

Edward Thomas House Patient Admission Agreement

Welcome to the Edward Thomas House, Medical Respite at Jefferson Terrace. We would like this program to offer you a safe and supportive place to heal from your medical illness or injury. We also hope that your stay here might offer you an opportunity to work on improving your overall health and start on a process of improving your living situation. The safety of our patients, Jefferson Terrace Apartment residents and our staff is of top priority. The policies and patient agreements below are meant to provide a healing and safe environment for all respite patients. Violation of these policies or agreements may result in discharge from the respite program.

I understand that the Medical Respite Program is designed to help me improve my health by providing temporary shelter and support services. The Medical Respite staff will provide medical and psychosocial support, as needed, to assist with my stay at Respite. My estimated length of stay is dependent upon ongoing evaluation by the Respite team. An estimated length of stay will be provided to me by the clinical staff. This date is subject to change depending on my medical conditions and will be evaluated by the clinical staff.

I agree to the following terms and conditions:

1. I must be available on the premises to meet with the Medical Respite staff on a regular basis during business hours. At minimum, a daily nursing visit is required. Additional appointments with nursing or the mental health staff may be required on an individual basis.
2. I am expected to keep medical appointments and follow my plan of care. I understand that I am expected to follow staff direction at all times.
3. I will respect the rights of other clients and staff. This includes but is not limited to: Not participating in disruptive behavior, making excessive noise, threatening or sexual behavior, theft, or possession of any open flames. Respect also includes maintaining adequate personal hygiene. Violation of this policy may result in immediate discharge from respite.
4. I understand that my belongings will be inspected for weapons at the time of admission. If I do not wish to have my belongings inspected, they can be bagged and stored in a secure location until I am discharged. If I am not agreeable to having my belongings inspected or stored, I will not be able to be admitted to the respite program.
5. If weapons are found in my belongings at admission, they will be kept in a secure location and returned to me at discharge (unless staff has safety concerns at the time of my discharge). Firearms or knife blades 4 inches or longer are not permitted at respite. If a firearm or long knife is found in my possession, it will be turned over to the Seattle Police Department.
6. I understand that the use or sale of drugs, drug paraphernalia or alcohol at the Edward Thomas House or Jefferson Terrace building is not permitted. Violation of this policy may result in immediate discharge from respite. Drug paraphernalia or drugs found in my belongings at admission will be taken by respite staff and not returned to me.
7. I understand that I may be asked to provide a urine sample for drug testing if staff is concerned about sleepiness, behavior changes, or as routine monitoring if I am being treated with narcotic pain medication.
8. I understand that, if I am being prescribed narcotic pain medications by respite providers, and I am

receiving methadone maintenance therapy, I must sign a release of information so that my methadone clinic can be informed of additional prescribed narcotics.

9. I understand that I am not allowed to enter other patient's rooms and that the doors to patient rooms are to remain open at all times. Female patients are not allowed on the East Wing.

10. I understand that I may have visitors at the respite program between the hours of 2-4 pm Monday – Friday, and that visitors are not allowed in any patient or staff rooms. There are no visiting hours on the weekends and holidays.

11. I understand that respite clients must enter and exit the respite floor using the respite elevator and are not allowed on any other floors at Jefferson Terrace. When I leave the Jefferson Terrace area, I will sign out at the front desk.

12. Personal food is allowed in Respite, but should be consumed in the community room area. Minimal perishable items are allowed, but must be approved by staff and will be removed if it is not properly stored.

13. Personal belongings are limited to 3 bags, unless approved by staff. Any items left behind will be discarded in 7 days, possibly sooner if you leave against medical advice.

14. Physical contact between patients is not allowed.

15. In order to accommodate new patients, you may be asked to move rooms during your stay at respite. Staff will try to give as much notice as possible prior to a move, but your belongings may be moved by staff if you are out of the building when a move is necessary.

16. I understand that smoking is not allowed on the respite unit.

17. I understand that this program develops individualized patient treatment plans, based on confidential medical and social information. Staff decisions or recommendations for another patient, may be different from decisions and recommendations for me.

18. I understand that I will be given at least 12 hours notice of discharge (unless a policy violation necessitates immediate discharge) and I agree to leave the program when I am discharged.

19. I understand that medical staff is not available on the respite unit between 7:30pm and 7:30 am. I will contact my medical provider or seek care at an emergency department should I need medical care during these hours. A resident counselor will be on-site during these hours to assist with non-medical concerns.

20. I understand that the curfew for the Medical Respite Program is from 10:00 pm to 7:30 am every day. Smoking breaks will be allowed until 10:00pm. If I am out of the facility by curfew, I may return to the program the following morning. I may then discuss my absence with respite staff who will determine whether I may return to the program.

21. Violence or any threat of violence will lead to immediate discharge.

Violation of any of the above expectations could lead to termination from the program.

If you have any questions or concerns, please let us know.

I have read or have been read this Respite Patient Agreement. My signature indicates agreement to the above contract.

Respite Client

Date

Respite Program Staff

Date