

Welcome!

I'm Dr. Rosalind Smith, CEO for Next Step Behavioral Houston, LLC. You are reading this letter/email because you have expressed an interest in admission into our program. Please follow the steps below to ensure a smooth transition.

1. **Arrangement for payment.** Payment is due before or at the time of admission. Once the client is admitted, we do not offer a refund. All fees are non-refundable.

Wire: If you choose to make a direct wire transfer, please let me know and I will call you or send a secure email with our bank information.

Check: If you send a money order, please make it out to “**Next Step Behavioral Houston, LLC**”. Mailing address: Attention to: **Dr. Rosalind Smith 3124 Prospect st. Houston, Texas 77004**

2. **Legal documents.** Although we do not need any original legal documents, we do need copies of the following:
 - a. Driver's License or state issued ID/Picture ID
 - b. Social Security card
 - c. Insurance card. Medicare/Medicaid card/etc.
3. Past facility, hospitalization or other medical or psychiatric evaluation papers. Copies of past history reports are necessary. This information helps us with treatment planning for the client.
4. **Admission Papers.** Please fill them out, email, fax or bring them on admission day.
5. **Express Pay.** Please call or go to Healthy Strides Pharmacy to set up Express Pay through them so we are able to pick up medications for the client whenever needed. 4401 Emancipation Ave, Houston, Tx 77004 at 281-888-2235
6. **Medications.** If you have any medications or prescriptions (current or past) for the client, please bring them.
7. **Personal Items.** Please bring the clients personal items which would include clothes, shoes, radio player, undergarments, and any specialized hygiene or beauty products that they may use. Client only need clothes for 10 days as laundry is done weekly.

The staff and I look forward to working with you and the resident. If you have any questions, please feel free to call or email me.

Dr. Rosalind Smith, CEO/Director of Operations
Next Step Behavioral Houston
832-819-3099

ADMISSION FORM

Resident Full Name: _____ Admit Date: _____

Marital Statuses _____ Single _____ Married _____ Divorced _____ Widowed _____

D.O.B _____

Primary Family Contact (Relation) _____

Telephone _____

Email _____

Permanent Address of Resident _____

Social Security # _____ DL# _____

Hair Color _____ Height _____ Weight _____

Mother's Maiden Name _____

Emergency Contacts:

Name _____ Relationship _____

Telephone _____ Cell _____ Email _____

Address _____

Name _____ Relationship _____

Telephone _____ Cell _____ Email _____

Address _____

Billing Party Name (relation): _____

Email _____

Phone#(s) _____

AUTHORIZATION for RELEASE OF INFORMATION FORM

I, _____, give permission to NEXT STEP
BEHAVIORAL HOUSTON, LLC to:

_____ Use the following protected health information, and/or

_____ Disclose the following information to:

Names of Individuals:

Information to be disclosed:

_____ Medical Records

_____ Treatment Records

_____ Diagnostic Records

_____ Other _____

If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions and no longer protected by these regulations.

You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment, payment or your eligibility for benefits.

You may inspect or copy the protected health information to be used or disclosed under this authorization. For protected health information created as part of a clinical trial, your right to access is suspended until the clinical trial is completed.

AUTHORIZATION for RELEASE OF INFORMATION FORM

Finally, you may revoke this authorization in writing at any time by providing written notification to NEXT STEP BEHAVIORIAL HOUSTON administration office. Your notice will not apply to actions taken by the requesting person/entity prior to the date they receive your written request to revoke authorization.

Printed Name of Resident

Signature of Resident

Date

Printed Name of Agency Representation

Date



Next Step Behavioral Houston, LLC

Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

Next Step Behavioral Houston, LLC cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while utilizing Next Step Behavioral Houston, LLC's services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize Next Step Behavioral Houston, LLC's services and/or enter onto Next Step Behavioral Houston, LLC's premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself in order to utilize Next Step Behavioral Houston, LLC's services and enter Next Step Behavioral Houston, LLC's premises. These services are of such value to me, that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize Next Step Behavioral Houston, LLC's services and premises in person.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Next Step Behavioral Houston, LLC and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Next Step Behavioral Houston, LLC's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of Texas will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Name (printed): _____

I am the legal guardian of the person named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Signature: _____ Date: _____

Name (printed): _____

AUTHORIZATION TO TRANSPORT

Client: _____ Date of Birth: _____

I, _____, give permission to be transported to/from activities by Next Step Behavioral Houston, LLC (NSBH) staff. This authorization is in effect for the time services are provided. NSBH staff will exercise his/her best judgment and observe normal precautions. Nevertheless, unforeseeable situations may arise that require a client to be treated medically where NSBH staff will attempt to gain permission via emergency contact before making any decisions. In the event we are unable to reach the emergency contact, we ask for permission to seek medical care on behalf of the client.

I understand and agree to release Next Step Behavioral Houston, LLC from liability resulting from any vehicle incidents or if emergency medical treatment becomes necessary for the welfare of the client.

Consent for Emergency Medical Care: Yes No

1. *In case of a medical emergency, I hereby authorize NSBH to obtain emergency medical care on my behalf. A medical emergency is defined as:*
2. *Immediate services required for the alleviation of pain.*
3. *Immediate diagnosis and treatment of unforeseeable medical conditions are required, if such condition would lead to serious disability or death if not immediately diagnosed and treated.*

Client signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Witness: _____ Date: _____

Thank you,

Dr. Rosalind Smith, Executive Director, LPC-S, LCDC

VISITOR POLICY OF NEXT STEP BEHAVIORAL HOUSTON

COVID-19 ALERT

There will be no visitations on-site in person at this time. Due to the seriousness of the virus, we have clients that are high risk with comorbidity.

All visitors MUST sign-in upon arrival. It is requested that all visitors call ahead to ensure availability and to prevent disruption of the residents' schedule in daily programming. When the visit is over, the visitor MUST sign out.

There are two sets of policies regarding visitation at Next Step Behavioral Houston: General Policies and Policy based on level.

The GENERAL POLICIES are as follows:

For NEW ADMITS, family may not visit during the first 30 days of admission. After the first 30 days and upon determination by the clinical team and readiness of the client, all visits are restricted to **Wednesday evenings from 4 pm to 8 pm and Sundays from 10:00 a.m. to 8:00 p.m.**

On Sundays, residents will be allowed to leave campus with visitors with prior clinical approval. Clinical approval will not be given for off campus visitation for the first 30 days during the assessment/restriction period. Each case will be determined on an individual bases by the clinical team and based on the needs assessment of the resident.

No visitors are allowed outside of these times except for July 4th, Thanksgiving and Christmas day and the visiting hours for those days are 10:00 a.m. to 8:00 p.m. All other holidays' visiting hours are restricted to 4:00 p.m. to 8:00 p.m. No visitors are not allowed to visit in private rooms of residents at no time.

Please note that when visitors sign in, they will be asked about any electronics, food or other gifts that are being brought for the resident.

The POLICY BASED ON LEVEL are as follows:

Next Step Behavioral Houston has an open-campus policy which means we do not lock individuals in on our campus. New residents have restrictions for the first 30 days and are not permitted to leave campus without a designated staff escort. After the 30 days of restriction (based on needs assessment of resident) all residents have the freedom to leave campus as long as they return by curfew, which is 10:00 p.m. There are no visitation of family or friends allowed past the time allotted time stated above. All residents are required to sign-in/out when leaving campus, whether they are leaving with a visitor or not. Any visitors on campus will be

able to visit at an allowed designated area. Visitors are also not allowed to eat dinner with residents on campus during dinner time.

Thank you,

Dr. Smith, LPC-S, LCDC