their stay.

Riverside Recovery recognizes that family participation is an integral component of a client fully recovering from the disease of addiction. We strongly encourage your participation and welcome any questions or concerns you may have.

Please note, participation in the Family Program is contingent upon the client signing a Release of Information (ROI) for you to participate and have the ability to communicate with any staff member at Riverside Recovery regarding their treatment, per HIPAA federal laws. Please refer to our FAQ page for additional information on ROI's.



### **The Intensive Family Weekend**

Riverside Recovery also offers an Intensive Family Weekend. This is a three (3) day workshop, occurring every four to six weeks. The event takes place on the weekend, Friday-Sunday. We understand it may be inconvenient having to commit to three (3) days, but *each day builds on the previous day*. We also cannot stress how monumental this investment of time can be in reuniting families through the healing process. So, **we require a commitment to attend all three (3)days in their entirety**. The description of this event is outlined below.

This Family Weekend will be available to any client and their families before the conclusion of their loved ones care at Riverside Recovery, at a small fee of \$300.00.

The family weekend is recommended during the client's Residential, Day/Night (PHP) and IOP levels of care. However, it is highly recommended to attend during their loved one's residential level of care as this is a monumental time for growth in both the client and family. To add, the client will have gained some insight into what they need from the family to support them in their recovery. It is during this program that they will have the opportunity to communicate with their families about their needs, boundary setting, and taking responsibility for their behaviors - both negative and positive. Family members will make a commitment at the beginning of the program, not to drink or use other substances throughout the weekend, unless prescribed by a physician. This is when the healing begins.

A staff member from our Family Program will reach out to you with additional information regarding The Family Weekend and how to sign up.

Please feel free to contact Bianca or Louise if you have any questions, or would like to sign up.



### **Intensive Family Weekend Schedule 2021**

The staff at Riverside Recovery welcomes and encourages you to participate in the Family Program as much as you are capable of. We know how vital your commitment to your loved ones recovery is by your involvement here today.

### The Daily Schedule is as Follows:

### Friday

8:30 AM - 9:00 AM Continental Breakfast
9:00 AM - 10:15 AM Introductions
10:15 AM - 10:30 AM Break
10:30 AM - 11:45 AM Disease Concept
111:45 AM - 1:00 PM Lunch (Provided)
1:00 PM - 2:30 PM Lecture Communication, Family and Clients
2:30 PM - 2:45 PM Break
2:45 PM - 4:45 PM Family and Client Group Session

### Saturday

8:30 AM - 9:00 AM Continental Breakfast
9:00 AM - 10:15 AM Codependency/ Enabling v.s. Support
10:15 AM - 10:30 AM Break
10:30 AM - 11:45 AM Family and Client Group Session
11:45 AM - 1:00 PM Lunch (Provided)
1:00 PM - 2:30 PM Family and Client Group Session
2:30 PM - 2:45 PM Break
2:45 PM - 4:30 PM Family and Client Group Session
4:30 PM - 6:45 PM Dinner (Provided at Bella's Cafe - 1413 S. Howard Ave.)
7:00 PM - 8:00 PM AA Meeting (500 W. Platt St. "Saturday Night Fever")

### Sunday

9:00 AM - 9:30 AM Process Group with Family and Client
9:30 AM - 10:45 AM Family and Client Group Session
10:45 AM - 11:00 AM Break
12:00 PM - 1:00 PM Lunch (Provided)

Intensive Family Weekend Upcoming Dates

- August 19 21
- September 23 25
- October 21 23

If you would like to sign up, please contact

Bianca (<u>btalarico@rrtampa.com</u>) or Louise (<u>lwallowitz@rrtampa.com</u>).



### Hotel and Restaurant recommendations

For those staying in town for The Family Weekend

### Restaurants

- 1. Datz Restaurant Moderate price, reservations accepted Located at 2616 S. Macdill Ave, Tampa, FL 33629
- 2. Boca Tampa Moderate price Located at 901 W Platt St, Tampa, FL 33606
- 3. Sally O'Neals Excellent pizza Located at 1319 S Howard Ave, Tampa, FL 33606
- 4. Outback Steakhouse Reservations accepted Located at 3403 Henderson Blvd, Tampa, FL 33609
- 5. Fresh Kitchen Quick, excellent bowls, moderate price Located at 1350 S Howard Ave, Tampa, FL 33606
- 6. Charley's Steakhouse Pricier, reservations accepted Located at 4444 W Cypress St, Tampa, FL 33607
- 7. Royal Palace Thai Located at 811 S Howard Ave, Tampa, FL 33606

#### Hotels

- 1. Courtyard by Marriott Located at 3805 W Cypress St, Tampa, FL 33607 Contact: (813) 874-0555
- Doubletree by Hilton Westshore Located at 4500 W Cypress St, Tampa, FL 33607 Contact: (813) 879-4800
- Tampa Airport Marriott
   Located at Tampa International Airport, 4200 George J. Bean Parkway Tampa, Florida 33607
   Contact: (813) 879-5151

### **Frequently Asked Questions**

1. Who should we, as family members, call if we have any questions about our loved one's treatment while at Riverside Recovery? Depending on the subject, please refer to the contact information below:

**Therapy** - Family (with a valid Release of Information on file) may call their loved one's primary therapist or the assigned family therapist. Please allow up to 24 hours for a return phone call, as the clinical team has groups and individual sessions scheduled throughout the day.

To reach our Family Program team, please use the email address below: Email Address: family@rrtampa.com

**Financial** - For any finance or billing questions, please contact the Patient Billing Department at the phone number or email address provided below:

Office Phone: (813) 296-8309 Email Address: <u>billing@rrtampa.com</u>

Should you have any questions regarding Insurance or Utilization Review, please contact your insurance provider directly.

**Admissions** - For any questions regarding admitting or readmitting into any program at Riverside Recovery, please call the 24/7 phone number or email address provided below:

24/7 Admissions Line: (813) 575-4141 Email Address: <u>admissions@rrtampa.com</u>

**Main Number/Front Desk** - Our Receptionist is available during normal business hours to route calls and take messages, Monday through Friday, 8:30 AM - 5:30 PM.

Main Line: (813) 296-8300 Email Address: info@rrtampa.com

## 2. How do we make the best use of recovery while a loved one is receiving treatment at Riverside Recovery?

Recovery is a unique and individual experience for each client and each family member. The Family Program at Riverside Recovery is designed to help the family member navigate through this process. We highly recommend attending family support group sessions, both at Riverside Recovery and in the recovery community, Al-Anon and Nar-Anon Meetings for instance.



#### 3. How do we schedule any individual family therapy sessions?

Riverside Recovery's Family Program includes two (2) 50 minute family therapy sessions for inpatient treatment programs, one (1) 50 minute family therapy session is included for outpatient treatment programs. However, you can always request more sessions for an additional fee (please speak with your therapist regarding scheduling additional sessions).

Your loved one, the client's primary therapist, and designated family therapist will schedule the first family therapy session during the initial point of contact. You can expect that to occur two weeks from the admit date. The scheduling of this session is determined by best practices and clinical appropriateness.

\*If your loved one has revoked the ROI (which is the release that allows us to speak with you regarding the client), then the sessions listed above will be available for you alone. Additional information regarding ROI's is available below.

#### 4. What is The Family Weekend, and how do we sign up?

This is a three (3) day workshop, occurring once or twice a month at Riverside Recovery. The event takes place on the weekend, Friday-Sunday. We strongly believe this workshop is a monumental event in reuniting families in recovery through the healing process.

Your family therapist will reach out with additional information regarding the workshop and how to sign up. Please don't hesitate to reach out to Bianca (btalarico@rrtampa.com), Family Therapist, if you have any questions or are interested in signing up. We hope we are able to resume the Family Weekend soon.

#### 5. How do I participate in the Family Support Groups?

Upon your family members admission, you will be contacted within 48 hours by a representative of Riverside Recovery's Family Program. This call is to make contact, share resources and schedule the first family therapy session (typically within 2 weeks after your loved one admits). In addition, information about family support groups on Wednesday evenings will be presented. At that point, we would ask you to provide your preferred email address to be contacted with. The email address will be used to send out information regarding our family program as well as invites to you or other family members to our Family Support Groups that we provide via Zoom's Telehealth Platform. **We strongly encourage family participation.** 

In order to participate in the Family Support Groups, we ask that you read and sign Riverside Recovery's Informed Consent for Telehealth Services form . This will be given to you by your family therapist. This form ensures confidentiality and HIPAA compliance. Once the form is completed, you will be invited to join one of the two scheduled sessions. You may participate in one group per week, however we encourage participation in both groups.

#### 6. What is an ROI?

ROI stands for Release of Information. It is a consent form that allows for protection of the client and the provider in releasing protected health information (PHI). It allows the client to decide what information they would like to be released from their medical record, and who they would like the information released to.

ROI's can be signed at any point during treatment, it can also be revoked at any time at the discretion of the client. If an ROI is revoked, or is not present and signed in the client's file, there is very little information any Riverside Recovery employee will be able to share with you regarding a client or their presence in treatment. We will not be able to confirm or deny a client's presence in our facility, nor will we are able to disclose that the ROI has been revoked or does not exist.

#### 7. What if I do not have an ROI on file? Are there any resources or options available to me?

The short answer is Yes! As mentioned above, you will be able to meet with our Family Therapists, alone. No PHI (protected health information) regarding the client will be able to be disclosed during this session. This session is available for you to discuss your own struggles with supporting a loved one through recovery, to discuss addiction, strategies for positive communication, or how to deal with being estranged from a loved one.

If you do not have an ROI on file, but you feel you have important information that may impact the clients treatment, you may call the therapist and leave a message, or email the information to the therapist. They will not be able to disclose any details regarding the client's presence or progress in treatment, but they may acknowledge the receipt of the information.

If you would like additional information and resources, please refer to our "Resource for Families" handout for recommendations on literature and meetings, and more. Please refer to our "Marchman Act Information" handout for more information on Marchman Act.

### **Resources for Families**

#### Books

It Takes a Family by Debra Jay - Recommended by Louise Wallowitz, Riverside Recovery therapist

Addictive Thinking by Abraham J. Twerski - Recommended by a fellow Riverside Recovery parent

Courage to Change, Al-Anon Family Groups

How Al-Anon Works, Al-Anon Family Groups

(ODAT) One Day at A Time, Al-Anon Family Groups

Paths to Recovery, Al-Anon Family Groups - There is an accompanying workbook as well

#### Videos

Dr. Charles Smith, **The Science of Addiction** <u>https://www.youtube.com/watch?v=vJY55oc1mfg&feature=youtu.be</u>

### Al-Anon

**NYC Al-Anon Meetings** This is being recommended because these meetings are available via Zoom.

This is a spreadsheet of Al-Anon Meetings, see if you are able to access the information <a href="https://docs.google.com/spreadsheets/u/0/d/1rBD5yTc6jKLy2KsEkKXhdqkhl1EicHhRDVkTyNaAzxs/htmlview?us">https://docs.google.com/spreadsheets/u/0/d/1rBD5yTc6jKLy2KsEkKXhdqkhl1EicHhRDVkTyNaAzxs/htmlview?us</a> <a href="mailto:p=gmail\_thread">p=gmail\_thread</a>

Al-Anon **Find a Meeting** Link <u>https://www.afgarea9.org/find-a-meeting.html</u>

Additional meeting links for Al-Anon https://al-anon.org/al-anon-meetings/

Al-Anon Literature <a href="https://www.nycalanon.org/uploads/1/5/9/7/15971028/downloadable\_literature\_wso.pdf">https://www.nycalanon.org/uploads/1/5/9/7/15971028/downloadable\_literature\_wso.pdf</a>

Al-Anon Detachment Leaflet https://al-anon.org/pdf/S19.pdf

#### Additional Online Resource

#### **Reddit for Al-Anon**

Reddit is a website and an app on mobile devices Many stories here, they can be depressing, but they do offer insight https://www.reddit.com/r/AIAnon/

#### The AA Big Book App

This app is available for a lifetime fee of \$20.00 Read the Big Book (original story of Alcoholics Anonymous on your phone) and receive daily notifications

#### **AA Speaker Meetings**

You can attend one or listen online They are very enlightening. Below is one where the great actor Anthony Hopkins shares his story <u>https://www.youtube.com/watch?v=-pgeNiMYiUk&feature=youtu.be</u>

#### Florida Association of Recovery Residences (FARR)

The Florida Association of Recovery Residences (FARR provides a directory of FARR accredited sober living residences throughout the state of Florida. Facilities acquire this accreditation by being in continual compliance with the standards set by the National Alliance of Recovery Residences (NARR) Where appropriate we will exclusively refer clients to FARR accredited residences to ensure your loved one is able to secure recovery oriented and continually monitored sober support services in a residential setting.

Evidence based research shows continuing treatment in sober living, before returning to the clients home environment, statistically shows better outcomes for recovery. <u>http://farronline.info/providers#providers-table-pagination=1</u>

### **Program Terms**

#### **Detox Program**

The detox program offered at Riverside Recovery is a medically supervised program. This means the client is going through drug or alcohol withdrawal under the supervision of a medical professional. This process can last anywhere from 7-10 days.

Dr. Michael Sore, our Medical Director, and Lauren Wittman Herraiz, ARNP, oversee the medical component of the detoxification process at Riverside Recovery. Both providers bring extensive experience in an emergency department setting to Riverside Recovery. Both are trained and well-versed in treating stable and unstable substance abuse disorders, making sure every client receives the best possible care.

#### **Residential Treatment Program**

Our Residential treatment program is typically a 30 day program, where the recovery process begins. The fulltime care, supportive structure and safe environment provided by residential programs ensure that recovery clients get the attention they need within a distraction-free space focused entirely on their healing.

Riverside Recovery utilizes a variety of evidence based treatment modalities to help our clients during their treatment journey. We know that every story is different and every client will have unique needs. As such, each treatment plan will vary and will be individually tailored to address the specific factors that contribute to our clients' substance use and co-occurring disorders.

### Day/Night Treatment Program - Previously referred to as Partial Hospitalization Program (PHP)

Our Day/Night Treatment Program is designed as a step down from our full-time Residential program so clients can explore independence part-time while maintaining an intensive recovery-oriented schedule. Clients in the Day/Night Treatment Program at Riverside Recovery attend structured clinical sessions Monday through Saturday, with evenings and Sundays off.

Clinical programming includes individual, group and family therapy; psychoeducation; life skills and therapeutic physical activity. The goal is to allow clients to demonstrate their ability to live in the community or at sober living facilities without removing all support at once.

### Intensive Outpatient Program (IOP)

Designed as a step down from the Day/Night Treatment Program, our Intensive Outpatient Program (IOP) gives individuals the flexibility to further their new sober lives while maintaining the accountability that's recommended for

long-term recovery, in a clinical setting. This treatment option allows individuals to continue the progress and growth they've attained through our Detox, Residential, or Day/Night Treatment Program in a less restrictive environment.

It may also be an appropriate initial level of care for individuals who aren't in need of full-time treatment and who have independent responsibilities to maintain.

IOP meets three (3) days a week at Riverside Recovery.

#### **Outpatient Program (OP)**

The Outpatient Program is the final step down the continuum of care for recovery. Meeting one (1) time a week at Riverside Recovery. This treatment option allows individuals to continue the progress and growth they've attained in a less restrictive environment.

Once the client completes their recommended treatment plan, they will graduate and be invited into Riverside's Alumni Program.

### **Additional Information**

**Release of Information (ROI)** is a consent form that allows for protection of the client and the provider in releasing protected health information (PHI). It allows the client to decide what information they would like to be released from their medical record, and who they would like the information released to.

ROI's can be signed at any point during treatment, it can also be revoked at any time at the discretion of the client. If an ROI is revoked, or is not present and signed in the client's file, there is very little information any Riverside Recovery employee will be able to share with you regarding a client or their presence in treatment. We will not be able to confirm or deny a client's presence in our facility, nor will we are able to disclose that the ROI has been revoked or does not exist.

**Marchman Act** is a civil, confidential, involuntary commitment statute in the state of Florida. To put it in layman's terms, it's a law devised to assist families through the courts to get loved ones into court-ordered-and-monitored intervention assessment stabilization or detox, and long-term treatment when they won't do it themselves.



A spouse, blood relative or any three people who have direct knowledge of a person's substance abuse may invoke a Marchman Act.

For additional information on Marchman Act, please see our Marchman Act Information Sheet and Marchman Act FAQ Sheet.

**Sober Living** homes are facilities that provide safe housing and supportive, structured living conditions for people exiting drug rehabilitation programs. Many persons suffering from addiction, may find that returning to the place where their addiction was active is too much to handle. It can take six months to one year to successfully form new habits and practice recovery. Some clients may benefit from a sober living experience upon their release.

We have a list of accredited sober living facilities in the Tampa Bay area and are happy to provide this upon request. Please feel free to discuss this topic with Riverside Recovery's discharge team.

Steve Eckstein, Discharge Planner Office Phone: (813) 296-8314 Work Cell Phone: (813) 507-0080 Email: seckstein@rrtampa.com

Dee O'neill, Discharge Planner Office Phone: (813) 296-8323 Email: doneill@rrtampa.com

Maureen McCarthy, Discharge Planner Office Phone: (813) 296-8290 Email: mmccarthy@rrtampa.com

### **Family Questionnaire**

Your Name: \_\_\_\_\_\_
Client Name: \_\_\_\_\_

<b>Contact</b>	Inform	ation
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Phone: \_\_\_\_\_\_ Email Address: \_\_\_\_\_

The following questionnaire encompasses many aspects of your life, and the life of the alcoholic/addict. Please select and comment on the items listed below as applicable to the client's use of alcohol/drugs and/or other mood altering chemicals.

Your comments on these questions will help assist the clinical team in gathering pertinent information that will increase a successful outcome. Even though some of the questions may seem obvious, it is important to keep in mind the individual may or may not be aware of his or her own past behavior or of how it has impacted your life.

Please be specific and answer every item, giving examples wherever possible. The following information will remain confidential and used to better understand and treat our clients.

1. What is your relationship to the individual? How many years have you been in this relationship? 2. How

would you describe your relationship with the individual before and after his / her chemical use?

3. Are	you	living	with	the	individual	at the	present	time?	Yes	_ No
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4. If yes, do you plan to continue living with the individual?\_\_\_\_ Yes \_\_\_\_ No

5. What is the Client's drug of choice?

6. How long have you been aware of the Client's alcohol/drugs use?

7. Has the individual had previous treatment for chemical dependency/addiction/eating disorder? \_\_\_\_ Yes \_\_\_\_ No

8. If yes, please detail the previous treatment experiences. Include the number of treatment attempts, what treatment facility, length of stay, etc.

9. Has there ever been an intervention?\_\_\_\_ Yes \_\_\_\_ No

10. If yes, please describe the outcome.

11. Were there any boundaries or ultimatums made? If so, did you follow through?

12. What do you understand about the disease of addiction?

13. Is there any history of addiction, mental health and/or eating disorders in your family and/or extended family? If so, please explain.

14. Do any family members other than the individual, drink or use drugs? \_\_\_\_ Yes \_\_\_\_ No

15. If yes, please explain and list the alcohol or drugs being used:

16. Has the client experienced any traumas in the past or do they suffer from PTSD (post traumatic stress disorder)? Yes\_\_\_\_ No\_\_\_\_\_

17. If yes, please explain:

18. Has the client ever been diagnosed with any mental disorders or seen by a psychiatrist? \_\_\_\_ Yes \_\_\_\_ No

19. If yes, please explain, list any medications prescribed, and the prescribing psychiatrist or medical doctor.

20. Has the individual expressed feelings of suicide, remorse, guilt, depression or rage? Please explain:

- 21. Has the individual's drinking and/or drug use interfered with social relationships, education or employment?\_\_\_\_ Yes \_\_\_\_ No
- 22. If yes, please explain:

23. Has the individual engaged in acts of physical violence or verbal threats? \_\_\_\_Yes \_\_\_\_No

24. If yes, please explain:

25. Are you aware of any legal issues due to individual's alcohol/drug use? \_\_\_\_ Yes \_\_\_\_ No

26. If yes, please explain:

27. How has the client's chemical use affected YOU! Including your job, health, relationships, and overall well-being.

28. What steps have you taken to deal with the client's addiction?

- a. \_\_\_\_I have sought help from a doctor, therapist, clergy, psychiatrist, etc.
- b. \_\_\_\_I have attended a Family Therapy Program in the past at prior treatment facilities
- c. \_\_\_\_ I have discussed the problem with family members.
- d. \_\_\_\_ I have attended or I am attending Al-Anon or other 12-step programs.
- e. \_\_\_\_ I have thrown the client out or threatened to.
- 29. Do you carry guilt or take responsibility for the client's addiction? \_\_\_\_ Yes \_\_\_\_ No

30. If answered yes, please explain:

31. Please select any of the following that you feel apply to you:

- a. \_\_\_\_ I feel that the individual loves me deeply.
- b. \_\_\_\_ I suffer from fears and anxieties about the individual a lot of the time.
- c. \_\_\_\_ I rarely feel angry, hostile, or resentful toward the individual.
- 32. What are your expectations regarding the individual's disease and recovery?

- 33. Do you have any specific issue you feel you are dealing with? Please select any of the following that apply to you:
  - a. \_\_\_\_ Denial
  - b. \_\_\_\_ Minimizing
  - c. \_\_\_\_ Anger/Resentment
  - d. \_\_\_\_ Dependency in a relationship
  - e. \_\_\_\_ Individual's resistance to recovery
  - f. \_\_\_\_ Other (Be specific)

34. Have you ever attended Al-Anon meetings ? \_\_\_\_ Yes \_\_\_\_ No

- 35. If yes, are you presently attending the meetings? \_\_\_\_ Yes \_\_\_\_ No
- 36. Is there a person, or persons, you have concerns about visiting the individual while in treatment?
- \_\_\_\_ Yes \_\_\_\_ No
- 37. If so, please provide the name(s):



### Informed Consent for Telehealth Services

Telemedicine involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care.

Providers may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video
- Output data from medical devices and sound and video files

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Possible Risks: As with any medical procedure, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s);
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.

By signing this form, I understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.

2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.



3. I understand that I have the right to inspect all information obtained and recorded in the course of a telemedicine interaction and may receive copies of this information for a reasonable fee.

4. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. My ophthalmologist has explained the alternatives to my satisfaction.

5. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state.

6. I understand that it is my duty to inform my primary care provider of electronic interactions regarding my care that I may have with other healthcare providers.

7. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.

#### Patient Consent to The Use of Telemedicine

I have read and understand the information provided above regarding telemedicine, have discussed it with my physician or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care.

I hereby authorize **<u>Riverside Recovery of Tampa, LLC</u>** to use telemedicine in the course of my diagnosis and treatment.

Signature:

\_\_\_\_\_

Initials: \_\_\_\_

(Typed Initials signify my agreement to this consent):

I have been offered a copy of this consent form

Initials:		 		
Date:				