

The Lindner Center of Hope (LCOH) has developed the following as daily guidelines to ensure the smooth operation and optimum effectiveness of our program. It is important that each participant follow the guidelines. The focus of these guidelines is to give each participant the opportunity to focus on treatment and provide for the safety of all participants and staff.

1. _____ I am aware that on my first day of PHP, I must arrive at 7:30am. I am aware that starting on my 2nd day of PHP, I should arrive between **8:30 – 9:00 am** as the day begins at **9:00 am** and the program ends at **3:00 pm**. If I experience any delays in arrival I will notify the program at **513-536-0680** as soon as possible. I am aware that if I arrive later than 9:15 am, more than 3 times, I may be dismissed from the program. I am aware that lunch is provided as part of PHP.
2. _____ I am aware that if I miss, cancel or arrive more than 30 minutes late for my first day, I can only reschedule it one time. If the rescheduled admission is missed, canceled or if I arrive more than 30 minutes late, I will not be permitted to admit to PHP.
3. _____ I am aware that participants should not leave the building during programming hours unless arranged with the PHP staff prior.
4. _____ I am aware that safety checks may be done if there is suspicion that a patient has inappropriate items. Safety checks will consist of searching the content of bags, purses, coats, book bags, pants pockets, etc. Any item deemed to be inappropriate or questionable can be confiscated and turned into security for appropriate disposition or return at the end of the PHP day.
5. _____ I am aware that participants are expected to treat peers and all LCOH staff members with respect using appropriate language at all times. Participants are also expected to respect hospital property and furnishings. I am aware that participants are expected to follow staff directions.
6. _____ I am aware that participants are expected to dress modestly and appropriately. I will be asked to return home to change if clothing is inappropriate.
7. _____ I am aware that, for confidentiality reasons, participants are discouraged to have contact with one another outside of the program.
8. _____ I am aware that PHP offers group-based therapy only. **Individual therapy is not offered.**
9. _____ I am aware that while I am in PHP, sobriety is expected. **Illicit substance use or intoxication from any substance may result in early discharge from PHP.**

10. _____ I am aware of the attendance policy: If I arrive 10 or more minutes late to PHP, this may result in insurance declining to cover that day. I may also not be able to meet with a provider on the same day. I am aware that consistent participation as determined by the participant's clinical needs is required. Failure to do so could result in the participant being discharged. I am aware if I am going to have an unscheduled absence from the program, I must call the PHP number **(513-536-0680)** to report the absence and the reason for the absence. I am aware that poor attendance will have a negative impact on my treatment. I am aware that if a patient misses three consecutive unscheduled/unreported absences or four absences in total from the program I will be discharged. I am aware that I may be discharged if I am repeatedly late for programming.
11. _____ I am aware that LCOH reserves the right to have a participant assessed for inpatient admission if any emergent condition occurs such as: self-injurious behavior/attempt, physical aggressive behavior to others, or evidence of an acute change in thought processes.
12. _____ I am aware that per Lindner Center of HOPE policy, **interaction with patients that are currently on the inpatient or residential units is prohibited at all times.** Please keep this in mind when eating in the dining room or entering/exiting the building.
13. _____ **Administrative Fees:** I am aware that if my clinician agrees to fill out non-legal forms and letters (e.g., return to work/fitness of duty, family medical leave act (FMLA), short term disability, etc.), an Administrative Fee of **\$35.00 per 15 minutes** of time spent to complete the forms or letters will be charged.
14. _____ I am aware that participants are encouraged to bring activities in the event of downtime; however it's expected that any downtime materials are properly stowed once class begins. This includes cell phones and electronic devices. **Participants should not be on their cell phone during classroom instruction.**
15. _____ I am aware that the nursing staff does not dispense medications as a part of the PHP program.
16. _____ I am aware that PHP takes place in a classroom environment. I am aware that curriculum is taught via a combination of hands-on activities, as well as lecture-style teaching.

I have received a copy of the Guidelines for Participation and am responsible for reading the Guidelines for Participation. I understand that I am to abide by the Guidelines for Participation and that failure to comply with the agreement could negatively impact my treatment and continued participation in the program.

Participant Signature / Date/Time: _____

Staff Signature, Title / Date/Time: _____