

Spencer Recovery Centers Florida, Inc.
ADMISSION AGREEMENT

140 Corey Avenue, St. Pete Beach, FL 33706
727-363-6991

Outpatient Detoxification

Name of Client _____ Social Security Number _____ Date of Birth _____

The following are the terms and conditions of this Agreement between Spencer Recovery Centers Florida, Inc. ("Spencer Florida" or "facility") and the Client ("Client"):

DESCRIPTION OF SERVICES

1. The Outpatient Detoxification program includes supportive counseling two times weekly with a primary counselor. The Client will follow a schedule of daily activities by the clinical staff, which will include group sessions, one-on-one counseling, educational and recreational activities. The Client will be evaluated by the Medical Director, a Registered Nurse and qualified counselor(s), and will participate in a Personal History and a Physical Examination as part of treatment services.

2. **PROGRAM COSTS**
Spencer Florida is an all-inclusive program. All group and individual sessions are part of treatment costs. The History and Physical with the Medical Director are also included in the program fees.

_____ The cash rate program fee for basic services is \$2,000 weekly.

Unless a new agreement is signed after the initial treatment term, the same rate will apply for an extension of the program.

By signing this Agreement, the Client gives Spencer Florida consent to send any remaining balance to a collection agency of its choice if the account becomes delinquent.

3. **ADDITIONAL SERVICES**

- a. The facility may provide the following additional services:

<u>Service</u>	<u>Time Intervals</u>	<u>Rate</u>
__Detoxification	upon admission	\$2,700.00
__Drug Screen	as needed	\$25.00
__Medications	as needed	R & C
__Follow up Dr. visit	as needed	\$150.00
__Psychiatric Services	as needed	\$3700.00

- b. Additional services are paid:

__By Client or responsible party: __in advance __in arrears
__By insurance (Client remains responsible if insurance does not pay)

4. DISCHARGE PROCEDURES

The Administrator of the facility may discharge the Client for one or more of the following reasons:

- a. Nonpayment of the rate for basic services within ten days of the due date.
- b. Failure of the Client to comply with state or local laws after receiving written notice of the alleged violation and after the designated period of time to demonstrate compliance with said regulation.
- c. Failure of the Client to comply with the written general policies of the facility which are for the purpose of creating an environment which Spencer Florida deems necessary for proper treatment. (See attached rules.)
- d. If, in its sole discretion, Spencer Florida deems that it is not able to meet the Client's needs based on a reassessment of the Client's needs, conducted pursuant to applicable regulations, or if Spencer Florida and the qualified person designated by Spencer Florida to perform the assessment, determine that the facility is not appropriate for the Client and the Client has been given the opportunity to relocate.
- e. If the Client engages in behavior which is a threat to the mental or physical health or safety of himself/herself or to others in the facility.

5. EARLY TERMINATION

Client acknowledges that by agreeing to treatment at this facility, the facility will reserve space and resources for the Client's benefit during the anticipated term of Client's treatment. If Client chooses to leave the program prematurely, or is discharged under other provisions in this Agreement for inappropriate behavior, then the Client acknowledges that those resources will not be utilized and that it will take some time for a new client to be admitted. The facility will suffer monetary loss due to the under-utilization of its resources. The amount is difficult to quantify and predict on a case to case basis. Therefore, Client agrees that if Client leaves the program prematurely for any reason that the cost of services will be prorated at a rate of \$700.00 per day, or \$8,000.00, whichever is lesser. This will compensate the facility for the losses it will suffer through under-utilization of its resources. Client agrees that this is a reasonable estimate of the losses facility may suffer and is a reasonable liquidated damage and not a penalty.

6. I have been informed that the cost of treatment quoted includes the specific treatment. Any ancillary services provided are non-inclusive.
7. If rates are increased, the Client or authorized representative will be given at least a thirty day written notice of the change prior to the imposition of the increase.
8. The facility will not be responsible for any of the Client's cash resources, valuables or personal property brought into the facility.
9. **Any use or possession of mind or mood altering chemicals or paraphernalia is strictly prohibited and grounds for immediate discharge. In such case, the "Fees for Services" quoted herein are non-refundable.**

